Adaptation Program: Systemic Treatment of Incarcerated Individuals and their Families

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Adaptation Program: Systemic Treatment of Incarcerated Individuals and their Families

by

Katrina Arabyan

A Project Submitted in Partial Satisfaction of the Requirements for the Degree Doctor of Marital and Family Therapy

June 2022
Each person whose signature appears below certifies that this doctoral project in her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Marital and Family Therapy.

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Richard Creighton Cole, Clinical Supervisor, California School of Professional Psychology
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ABSTRACT OF THE DOCTORAL PROJECT

Adaptation Program: Systemic Treatment of Incarcerated Individuals and their Families

by

Katrina Arabyan

Doctor of Marital and Family Therapy
Department of Counseling and Family Sciences
Loma Linda University, June 2022
Dr. Lena Lopez Bradley, Chairperson

The purpose of the Adaptation program is to support families impacted by incarceration. It is a family-based therapeutic program implemented within a correctional facility. Adaptation utilizes Structural Family Therapy (SFT) to focus on creating systemic change by addressing the rules, roles and behavior patterns of incarcerated individuals and their families. Barriers to family member attendance are addressed via the use of telehealth.
CHAPTER ONE
EXECUTIVE SUMMARY

The aim of the Adaptation program is to create a systemic, family-based, therapeutic program within correctional facilities focused on supporting the reintegration process for families impacted by incarceration. The impact of incarceration on the structure of the family is considered, as well as the reintegration process post-release. Salvador Minuchin’s Structural Family Therapy serves as a foundational theoretical orientation to explore familial dynamics, and primarily, the roles, hierarchy of power, boundary formation, subsystems and structural components that make up the family system (Kilpatrick & Holland, 2008). This program is focused on understanding the roles of each individual within the family system and the impact of each individual’s contribution to the greater system. It is geared toward supporting families who have been impacted by incarceration to better understand how their lives have been influenced by the removal of a family member. Exploring these dynamics while the family member resides within a correctional facility allows for processing changes that have taken place in the family system as well as the impact of reunification, post-release. By taking a systemic stance and conducting family therapy within correctional facilities, members of the family have the opportunity to explore, and understand, their role within the family system. Through the utilization of systemic techniques and interventions, as well as giving participants the opportunity to explore their roles and patterns within the system, the hope is for Adaptation to create a supportive community of mental health professionals, guiding family members and incarcerated individuals towards a clearer understanding of familial dynamics.
Program Purpose

Adaptation is intended for families impacted by incarceration, with a focus on the structural changes that take place within the family system. Adaptation utilizes a foundation of Structural Family Therapy, highlighting essential concepts within each chapter. This program is focused on structural changes that result from incarceration as well as the impact of transition post-release, not only for the incarcerated member but for all members who are part of the family system. The first chapter includes a focus on recognizing the overall purpose of this program, inclusive of the aims, short-term objectives, intermediate objectives, long-term objectives, as well as inclusion and exclusion criteria related to eligibility for participation in this program. The second chapter explores literature regarding the changes that result from incarceration and the role of mental illness, substance abuse, social inequality, impact of incarceration on mothers and fathers, as well as the overall changes that come as a result of the removal of a family member. The third chapter discusses the conceptual framework related to the theoretical orientation of Structural Family Therapy and the exploration of how the theory aids in the development of progressive change for those impacted by incarceration. The fourth chapter examines the different methods, techniques, and interventions used to support the structural changes that are taking place within the family system. The fifth chapter outlines the design of this program and the methods used throughout the duration of treatment. It details a program that consists of twelve one and a half hour sessions, once a week, across three months. Each session’s goals and interventions used are detailed within the chapter, ensuring that progress across the three months is outlined. The sixth chapter explores outcomes, how this program fills current
gaps, interventions being utilized within this program, the use of telehealth, limitations, an initial pilot program, and Adaptation’s relevance to the field of Marriage and Family Therapy.

**Objectives**

The objectives for the Adaptation program are divided into three phases: short-term, intermediate, and long-term. These objectives pertain to different aspects of treatment but are meant to build upon one another as the participants progress in treatment. The purpose of the current objectives relate to change at different levels, with a focus on the family, community, and society at large. With a foundation of Structural Family Therapy, the intention is to engage members in interactions that explore *current* challenges as a means of supporting them in the long-term when they reunite, post-incarceration.

**Short-term Objectives**

The short-term objectives within this program are a focus in the first phase of treatment, with an emphasis on understanding and modifying behavior while also exploring each family member’s role within the family system. It is essential during this phase of treatment to gain insight into the patterns of communication that are present in the system and how they impact the relationships in the family, as a means of examining structure. With this understanding, participants seek greater insight into themselves and the role they have within the family system by recognizing how they are impacting the system. During this phase of treatment, the Structural Family Therapy concept of joining
takes place, whereupon the therapist working with the family takes part in the system in an effort to support restructuring (Vetere, 2001).

**Intermediate Objectives**

The intermediate objectives are addressed during the second phase of treatment and include the initial exploration of practicing new behaviors related to setting boundaries and addressing conflict within the system (Figley & Nelson, 2007). The practice of new behaviors allows members of the family system to remain focused on how their role is impacting the system and the methods they plan to utilize to change the ways they engage in the system. Further, a focus on this phase of the treatment process includes restructuring of the family system by engaging in enactments (Figley & Nelson, 2007). Enactments create space for further examination of how conflict is expressed and resolved within the family system (Figley & Nelson, 2007). Along these lines, participants will continue exploring the current boundaries that are in place, new boundary formation, as well as how they plan to implement these new boundaries within the system when reunification takes place, post-release (Vetere, 2001). These patterns of communication allow for an understanding of the role that hierarchy of power plays within the family system, which is addressed in the third stage of treatment.

**Long-term Objectives**

Long-term objectives within this program involve change not only on a micro level within the family system but on a systemic level; they guide a smoother reunification process for family members who have been impacted by incarceration.
Through the lens of Structural Family Therapy, subsystems, and their relationship to the hierarchy of power within the system, are addressed as a means of understanding how the structure of the system functions (Figley & Nelson, 2007). The focus of this phase of treatment includes maintenance and remaining consistent with the changes that the members have made within themselves and the family system. These changes may include healthy emotional expression, functional communication patterns, and hierarchy within the family system related to the needs of each member (Kilpatrick & Holland, 2008). As it relates to hierarchy of power, the hope is to have greater understanding of roles within the family system and how power is divided amongst the members. The significance in exploring how power is divided is the recognition that changes which take place when a family member is incarcerated impact how the members engage with one another. Therefore, the exploration of how power is divided between the family members allows them the opportunity to prepare for the changes that will take place when the incarcerated member returns back into the system.

**Program Implementation**

In terms of inclusion and exclusion criteria, the purpose of the Adaptation program is to assist families who have been impacted by incarceration, and more specifically, those who are currently being impacted. Without considering families who are currently being impacted, there would not necessarily be a gap to fill if this program were not taking place within a correctional facility. Additionally, considering that correctional facilities are separated by gender, the intention is to provide access to both
male and female occupied correctional facilities. Doing so allows for this program to create a greater impact, on a larger scale, with access to more participants.

**Program Evaluation**

The implementation of the Adaptation program accounts for evaluation. Regarding the evaluation process, participants’ attendance and participation within this program are significant in addressing treatment outcomes. Thus, the evaluation process is based on the utilization of an assessment tool both pre and post completion of treatment, with a potential for a reduction in the incarcerated individual’s sentencing length (this is dependent on approval from a collaboration between mental health professionals, deputies, Board of Supervisors, as well as the judge involved in the client’s case). Adaptation includes three phases of treatment, all of which build upon each other, allowing for increased self-understanding and functional dynamics amongst family members.
CHAPTER TWO
LITERATURE REVIEW

Introduction

Society’s portrayal of criminality and mental illness sets a foundation for treatment protocols for individuals who are suffering with mental disorders. Considering the impact of untreated mental illness on an individual’s ability to make healthy decisions, correctional facilities are growing – and exceeding maximum capacity – as essential treatment is replaced by increases in criminal sentencing, with “the majority (67%) of individuals incarcerated” being parents (Tadros et al., 2021, p. 1). This process creates a ripple effect in the family, community, and society, oftentimes, forming barriers between individuals who are pro-incarceration and those who are against it. In certain instances, however, the need for incarceration is crucial.

This literature review will explore the different aspects of an individual’s system as it relates to their wellbeing and the impact of incarceration. This review of literature will include a greater understanding of mass incarceration, mental illness as it relates to unprocessed trauma, the gaps present in current treatment programs, the nature of incarceration and its impact on both mothers and fathers, the prevalence of characteristics which can lead an individual to a correctional facility, the influence of substance use, geographical areas of concern, the role of social inequality, risk and protective factors, as well as systems of influence that are present.
Prevalence of the Problem

Incarceration is a reality for a substantial number of families living within the United States (Loury & Western, 2010). By gaining an understanding of how incarceration impacts the dynamics of the family system, and how treatment within a correctional facility could account for healthier transitions post-release, it is critical to consider the healing process when an individual is incarcerated. The components involved in healing the underlying challenges associated with risky behaviors, as well as psychological challenges, are often systemic originating within the family of origin. This does not imply causation, but rather an association between an individual’s upbringing and their decision making, mental health, and use of substances as an adult (Duwe, 2017). Therefore, including members of the family within the treatment process is vital to creating long-lasting systemic change rather than short-term, behavioral change (Beckett & Western, 2001).

Current psychological treatment within correctional facilities takes an individualistic approach, and therefore, utilizes a modality which lacks holistic components (Beckett & Western, 2001). Upon release, even for individuals who do not have a diagnosis of a mental disorder, there continue to be psychological and physical challenges that impact their quality of life (Haney, 2001). These challenges can include difficulty with emotional expression, avoidant behaviors, as well as aversions to socialization considering the impact that isolation has on communication patterns (Haney, 2001). This problem can be addressed by understanding the needs that incarcerated individuals and their family members require to form functional family dynamics. Thus, incorporating all members into treatment leads to greater treatment
outcomes, both during and post-release, due to the foundation of a relational treatment model and interventions.

Impact on the Family System

Both men and women are impacted by incarceration. Therefore, children who are part of the dynamic also become part of the system, as they are having to work through changing aspects of their lives, processing the incarceration of a loved one. Children, therefore, struggle academically when going through the changes that result from the incarceration of a parent (Sharp & Marcus-Mendoza, 2001). In turn, caregivers are also influenced because of their own emotions as they process life without a family member and care for children who are being impacted on an emotional and physical level (Sharp & Marcus-Mendoza, 2001). When considering how physiology is influenced, challenges with regard to medical conditions for family members of the incarcerated individual are higher during the period of incarceration (DeHart, Shapiro, & Hardin, 2017). These components of change are important in identifying how incarceration is not an individual experience; the entire family system is impacted when one member is incarcerated.

Identification of Needs

Systemic Mental Health Treatment

The need for systemic mental health treatment for individuals who are incarcerated is vast. Mental illness can oftentimes arise because of prolonged substance use or can be exacerbated through substance misuse, especially when used as a form of
self-medication (Duwe, 2017). Therefore, through the incorporation of each individual’s unique needs, treatment – on a familial level – creates space for both the incarcerated individual as well as their family members to gain a clearer understanding of the needs of the system; by taking into consideration the factors that have created the present circumstances, the incarcerated individual and their family members are able to move forward in ways that create stronger relational bonds, whether substance use exists or not (Western & McLanahan, 2000). For all involved, familial dynamics are weakened when a parent is incarcerated, creating a need for addressing the changes and impact of the circumstances on one’s mental health (Western & McLanahan, 2000). Thus, the Adaptation program, which is focused on the exploration of familial mental health, allows for greater insight into structural components and functions within the family system. In addition to the importance of the micro system, treatment also explores the impact that one’s community, and more specifically, neighborhood, have on familial connection and rates of incarceration (Flores, 2018). Through this lens, the Adaptation program will take into account that the family plays a role in understanding post release outcomes – due to the relational dynamics – and relapse prevention, if that is a factor in the individual’s transition (Morenoff & Harding, 2014).

**Current Program Literature**

Current programs associated with mental health treatment within correctional facilities involve systemic components but do not necessarily address the family as the foundation of treatment; the family as a whole maintains the functional and dysfunctional aspects of the system. With systems in mind, it is important to consider how challenges
with visitation can create an even further barrier between incarcerated individuals and their family members (Kazura, 2001). Therefore, the Adaptation program is needed to fill the gap that is present regarding the examination of mental health and all of its components, with an emphasis on the influence of incarceration on the entire family system. A myriad of factors are associated with a lack of connection between an incarcerated individual and their family members. Some of these factors include the distance to and from the correctional facility as well as restrictions on visitations (Kazura, 2001). This allows us to recognize that there is both a physical and emotional barrier when a loved one is residing within a correctional facility.

**Strengthening Families Program (SFP)**

The Strengthening Families Program (SFP) was created for families who have experienced challenges with substance abuse, specifically addressing youth (Miller et al., 2013). Program dynamics have concluded that there are benefits in helping families connect with resources as this can lead to a decrease in feelings of isolation (Miller et al., 2013). This program, however, does not target the *relationships* themselves, as engaging families in group and multi-family group therapy creates a clearer understanding of needs that are to be addressed. Along these lines, stronger bonds created within the family system can create positive outcomes post-release related to *how* the family functions as a whole (Visher, 2011). Current programs take family into account but lack the foundation of viewing the relationship as the component of change, creating space for members of the family to interact with one another in safety.
**Project Greenlight**

Project Greenlight is a program based in New York, with a focus on treating incarcerated individuals through cognitive behavioral changes and exploring the impact of these changes on employment, housing services, and substance abuse, post-release (NIJ, 2011). The aim is to support incarcerated individuals and focus on behaviors that may have led to incarceration (NIJ, 2011). Project Greenlight has a greater focus on the adjustment of criminal behavior and cognition rather than family systems (NIJ, 2011). Although this program is aimed at supporting incarcerated individuals and focused on the transition post-release, there is a lack in mental health support. With these factors in mind, it is important to consider the impact of internalized behavior that presents as mental illness as well, especially due to the ways in which relationships are impacted due to incarceration (Travis, Western, & Redburn, 2014). Therefore, although Cognitive Behavioral Therapy serves effective in reducing recidivism, the focus of a program that is systemic will involve the entire system, therefore, incorporating second order change (Duwe, 2017).

**Systemic Gap in Current Treatment**

Albeit effective in integrating family members, current programs are not based on a systemic, structural, viewpoint. Working through such a lens creates the opportunity for familial communication patterns and roles to be revealed, and processed, during treatment. Beyond the transition itself, and the impact of incarceration on all members of the system, the foundation of a healthy structure allows for further goal attainment, especially considering that “2.7 million children in the United States have a parent
serving time in prison or jail” (Peterson et al., 2019, p. 1). According to data from the Child Custody and Visiting Manual (2012), there is a challenge in reaching out to caregivers regarding visitations, leading to increased emotional overwhelm for everyone involved (LPSC). Addressing these concerns is part of program design and development, ensuring that the bridge to access is an easier path. Studies show that familial connection plays a role in recidivism rates as well, with more visits showing a decrease in recidivism rates (Bobbitt & Nelson, 2004). Therefore, there is a need for the Adaptation program, as it encompasses Structural Family Therapy, focusing on the changes that take place in the system as a result of incarceration, addressing dysfunctional aspects of familial dynamics.

**Bridging the Gap Through Systemic Treatment**

Without understanding the experiences and journey an individual undergoes through a systemic lens, treatment would merely target aspects of who they are and what their needs are, without addressing structure. By taking a systemic approach, the intention is to allow for incarcerated individuals to work on their traumas during their incarceration with the support of their family members and mental health professionals. This process is set in place with the intention of making post-release a more unifying process. The consideration of cultural aspects of reintegration will also be addressed, especially because incarceration continues to carry a stigma (Kim, 2003). Therefore, treatment will be seen through a systemic lens but so will that of the incarcerated individual’s life; the treatment they receive during their incarceration will impact the systems they are part of when they are released. The goal is to help individuals strengthen the relationship they have with themselves, while also understanding the
dynamics of their family system, allowing for secure attachments and safety upon release (Vetere, 2001).

**Recognition of Mass Incarceration**

Of all the challenges that incarceration creates within the family, there is an immediate loss of resources and connection with the incarcerated individual (Wildeman & Western, 2010). There is a great need to recognize how these losses continuously grow and challenge the entire system’s ability to function at an optimal level. In addition to the overt consequences that are present when a child loses a parent to incarceration, for example, stigma and trauma, account for the psychological toll that the separation takes on a child’s well-being and healthy development (Turney & Goodsell, 2018). Exceptions of certain charges and individuals aside (for some individuals, incarceration may be the only option for their safety and that of the public), there is a need for the connection within a family to be maintained, and individuals who are incarcerated to recognize that they are still worthy of empathy and compassion regardless of their circumstances.

**Mental Illness in the Form of Unprocessed Trauma**

For some individuals, not engaging in the process of incarceration can result in potential serious threat or harm to themselves as well as individuals within their family, community, or society. However, when taking into account the individuals who are incarcerated within the United States on charges associated with mental illness and substance use, the need to address these matters becomes urgent and necessary, whether that relates to the onset of incarceration or reentry (Cammett et al., 2006). A concrete
method of understanding the current impact of incarceration is considering that the United States holds a large percentage of the incarcerated population within the world (Loury & Western, 2010). Therefore, there is a critical need to understand how and why mass incarceration has taken over the United States, and more so, the immense impact this matter has on the lives of family members connected to the incarcerated individual.

**Gap in Services**

Current programming – programs pertaining to life skills, self-help, education, etc. – within correctional facilities target the individual (Duwe, 2017). This is an important aspect in considering the process of self-discovery and creating space for the individual to work on themselves, with the support of their peers and mental health professionals. The missing link in this process involves the family; in the same way an incarcerated individual is part of the criminal justice system, they are part of a family system within society. The critical focus surrounds the adaptation process for both parties, as well as the recognition that change has taken place, and continues to take place, within the lives of all individuals involved. The joining of the entire family system holds immense value; the power in bringing family members together allows for greater insight and awareness into how the members contribute to the homeostasis within the family (Cammett et al., 2006). The ability to further explore the unique impact that incarceration has on each individual, and the entire system, can shed light on how to create dynamic change within the family.
Nature of Incarceration

Impact of Incarceration on Mothers

Men and women are challenged by the impact of incarceration, and for individuals who have children, they take part in the impact as well. For incarcerated mothers, being separated from their children has personal consequences related to recidivism and familial challenges associated with delinquency for their children (Sharp & Marcus-Mendoza, 2008). Therefore, there is a need for continued engagement for mother and child because of the negative outcomes that are present as a result of the incarceration related to greater instances of depression and substance use for both parties (Tadros et al., 2021). The bond between a parent and growing child is essential to the child’s development. Incarceration not only creates a barrier for bonding but plants the seed of emotional detachment for parent and child (Benisty, Bensimon, & Ronel, 2021). The lack of bonding sets the stage for the child’s developing mind, where core beliefs of self and the family are being cultivated. By engaging the dyad in family therapy services and creating the space for expression regarding how life has changed due to incarceration, the child’s, and parent’s, development is impacted. The role of family therapy involves collaboration and understanding into the lives of the individuals – acknowledging separation – while continuing to work on strengthening bonds (Benisty, Bensimon, & Ronel, 2021). Furthermore, for children of an incarcerated mother, there are additional challenges related to displacement. Living with familial caregivers such as uncles, aunts, and grandparents will inevitably continue to create emotional challenges for the child with regard to feelings associated with neglect and abandonment (Tadros et al., 2021).
Therefore, the adaptation process would require change for all individuals involved in caregiving in the absence of the child’s mother.

**Impact of Incarceration on Fathers**

For fathers who are incarcerated, criminal behavior is not necessarily the main catalyst for incarceration, but rather the external influences related to policies within the criminal justice system (Western & McLanahan, 2000). Thus, the exploration of the factors that contribute to the increased incarceration of men is critical in lessening the gap that is present among families who are part of the criminal justice system. The gap can be understood from two angles – incarceration as an ineffective form of controlling crime as well as the separation and disruption of family systems due to incarceration of a parent or family member (Western & McLanahan, 2000). The focus here is on how an individual and the systems they are part of – in this case, the family system as well as the criminal justice system – are impacting their ability to remain engaged in their children’s and family members’ lives. Therefore, for children who lose connection with their fathers due to incarceration, similar to the impact of a mother being incarcerated, the child’s development and ability to emotionally bond to their father is damaged. Parental separation also impacts the structure of a family when incarceration is a factor simply due to the lack of connection (Western & McLanahan, 2000). Thus, another component to consider in the need for family services is how separation forms a new dynamic for individuals to adjust to, both during and post-release.
Individual Characteristics

There are many factors that contribute to an individual’s path towards the criminal justice system – the two main areas of focus being mental illness and substance abuse (Tadros et al., 2021). This pattern begins, essentially, in early childhood when an individual is forming their bonds with the adult caregivers in their lives. Lacking emotional connection creates a myriad of challenges related to disrupted socialization, poor communication patterns, inability to follow directions, or rules from a superior, and when considering implications related to the criminal justice system, higher rates of recidivism post-release (Western & McLanahan, 2000).

Impact of Substance Use

There are characteristics and aspects of individuality to consider when understanding the path to incarceration. These components include the type of lifestyle an individual leads, mental health diagnoses, personal characteristics related to relationship status and level of education, which may all relate to potential recidivism (Duwe, 2017). Therefore, when considering the impact that programs within correctional facilities have on individuals, both during and post-release, an increase in systemic services arises due to the need for greater connection and bonding. The gap is ever-present in this circumstance due to the consideration that there are several factors – each unique to an individual – that create an understanding of how the individual can be helped. Substance abuse creates a short-term method of coping, while creating long-lasting consequences for the substance using individual. Greater connection to self and
bringing in family members will create new pathways to understanding for those who struggle with substance abuse.

Circling back to the need to understand these components for the betterment of the family system, it is important to focus on how family connections during an individual’s incarceration impact the growing connection amongst the family members, enhancing each of their awareness and creating new dynamics when the incarcerated individual is released (Hairston, 1991). These components are the foundation and basis for the need to create family therapy services within correctional facilities, giving families the ability to connect with one another, and giving the incarcerated individual the support and guidance they deserve.

Social Inequities

Geographical Areas of Concern

Incarceration is pervasive and continues to make its mark through generational patterns (Western & Pettit, 2010). When considering areas of concern, the reality is that individuals – and geographical regions – throughout the entire country are impacted by incarceration in the United States. One of the most significant considerations regarding individuals who are impacted by incarceration at a higher degree are those who are minorities or individuals who do not have as many economic opportunities (Western and Pettit, 2010). Therefore, when a member of a minority community becomes part of the criminal justice system, not only are they being impacted, but the generations beyond them are forced to adapt and work through the challenges that present as a result of their
absence. Social inequality is a major component of incarceration, as factors such as socioeconomic status, race, ethnicity, and gender play a role in an individual’s likelihood of being arrested (Western and Pettit, 2010).

**Current Societal Changes**

As a result of the COVID-19 pandemic, changes took place with regard to incarcerated populations, with a decrease from “around 2.1 million in 2019 to 1.8 million by mid-2020” (Kang-Brown, Montagnet, & Heiss, 2021, p. 1). Aside from this reality, data has found that “race inequity in incarceration may be worsening during the pandemic” (Kang-Brown, Montagnet, & Heiss, 2021, p. 1). The challenges associated with the pandemic create an even further need surrounding the importance of having the support of family members. Regardless of whether an individual has been personally impacted by COVID-19, considering racial challenges that are taking place in society, their perception of support also becomes a factor in their ability to seek treatment (Tadros et al., 2021). Additionally, with visitations being removed, the potential for recidivism increases, as studies show that more visits from family members can aid in the reduction of recidivism (Tadros et al., 2021). Therefore, it is important to acknowledge that changes in society are directly influencing the lives of those who are incarcerated and their family members’ ability to support them.

**Education**

In addition to social inequality that is present, an individual’s level of education also factors into their likelihood of incarceration, with those who have very low levels of
education topping the list (Western and Pettit, 2010). Thus, proving how the role of social inequality results in greater incarceration rates for minorities and those who have low levels of education.

It is also vital to take into account that there are more instances of men in prison than women (Western and Pettit, 2010, p. 9). Although there has been an increase in the incarceration of women, for the most part, a greater percentage of young men spend their time within a controlled environment, away from partners and family members (Western and Pettit, 2010). Especially taking into account that African Americans have been incarcerated at higher rates than Caucasians since the nineteenth century, African Americans are disproportionately incarcerated, to this day, compared to Caucasians (Western and Pettit, 2010). Not only does this become a matter of racial disparity but also creates the need to examine how individuals can be supported during their time in treatment through a systemic lens, focused on the collaboration of their family members.

**Risk and Protective Factors**

Risk factors associated with incarceration revolve around psychological and physical components of one’s health and well-being. Being in a controlled environment impacts an individual’s long-term well-being due to potential increases in substance abuse and violence. Additionally, even post-release can create challenging dynamics for individuals who now carry the label of ex-con, creating greater incidences of being discriminated against, which impacts their mental health (Weidner & Schultz, 2019). Therefore, finding a job, place of residence, and even a romantic partner after being released from prison can serve as a challenge.
**Risk Factors**

When considering the risk factors related to the family, dysfunctional relational dynamics, especially those created as a result of incarceration have a negative impact on the well-being of children (Weidner & Schultz, 2019). A pattern is present among the research indicating the negative effects on children as a result of a parent’s incarceration, placing greater emphasis on the need for family services within correctional facilities (Weidner & Schultz, 2019). By engaging the family system in conversation, connection, and guided support, the intention is to lessen the psychological impact that incarceration has on the family members of those who are incarcerated.

**Impact of Physical Health**

It is critical to recognize that psychological impacts on family members and children also contribute to declines in physical well-being. The incarceration of a parent is linked to increased weight gain for female children (Massoglia & Pridemore, 2015). This is a critical consideration, as the findings allow us to recognize that incarceration is more than merely an individual within a controlled environment but rather a system of challenge all on its own, working its way into the dysfunction of a family system. The creation of family services within correctional facilities allows for each member to communicate their needs and feelings, with the understanding that change is possible in the entire system, even if incarceration has taken place. Therefore, when the parent returns back into the system, the hope is for the imbalance and dysfunction within the system to have been addressed prior to the transition period post-release.
**Protective Factors**

Although remaining in a controlled environment for any period of time has its risks, there are protective factors involved as well. For one, incarceration prevents an individual from engaging in risky behaviors due to the level of control that comes with residing in a correctional facility (Zimring & Hawkins, 1995, as cited in Western & McLanahan, 2000). Therefore, an individual’s separation from the “outside” quite literally takes them away from their community and social connections which may serve as a hindrance to their healthy decision-making skills. With this, there is an increased opportunity for individuals to focus on their well-being, desires, and hopes for the future.

In addition to the essential component of integrating family therapy into their incarceration process, each incarcerated individual has the opportunity to seek mental health and medical services which may not have been available, or accessible, to them prior to incarceration. Safety from external influences can also serve as a contribution towards thought processing and behavioral change.

**Systems of Influence**

Incarceration is a reality within the United States, impacting the lives of those who are part of the criminal justice system, as well as those they are connected to. In addition to the dynamics within a family system and intergenerational patterns, the neighborhood within which an individual resides creates an influence (Flores, 2018). Therefore, two systems of influence are present initially: the family and the neighborhood or community. When an individual is released from prison, their return to their neighborhood increases the likelihood of recidivism due to the lack of resources that were
present in the first place (Flores, 2018). Therefore, by educating individuals who are incarcerated about resources, and helping them create plans of action, their post-release motivations and actions may lead to greater paths, rather than the continuation of the recidivism cycle.

**Governmental Influence**

The greatest system of influence would be considered the United States government, which ultimately dictates how policies and regulations are run regarding incarceration charges and sentencing. A unique term for the United States’ incarceration rate is “American exceptionalism,” which encompasses the notion that there are obvious changes that need to take place regarding our policies associated with decreasing incarceration rates (Tonry, 1999, p. 420). Thus, there is an imminent need for policies that take into account factors such as level of education, socioeconomic status, race, gender, etc., in order for individuals to receive the resources they require to change their path in life. Further, there is a need to understand how programs within correctional facilities can assist incarcerated individuals because rehabilitation is viewed as the most significant response for risky behavior (Beckett & Western, 2001).

**Extensiveness of Problem**

The critical aspect within this area of research into the criminal justice system is how extensive the problem truly is. Even though, from a societal standpoint, one individual family member may be incarcerated, the entire system is impacted. For both the incarcerated individual as well as their family members, adapting to the new
dynamics related to incarceration can serve as a challenge, impacting the individual and family members post-release. For the most part, even though there are individuals who, post-release, do not require psychological treatment, there is an impact regardless, even if it does not result in the diagnosis of a mental disorder (Haney, 2002). For so many, incarceration means a lack of adequate socialization and pro-social engagements. Due to the consideration that there is a lack of programming within correctional facilities that take on a systemic approach concerning psychological well-being and development, individuals who are incarcerated are often left with no other choice but to conform to prison culture and, over time, become institutionalized (Tadros et al, 2021). Through this, post-release efforts regarding socialization, employment, and housing can become problematic due to the psychological effects of being in a controlled environment.

Impact on the Family System

In addition to these factors, the impact on the health and well-being of family members changes as well. For family members of individuals who are incarcerated, their risk of cardiac disorders and endocrine disorders is higher during the incarceration period (DeHart, Shapiro, & Hardin, 2017). Thus, there is an impact on family members’ well-being even though they are not in a controlled environment themselves. From a systemic standpoint, the effects of incarceration go beyond that of a psychological nature. This allows for a deeper understanding into the ways in which the family system essentially becomes part of the dynamic as well (DeHart, Shapiro, & Hardin, 2017). Additionally, men and women share differing areas of focus regarding potential challenges post-release, with women choosing substance use and housing and men choosing education.
and employment (Freudenberg et al., 2005). The recognition of these components can lead to greater exploration during the treatment process, helping participants understand how their family members are influenced and the imbalances that are present in the system.

**Impact on Social Values**

From a societal standpoint, it is crucial to examine the political aspects of punishment (Jacobs & Carmichael, 2001). This is an important consideration relative to the social values that an individual may hold. Depending on who is in office and what policies are being held, programs within correctional facilities remain dependent on the authority of those who hold power in office.

When considering how an individual’s incarceration impacts their entire system, there is a need to focus on how social values such as humanity, education, and individual rights are obsolete; an incarcerated individual has freedom to the extent that they are *allowed* and nothing more (Duwe, 2017). By engaging incarcerated individuals in programming with a foundation of family connection, there is an emphasis on growth, and the inclusion of these social values, along with others such as dignity and fairness. These values are threatened when an individual is incarcerated; they are deprived of their basic human right to freedom and personal decision-making.

For the most part, it is important to recognize that incarceration carries with it a heavy label. This label follows the individual long after they have been released; their record holds them “captive” far beyond the end of their prison sentence. The process of reintegration into society as a returning citizen can be daunting for individuals who lack
support, or who have lost loved ones due to passed time. On the other hand, they may face backlash and opposition from individuals who struggle to understand their place in society and value their humanity. Instead of focusing on a label, one of the key elements of prison reform is helping connect and unite families of incarcerated individuals who are returning home (Travis, 2007). Support throughout the transition period is of the utmost importance. In the same way that an individual who is newly incarcerated requires programming that allows for adjustment, growth, and development, support as a newly released individual is just as essential.

**Recidivism**

Incarceration, and the many components that contribute and maintain the cycle, involve factors within the family, community, and society. With regard to etiology, factors such as lack of education, socioeconomic status, parental influence, and miscommunication all contribute to an individual’s inability to cope, delay gratification, and engage in healthy responses (Travis, 2007). However, although the problem may begin within the home, this does not mean it cannot be supported by factors outside of the home; the purpose of family therapy services within correctional facilities is to help foster the dynamics that were not present in individuals’ childhood, creating new coping mechanisms, helping them understand the impact of delayed gratification and learning about their emotions on a deeper level. In considering the maintenance of these contributing challenges, when incarcerated individuals are released from prison, they are faced with adapting to changed societal dynamics and reestablishing their role within the family, community, and society (Western, Braga, Davis & Sirois, 2015). Therefore, by
preparing them beforehand and connecting them with those they are closest to, an enduring life post-release can become a reality.

**Multicultural Factors**

Incarceration places its unique impact on the lives of everyone involved. The impact of incarceration for women, in particular, is prominent due to the consideration that mothers are oftentimes the sole caregiver of children prior to incarceration (Travis, 2007). Therefore, when the main caregiver or parent is incarcerated, a new individual must enter into the dynamic, creating a shift for caregiver and child. Thus, this influences how a child is raised, the mental health of the mother who is separated from her child, and forces adaptation when neither individual may be ready to make the necessary changes.

For men, the challenges faced involve separation from loved ones, as well as the shame and guilt associated with leaving their loved ones behind, especially if they were the main source of financial income within the home. By engaging them in family therapy sessions and creating space for the exploration of these thoughts and feelings, change will slowly develop.

When considering the impact of multicultural factors, and the role they serve in affecting the issue of incarceration, we must consider individuals who are minorities, especially young African American men, and individuals with low levels of education (Morenoff & Harding, 2014). It is critical to understand that people of color disproportionately make up the majority of individuals who are within correctional facilities. Additionally, the societal and economic structure is influenced by the rates of
The way incarceration is viewed is associated with how individuals are supported. The intention of creating systemic therapy within correctional facilities also involves spreading the word about how human beings within a facility deserve support. One does not have to condone violence or defend criminal acts in order to recognize that there are many systems at play which lead an individual to a correctional facility; family therapy within the facilities will open this door.

**Conclusion**

With all the prevalent research regarding the criminal justice system, correctional facilities, and the impact of incarceration on the mental and physical health of all involved, there is a lack of research and a need for bridging the gap that exists among families when one – or more – members is incarcerated. Present research allows for understanding how these factors have been analyzed and where we, as a society, stand regarding the need for change within correctional facilities in the United States.

The gap being addressed pertains to a need for the development of an entirely systemic family therapy service program within correctional facilities where the focus is on relationships; how parent and child, parent and partner, partner and partner, siblings, etc., relate to one another as a result of the incarceration – and separation – that has taken place within the family system. The intention is to foster healing, create connection, and develop safety in an environment that is anything but.
CHAPTER THREE

CONCEPTUAL FRAMEWORK: STRUCTURAL FAMILY THERAPY

Introduction

Within each unique family system, there are foundational components which, when altered, can create dysfunction for the members. Salvador Minuchin, the creator of Structural Family Therapy believed that “man is not an isolate, he is an acting and reacting member of social groups” (Minuchin, 1974, p. 2). Depending on the circumstances within the family system, the impact of each member’s role can create dynamic change. When considering the role of incarceration, and its impact within a family system, the removal – and eventual addition – of the incarcerated individual factors into profound structural change within the family system. The question being explored within this chapter is: What is the impact of family therapy services within correctional facilities when considering the structural dynamics related to the reunification process of incarceration within families? This question aims to address the roles that are present within the family system, how they impact the structure of the system, as well as how hierarchy presents itself during the reunification process of the incarcerated individual back into the family system. The examination of the dynamics that take place when family members seek treatment within a correctional facility is an integral part of the treatment process. Additionally, the reunification aspect of treatment is examined, as well as how the transition plays a profound role in how the family system is impacted by incarceration and where each family member forms their understanding of the role they have within the system.
Structural Family Therapy Research

Through the lens of Structural Family Therapy, the family is seen as an organization, whereupon the members’ well-being and connection is prioritized (Colapinto, 2017). Therefore, understanding current research involves exploring different types of families. Beginning with enmeshment within the family system, this involves “excessive closeness” that is present within the members of the system, leading to challenges in self-identification as well as members who are essentially taking on the emotions of others (Colapinto, 2017, p. 2). This, in turn, impacts the structure of the family system because it creates dysfunctional patterns of communication, behavior and understanding of roles within the family.

A significant component of examining the lens through which Structural Family Therapy perceives the family system is understanding how the theory can be applied to the current gap in research involving the treatment of families impacted by incarceration. Taking into account the current research involving the use of Structural Family Therapy and the treatment of incarcerated individuals, it is essential to explore how the theory works with the population and where there is a need for further research. Tadros and Finney (2018) explored the importance of joining as a technique within Structural Family Therapy. Especially with regard to working with families impacted by incarceration, Minuchin believed in laying a firm foundation with clients, building the therapeutic alliance, and getting to a point of understanding the structure of the family system prior to creating a treatment plan (Tadros & Finney, 2018). Therefore, a critical aspect of understanding families impacted by incarceration is taking into account that the “problem” is not a person but rather the dynamics of the family system and how those
dynamics are part of the system (Minuchin, 1974). Additionally, this method of
treatment creates space for members of the family system to acknowledge the realities of
their relationships, shifting the focus from the incarcerated individual.

The function of the family system is immensely influenced by incarceration
(Tadros & Ogden, 2020). Through the lens of Structural Family Therapy, a significant
component of understanding the family system involves the exploration of boundaries as
well as the role that hierarchy plays among the members (Tadros & Ogden, 2020). In
other words, how are the members of the family interacting with one another? What are
the levels within the system and how do roles factor into each member’s contribution to
the functions in the system? A key factor in Minuchin’s theory was taking into account
how, for example, a couple relationship is impacted when the reentry process from
incarceration back into society takes place (Tadros & Ogden, 2020). Therefore, the use
of Structural Family Therapy becomes apparent when thinking about the ways in which
families are impacted when a member of the system becomes incarcerated and how
reorganization takes place (Minuchin, 1974). The process of “exposing” the dysfunction
within the family system plays a key part in the therapist’s role in joining the system,
essentially as a member, as a means of better understanding the structure of the system
(Minuchin, 1974). The theory itself carries with it immense value and depth, but this
component alone is a crucial aspect in the treatment of families who have been impacted
by incarceration; the therapist’s process of joining with the family system is profound,
allowing for changes in the interactional patterns of the members and, essentially,
creating a new structure in the family (Tadros & Ogden, 2020).
Components of Structural Family Therapy

The many components of Structural Family Therapy include a look into how the system is functioning and where strengths can be found, helping move the system away from patterns of dysfunction (Hadfield, 2000). A powerful component of the theory is the consideration that it is important to work through certain processes that are taking place in the system as opposed to an attempt to try and hide or alleviate them. For example, a Structural Family Therapy method of working through anxiety that is present within the family system involves having the family work through their thoughts and feelings in the present moment, in the presence of the therapist (Minuchin, 1974). The purpose of this exercise is to create space for the presence of discomfort but allow the members to explore what it is that is creating the dysfunction within the family system; essentially, working through the challenge *in the moment* rather than waiting for deeper challenges to develop as a result of unresolved dysfunction in the system. Additionally, the theory moves away from an individualistic approach, where one person is pathologized, and focuses on how all the members are working together to create the dynamics that are present (Minuchin, 1974).

**Structure**

Structure is the pillar of understanding the functions within a family system, especially the notion that changes within familial structure also impact behaviors (Minuchin, 1974). The organization of a family system and the methods through which the members characterize their roles is imperative in gaining an understanding of how the system operates. All components of Structural Family Therapy are connected, especially
when considering that the family system can be compared to an organism, with each member functioning as a vital organ keeping the organism alive and thriving (Minuchin, 1974). Therefore, a change in structure happens when there is some form of alteration in the present dynamics of the system as a means of restructuring. On the other hand, on a societal level, “incarceration challenges the structure and social organization of specific communities” (Morenoff & Harding, 2014, as cited in Tadros & Owens, 2020, p. 1). With this consideration in mind, and the influence that incarceration has on the larger systems in society, it is only natural to take into account that the family system is being immensely impacted as well. Therefore, the need to understand the dysfunctions in the system, and how they can be restructured, is a gap in the treatment of families impacted by incarceration that the Adaptation program aims to fill.

**Boundary Forming**

The role of boundaries within a family system lays the foundation for all forms of communication, hierarchical considerations, as well as the overall functions of the family system. Boundaries also support the rules that are created within the system regarding each individual’s role (Minuchin, 1974). The types of boundaries that are present within a family system contribute to the creation of the dynamics within the household (Minuchin, 1974). According to the theory, boundaries are “what defines who is in or out of a family relationship vis-à-vis the focal issue, as well as what their roles are in this interaction” (Kilpatrick & Holland, 2008, p. 117). Therefore, the exploration of such boundaries within a particular family system allow for further understanding of the roles each member has as well as the overall structure that is set in place in the system.
Boundaries exist on a continuum, where rigid boundaries are more restrictive and diffuse boundaries allow for greater contact with other subsystems (Tadros & Ogden, 2020). Minuchin found it important to have the family engage in an interaction whereupon the dynamics that take place within the home are shown during the therapy session, with the purpose being the acknowledgment of what the system needs and how that change can take place (Kilpatrick & Holland, 2008).

When taking into consideration the formation and use of boundaries within a family system that has been impacted by incarceration, it is important to note that the separation factors into the relationships. In other words, when the incarcerated individual reenters into the family system, the boundaries that may have been set in place prior to their departure may no longer be there or may be present in a different way (Minuchin, 1974). For example, if a father is returning back into his previous household, his boundaries may have been rigid initially, but now, returning home, he is noticing that the structure of the family has changed, he feels more restricted and his family members hold him in this regard, where his contact with other systems is limited compared to before. Similarly, being a mother would also create change regarding the boundaries that were set in place prior to departure. The change in boundaries relates to greater challenges in feeling restricted with regard to setting a boundary and not experiencing resistance from the system (Minuchin, 1974). The difference between the experience of a father and that of a mother relates to the expectations that are present within the family system regarding nurturance, compassion, and understanding on the part of the mother as she returns and explores her relationships.
Another consideration is the role of caregivers who are not the biological parent of a child. A parent’s return back into the system would call for a complete reorganization on the part of the children, as they grew accustomed to different norms, rules, and methods of parenting during the process of incarceration (Minuchin, 1974). Thus, the children would not only have to process the return of a parent but also the changes in communication, structure, and roles within their new family system. This is critical to consider in the exploration of boundaries due to the fact that there is a change in the entire system when an incarcerated family member returns, with boundaries being influenced.

Similar to the boundaries that are impacted through changes in family dynamics, so are that of roles amongst the members. Regardless of which parent was removed from the system, the changes that ensue involve all members of the system, and upon return, impact the roles as well as the boundaries that each member sets for themselves (Minuchin, 1974). The way a boundary is set also connects with the roles that a person follows within the system (Hadfield, 2000). Through this perspective, the role of a father, for example, changes based on the way his boundaries are received by members of the system. If prior to his departure, his boundaries were rigid, the role he had in the system may have related to his role as the “head of the house,” meaning he held much of the power in the system regarding rules and norms. Returning, his role may now consist of the need to focus on developing his relationships with his children which means, in the hierarchy of power, he is no longer on top. This leads to changes in both his boundaries, rules, and role formation as a father and returning member to society (Minuchin, 1974). The importance of considering both of these components in the process of reintegration is
essential because it takes into account the changes that have taken place while the individual was incarcerated.

**Subsystems**

Another component of the family, according to Minuchin was the presence of subsystems, which essentially serve as smaller units of the larger system (Gladding, 1998, as cited in Hadfield, 2000). The way that subsystems function also relate to boundaries that are set in place due to the interactional patterns between family members and the level of functionality of the larger system (Minuchin, 1974). Therefore, within a “spousal subsystem,” for example, the system functions optimally when each individual is aware of, and accepts, their interdependency (Gladding, 1998 as cited in Hadfield, 2000, p. 10). Thus, if one of the members of the subsystem is impacted by incarceration, there is no doubt that the other member would feel the impact as well. Therefore, this process also includes boundaries considering the changes – especially on a behavior level – that are bound to take place when one member is no longer part of the system (Minuchin, 1974). Upon the eventual return of the member, in order for the structure of the subsystem – and the larger family system – to function optimally, there would have to be an exploratory discussion about how the subsystem is going to function and what that means for the reorganization of the family system (Minuchin, 1974). The importance of taking subsystems into account is because they essentially set the tone for how the family functions, especially considering that there is also the presence of a parent-child subsystem when a family includes children (Hadfield, 2000). It is within such a system where children are able to understand the rules and roles in the family system, the
boundaries that have been set in place, as well as their place in the hierarchy of the system (Minuchin, 1974). All of these components are influenced when a family is impacted by incarceration. Therefore, the use of Structural Family Therapy allows for such exploration to take place, and the creation of a program within correctional facilities helps facilitate these dynamics prior to the reunification process.

**Hierarchy of Power**

Through the lens of Structural Family Therapy, power within a family system is unique, as it forms based on who governs the particular system and where “different levels of authority” are present (Minuchin, 1974, p. 52). Furthermore, power is understood as the impact of each family member to the system (Hadfield, 2000). In one family, for example, the hierarchy of power may begin with the wife, while in another it begins with the husband. The importance of taking the hierarchy of power into account, especially through a therapeutic lens, is the acknowledgment of the fact that the structure of the family is associated with the power dynamics that exist within any particular system (Minuchin, 1974). When considering the authority that comes with having power within a family system, there is also the influence of control, such as how a parent may control the behaviors of their child by hiding sweets from them until they complete their chores. Therefore, when a family is impacted by incarceration, there are changes that take place in the hierarchy of power, oftentimes, simply for the survival of the system, if for example, the breadwinner of the family is no longer present (Minuchin, 1974). When the incarcerated family member returns back into the system they were once part of, with the mindset that “power is subject to change as family members grow and develop,” there
is a need for restructuring within the system, considering that the system had to undergo changes when the family member left the system (Minuchin et al., 1998, as cited in Hadfield, 2000, p. 14). When considering children within the family, for the frame of time when a family member is incarcerated, children are growing – literally and figuratively – both as members within the household and within the larger society (Minuchin, 1974). Therefore, the reunification process of the incarcerated member involves adjustment, transition, as well as acceptance and acknowledgment of how each member grows over time. By taking this critical component of the family structure into account, the ability to understand the dysfunctions that are causing challenges within the system are better understood and serve as targets for change.

**Complexity of Family Structure**

Through the lens of any theoretical orientation in the field of marriage and family therapy, it is important to acknowledge the complexity of the family structure, within any family system. With the addition of the removal of a family member through incarceration, the complexity grows as the system begins to reorganize itself (Minuchin, 1974). How the system changes and where these imbalances are located is an essential part of restructuring and supporting family members in adjusting their role within the system. Boundary formation, subsystems, hierarchy of power and roles that are present within the system contribute to the overall structure that is present, and for change to occur, the restructuring of these concepts needs to take place (Tadros & Durante, 2021).
Incarceration as a Systemic Experience

Facing incarceration is not an individual experience. The systems an individual is part of contribute to their experiences, and vice versa; their removal from a system requires readjustment and foundational change (Benisty, Bensimon, & Ronel, 2021). For example, children and adolescents who are processing the loss of a family member through incarceration have been found to have higher rates of anti-social tendencies, conduct disorders, and engage in substance abuse (Benisty, Bensimon, & Ronel, 2021). Through a Structural Family Therapy lens, these components relate to changes in subsystems as well as roles and boundary formation, especially because the overall foundation of the system is reorganizing as a result of the incarceration (Tadros & Durante, 2021).

Incarceration as a Crisis

It is essential that the overall experience of incarceration is addressed. This means taking into account that the experience of family members at the onset of incarceration can be perceived as a crisis (Benisty, Bensimon, & Ronel, 2021). The period of transition requires adjustment, adaptation, and support from others as a means of growing accustomed to the changes that are taking place within the family system. Therefore, whether a child, sibling, or parent, each individual undergoes their own set of challenges as a result of the incarceration (Benisty, Bensimon, & Ronel, 2021). These challenges can relate to many aspects of change within the family structure such as the ways in which finances are managed, communication patterns, issues with processing grief and loss, as well as the stigma that is present regarding an association with an
individual who is incarcerated (Benisty, Bensimon, & Ronel, 2021). Thus, a critical component of supporting families impacted by incarceration goes beyond the acknowledgment of their challenges but also requires the exploration of how individuals are forced to create internal changes based on external circumstances (Minuchin, 1974). These changes also coincide with the incarcerated member’s return to the system because of the need for the system to readjust to change (Tadros & Durante, 2021). How they adjust during the return can also be impacted by the methods set in place at the onset of incarceration. With this understanding, the system benefits from continued processing and communication regarding familial dynamics, and behavioral change (Minuchin, 1974).

**Implications for the Use of Structural Family Therapy**

The use of Structural Family Therapy in family-based treatment within correctional facilities goes beyond that of therapeutic treatment alone. Through the exploration of the theory, it becomes apparent that its components factor into how a family system can be understood, and the changes that need to take place structurally and behaviorally, in order for greater functionality (Minuchin, 1974). The value in creating the Adaptation program is that it provides family-based therapeutic services within correctional facilities, focused on the reduction of conflict, exploring mental disorders which may be present, and resolving behavioral challenges (Garofalo, 2020). The focus is on the reorganization of the family system as the incarcerated member prepares to return home (Minuchin, 1974).
The value in the use of Structural Family Therapy when working with families impacted by incarceration is the depth of information that is provided within the theory. However, when considering the implications for the use of the theory, Minuchin did not necessarily provide concrete interventions within the treatment process, but rather acknowledged components that are influenced within the family system including, but not limited to, boundary forming, power dynamics, rules and roles, joining, reorganization, and subsystems (Minuchin, 1974). When considering the formation of a program focused on the family system, it is important to take into consideration that the theory is serving as a foundation while the accompanying interventions that follow will be unique and will pertain to the needs of the system being addressed. The integrity of program design and implementation is a critical component of the design process. Taking into account the theoretical model being utilized, as well as the overall needs of the participants’ treatment, a significant part of the Adaptation program’s design is ensuring that it is serving the needs of the participants. Therefore, this is a profound consideration, and is valued during the process of program implementation.

**Conclusion**

Structural Family Therapy’s focus on the parts that make up a family system has a profound impact on the treatment of families who have been affected by incarceration. When considering the functionality of the family system, there is a need to understand the structure, and through that understanding, determine the treatment that best assists the members in reducing the dysfunction in the system. Currently, the focus of treatment within correctional facilities relates to that of the individual who is incarcerated. The gap
that Adaptation will fill is the treatment of the entire system, through the use of Structural 
Family Therapy interventions and techniques, focusing on the reorganization of the 
family system and addressing the boundaries and hierarchy of power that is present in the 
family *prior* to the reunification process.
CHAPTER FOUR

METHODOLOGY

Introduction

Current therapeutic dynamics within correctional facilities are focused on treating the individual (Duwe, 2017). The benefits of individual treatment allow for a focus on self and the transition process involved in incarceration. When considering the dynamics leading an individual to a correctional facility, there are systemic components, with an emphasis in addressing structure, familial communication such as boundary setting, roles, subsystems, and hierarchy of power (Duwe, 2017). By incorporating systemic family treatment within correctional facilities, incarcerated individuals have the ability to form a healthy structural component to the system and develop new conducive patterns of communication. They also have the opportunity to develop, and nourish, a clearer sense of self prior to their release. Through the exploration of individual needs within treatment, there remains a gap when considering family system involvement and influence within the incarcerated individual’s life. Through the implementation of family-based therapeutic services within correctional facilities, the ability to bridge the gap and create more conducive reunification patterns in families is a method toward problem resolution. These changes not only pave a pathway toward potential decreased rates of recidivism but allow family members the ability to process the impact of the incarceration in a safe space, surrounded by supportive mental health professionals (Loury & Western, 2010).

Regarding the process of post-release outcomes, the purpose of this program is to aid in smoother reunification, for both the incarcerated individual as well as family
members. Therefore, by creating a program, and working on patterns of communication and behavior – while a family member is located within a controlled environment – the intention is to foster growth, supporting family reunification. Thus, by bringing family members into the correctional facility, the opportunity to discuss changes within the system after the removal of the incarcerated individual – as well as the changes that take place when the member returns – all play a role in overall dynamics of the family system.

**Theory of Change**

The foundational systemic theory being utilized within this program is Structural Family Therapy. At the core of restructuring, there often lies unresolved challenges related to emotional expression and tension that prevents the members from being open-minded (Vetere, 2001). The use of Structural Family Therapy as the foundation of Adaptation is based on the understanding that the changes which take place in the family system as a result of incarceration impact all components of functionality (Minuchin, 1974). Structural Family Therapy is focused on the exploration of the underlying components that make up the family system such as the functions of relationships, boundaries, hierarchy of power, subsystems, and roles which all come together to form a working system, whether or not the system is functional (Vetere, 2001). Therefore, Adaptation will address the problem that exists when the structure of the system changes as a result of the removal of a family member by understanding how the members contribute to the changes taking place. Minuchin’s foundational components related to boundaries, alignment, power, and roles factor into the changes that take place when a system is impacted by incarceration and the methods of treatment that support growth.
during the changing process (Kilpatrick & Holland, 2008). Therefore, it is through Minuchin’s lens that the Adaptation program’s dynamics are created, and more specifically, the key interventions, which will guide the treatment process.
**Problem Description:**
Systemic-based therapeutic services for incarcerated individuals and their families are needed due to the current individualistic approach to psychological treatment within correctional facilities. The individualistic approach to therapeutic treatment is effective in the short-term but does not address post-release dynamics and systemic factors related to familial patterns of communicating and behaving, as well as family structure.

**Theory of Change: Structural Family Therapy**
- The focus of change is on structural patterns within the family system pertaining to hierarchy of power, roles, and boundary formation.

**Mission of the Program:**
"To restructure families impacted by incarceration through hope, support, and connection."

**Inputs:**
- Staff members
- Funding
- Technology

**Program Activities:**
- Family groups
- Boundary Formation
- Enactments
- Assessments

**Contributing Factors:**
There are levels of influence related to factors that contribute to incarceration.
1) Family level: Poor communication patterns, substance use within family of origin, neglect, etc.
2) Community level: Lack of resources, support, etc.
3) Societal level: Incarceration is prioritized while mental health treatment is secondary.

**Process Goals:**
Participants will engage in assessment process and interventions as part of therapeutic treatment.

(A) **Short-term outcomes:**
- Behavior activation/modification
- Gaining insight into communication styles of family members
- Understanding of roles within family system
- Exploring boundaries
- Therapist "joins" system
- Family mapping

(B) **Intermediate outcomes:**
- Practicing new behaviors
- Creating new boundaries within the family system, forming new patterns of communication
- Restructuring of the family system; clear boundaries, understanding of role and hierarchy of power within family system

(C) **Long-term outcomes:**
- Consistency of boundary maintenance within family system
- Healthy emotional expression and hierarchy within family system
- Greater understanding of roles within family system and how power is divided amongst members
- Lower rates of recidivism, substance relapse, divorce, homelessness, SI/HI

*Figure 1. Logic Model Chart and Theory of Change*
Program Design

Program Structure and Duration

Adaptation is focused on the reunification process for families who have been impacted by incarceration, with a foundational understanding that incarceration changes the overall structure of the family system. Further, this program is intended to take place within a county correctional facility (jail). By focusing on familial treatment while the individual is incarcerated, the intention is to work through challenges in order for reintegration to be a process involving the maintenance of appropriate role and boundary formation for parents and children. The structure of Adaptation is entirely based on the family system; the role each individual has within the system as well as the influence each member has on the system (Minuchin, 1974). It is geared toward restructuring imbalances and dysfunction within the system for family members to have a clearer understanding of how their lives have been impacted by the removal of a family member and what it means to process their experiences while the member is currently incarcerated. Through the use of structural-based interventions and giving participants the opportunity to explore their own patterns, the hope is for Adaptation to create a safe space, with the support of mental health professionals, to guide family members and incarcerated individuals toward a clearer understanding of familial dynamics.

Program duration has a significant impact on the treatment process, as well as treatment outcomes. Working through the lens of Structural Family Therapy means there is a need to consider the changes that have taken place within the family system, as well as the impact that those changes have on treatment outcomes (Kilpatrick & Holland, 2008). This family-based program within correctional facilities utilizing Structural
Family Therapy includes a timeframe of three months, with family sessions set at one and a half hours each, once a week. Adaptation will include three different phases, each phase lasting four weeks, with twelve sessions in total. The importance of having the same members present throughout the duration of this program will be discussed prior to the onset of treatment. For those who do not attend weekly, or choose not to remain part of this program, the incarcerated member can continue to work individually with a mental health professional to explore their psychological needs. The purpose of setting the specific duration and timeframe for the sessions is twofold: first, to ensure that enough time is allotted to explore the initial foundation and structure of the family system, and secondly, to utilize the theoretical interventions aimed at restructuring (Kilpatrick & Holland, 2008).

Cost

The overall cost of the Adaptation program within a county jail involves a combination of many different components, inclusive of administration fees, material fees, staff (cost of facilitators), components of project design, electronic devices, and resources. Anticipated costs of these fees on an annual basis is below in Table 1.
Table 1. Anticipated Cost of Adaptation Program

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Costs (Annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Fees</td>
<td>$5,000</td>
</tr>
<tr>
<td>Material Fees</td>
<td>$2,000</td>
</tr>
<tr>
<td>Staff (individual)</td>
<td>$70,000</td>
</tr>
<tr>
<td>Program Design</td>
<td>$700</td>
</tr>
<tr>
<td>Electronic Devices</td>
<td>$6,000</td>
</tr>
<tr>
<td>Resources</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Total Costs</strong></td>
<td><strong>$84,900</strong></td>
</tr>
</tbody>
</table>

Fundamentals of Program Eligibility

Factors such as who can participate, age range, and other social locations are important considerations for the Adaptation program. Those who can participate must currently be impacted by incarceration; the individual must either be incarcerated or be part of a family system where a member has been removed due to incarceration. This program is geared toward supporting those who are in the post-incarceration phase as well but is focused on those who are actively incarcerated as a means of supporting systemic change prior to their release. Therefore, there is a requirement that at least one person is actively incarcerated. There is no requirement to be a parent, as incarcerated members can choose to focus on their role as a child in their family system by integrating their parents into the treatment process. The purpose of having this foundation of eligibility is to ensure that Adaptation maintains its focus on supporting individuals and families who have been impacted by incarceration. By creating the boundary for who can take part in this program and who cannot, the efficacy of treatment remains a priority.
Further, individuals who are above the age of two will be eligible to participate in this program. Therefore, Adaptation is not focused only on adults but also engages children of all ages. It is recommended that individuals who struggle with a substance use disorder also engage in separate programming related to the treatment of the substance use disorder, but it is not a requirement for eligibility. Regardless of gender and sexual orientation, all individuals are eligible to take part in this treatment program, without limitations in this category. This allows for continued support for all and a treatment program that is working through a lens of open-mindedness. The nature of Adaptation is based on the understanding that individuals of all backgrounds and dimensions of identity can be part of the criminal justice system. Thus, there is no limitation to who is part of this program aside from those stated above. Those who initially enter treatment will be asked to remain present at every session to ensure continuity of treatment. While consistent attendance may serve as a challenge, it is recommended throughout the duration of this program, as inconsistent attendance impacts overall outcomes of treatment.

The timeframe within which the incarcerated individual is able to participate in this program is a maximum of six months prior to their release. The six-month mark is intended to allow for the individual to work through this program while also addressing any additional needs they may have prior to release. A timeframe greater than six months – a year, for example – would create too large of a gap between the individual’s time spent within this program and their release date. Since this program is intended to support current and post-release needs, the six-month mark will allow for the greatest window of opportunity, with enough time to complete this program and continue working
on familial and individual needs as the participant prepares to transition out of the correctional facility.

**Participant Screening Assessment**

Although the Adaptation program is created with the intent to provide services to all incarcerated individuals who are seeking treatment, the initial process of screening for eligibility of each individual will take place prior to their inclusion in this program. The utilization of a screening assessment will help determine the appropriateness of each individual and take into account factors that may exclude them from taking part in this program. These factors may include violent behavior, substance abuse, a need for participation in other programs *prior* to entrance into Adaptation, as well as potential evaluations that may be needed by medical professionals. This screening will support the Adaptation program’s intention of serving the justice involved population but ensuring that each participant is prepared for the treatment process.

**Barriers and Challenges**

Barriers and challenges to the treatment process are present, and the exploration of these dynamics is vital to program functionality. When considering potential challenges that may present as part of this program, it is important to take travel and language barriers into account. By exploring these aspects of the organization, this program is strengthened as these potential barriers can impact program effectiveness, especially if members of the family system are unable to be physically present.
Travel

Adaptation is intended to take place within county correctional facilities (jail). Therefore, in order for family members to take part in the treatment process, travel would have to be considered. Although some families may live close to the correctional facility where their family member is located, having the ability to drive or take public transportation may be an option, but not all families may have this opportunity. Additionally, not only is travel costly, but not everyone has the ability (physically) to travel, or the time, to engage in travel. With these considerations in mind, this program will cater to these challenges and allow for secure, virtual sessions, for families who are unable to meet in person within the facility.

Virtual Treatment

With travel being a potential barrier to treatment, this program will cater to family members who want to engage in the treatment process virtually through a secure platform, ensuring confidentiality and safety for those involved. This process will involve the use of a virtual, HIPAA (Health Insurance Portability and Accountability Act) compliant platform, called Doxy.me, in order to include everyone into the process who has a desire to engage in family therapy. Doing so will ensure not only the efficacy of treatment but the effectiveness of this program as a whole, when taking into consideration the families who would not be able to attend without the use of a virtual platform.
Language

Language barriers can also be present for individuals wanting to be part of this program. This can be limiting, as the inability to understand one another would prevent participants from engaging in communication which is the foundation of this program. Thus, mental health professionals who are bilingual will be part of the team of professionals working with families in order to translate and ensure that each member is heard, understood, and provided with the accurate information during their treatment process. Also, based on the resources within the correctional facility, a translator may be readily available.

Program Fidelity

When considering program fidelity, the evaluation process involves the completion of this program, as well as reunification dynamics. The most important part of program evaluation is tracking participants’ attendance and participation in the phases of treatment into account. It is not enough for participants to want to take part in this program. Evaluation will be based on completing the phases of treatment, receiving a certificate of completion, which can be shown in court, as well as gaining an understanding of how the reunification process takes place when the family members are united post-release. Additionally, members will complete an assessment as part of the treatment process. This component is a critical aspect of understanding whether or not Adaptation is effective in supporting family members who are now working through an entirely new system of roles, hierarchy, and communication patterns with the addition of the member who was, at one point, removed from the system. With this in mind, it is
also important to reiterate that this program will entail three different phases of treatment, each building upon each other, allowing for members to gradually increase their self-awareness and better understand their needs, and contributions, to the family system.

**Evaluation Outcomes: Description of Measurement Tools**

*Multidimensional Scale of Perceived Social Support*

The intention for using the Multidimensional Scale of Perceived Social Support for the evaluation of Adaptation is based on the questions within the scale. The questions explore participants’ sources of support, paying special attention to familial relationships and dynamics which is the focus of this program (Zimet et al., 1988). Through the exploration of a participants’ perceived understanding of their support system, aspects of this program such as activities and interventions can be tailored to fit the needs of the particular family system.

**Outcome Goals**

When considering the outcome goals that the measurement tool is addressing, when participants complete the assessment, based on their responses, the intention would be for greater understanding of whether or not they are agreeing with questions in the measurement tool that ask them about whether they feel supported by their family, have a person in their life who supports them, feel safe speaking to someone in their life, etc. (Zimet et al., 1988). These explorations serve the purpose of evaluating this program and seeing if their family members are a source of support for them, and whether the
formation of healthy emotional expression and boundaries have been put in place as a result of this treatment program.

**Tasks to Be Completed**

The inclusion of a measurement tool within this program evaluation is critical in helping determine whether the purpose of this program is being fulfilled and if the needs of participants are being met. Therefore, the measurement tool will be given to all participants by the group facilitator at the start of treatment (within session one of Phase One to) as well as at the conclusion of treatment (within session four of Phase Three). The purpose of giving out the measurement tool during the initial and final stages of treatment is to explore participants’ treatment outcomes and whether they agree to having support systems in place, helping gather data regarding the effectiveness of this program when it comes to fostering healthy communication patterns and boundaries within family systems.

Each individual who takes part in Adaptation will be asked to complete the measurement tool. The rationale for utilizing this assessment and providing it as a pre and post evaluation is to better understand the participant because without their insight and perceived understanding of support, this program would lack depth, and development would have to be based on the perception of the mental health professionals guiding the treatment process, which may be significantly different than that of the participants. By exploring participants’ understanding of their support, the intention is to ascertain whether or not the family system is working on reorganization of the system, as well as understanding the needs of the system when the transition from incarceration to freedom.
takes place for the incarcerated member (Minuchin, 1974). Overall, by gaining a clearer perception of how families in treatment are being influenced by the activities and interventions, the opportunity to fine tune the Adaptation program’s dynamics and understand the needs of the system can become a reality. Without this, Adaptation may seem functional but not address the concerns with the system that are impacted by incarceration, as well as by the reintegration of the family members back into society and into the family system.

**Key Interventions**

**Introduction**

The process of program design and implementation is a continuous pattern of understanding the needs of the population being served, while also balancing the structure of the model being utilized for treatment. Adaptation involves the implementation of systemic family-based services within correctional facilities. Therefore, when considering interventions, the agents of change involved, as well as the overarching theoretical orientation, Structural Family Therapy, will be used. Salvador Minuchin’s concepts allow for a foundation of systemic second order change due to their emphasis on how the members of the family are connected and continuously influencing one another (Kilpatrick & Holland, 2008). A valuable tool in the utilization of Structural Family Therapy is the recognition that restructuring relationships paves the path for change on a deeper level, since imbalances in the system can be processed (Hadfield, 2000). Therefore, it is important to consider that components of the family that create
structure such as boundaries, subsystems, external sources of support, communication patterns, and hierarchy of power, all contribute to the methods of treatment used within this current program (Vetere, 2001).

The concepts within Structural Family Therapy are a foundational component of Adaptation’s dynamics because of the theory’s emphasis on systems (Minuchin, 1974). The interventions that take place within this program coincide with Minuchin’s concepts as a means of tying all of the components together and ensuring that the systemic foundation is being upheld, focusing on the experiences of all who have been impacted by incarceration (Sharp & Marcus-Mendoza, 2008). They will each be part of specific phases within this program, separated by Structural Family Therapy concepts.

**Program Objectives**

The objectives for Adaptation are divided into three phases: short-term, intermediate, and long-term. These objectives pertain to different aspects of treatment but are meant to build upon one another as the participants progress in treatment. The purpose of the current objectives relate to change at different levels, with a focus on the family, community, and society at large. The short-term objectives within this program are focused on understanding and modifying behavior such as boundary maintenance while also examining each family member’s role within the family system. The intermediate objectives include the practice of new behaviors such as understanding how power is divided amongst members in the system and the way it impacts behaviors, increased levels of healthy communication patterns among the family members and clearer boundaries. Long-term objectives within this program involve change on a
systemic level, and a reunification process that embodies structural change for family members who are impacted by incarceration, as well as the healthy exchange of responsibilities amongst members.

**Process Objectives**

The main process that takes place within Adaptation includes one – one and a half hour – family therapy group on a weekly basis which focuses on the family system. Therefore, there is a built-in structure in the flow of the treatment, allowing for greater impact as well as cost-effectiveness. By ensuring that each member of this program follows a specific treatment regimen, we are able to ensure equity but also monitor important aspects of success such as participation and overall outcomes.

**Outcome Objectives**

When considering how the outcome objectives are measured, one way of viewing it includes whether or not a participant completes this program as well as the completion of a pre and post evaluation as part of the treatment process. Considering this is a program that involves bringing family members from the “outside” into a controlled environment, the incarcerated individual is the one who receives the certificate of completion, but not without the participation of their family members. Therefore, the participant cannot receive a successful completion without first working – on a systemic level – with members of their family system in treatment. Without this, the Adaptation program itself would not make sense because it is focused on understanding the dynamics
of the family system and creating a functional transition period for all involved when the incarcerated member is released.

Program Management Plan

The management within the Adaptation program is a foundational component of ensuring that there is structure and functionality, as well as specific methods for both staff and participants. Beginning with an exploration of timelines, the length of this program is three months. The intention for this time frame is that families who choose to take part in this treatment program will be in the process of preparing for their family member to be released from the correctional facility in the near future. Therefore, the use of this timeline is important in securing the foundation of this program and preparing everyone involved for the release of the incarcerated member.

With regard to activities and key processes, considering that this program is taking place within a correctional facility, it is essential that all staff members remain informed and up to date about the dynamics of this program as well as the needs of the members being served. To ensure this, a daily staff meeting will take place for staff members to discuss the components of the day and share their thoughts about client progress, crisis issues, client withdrawal, admission, or any other pertinent issue that results in a need for further examination of participant progress or needs. Overall, a key component of making sure that Adaptation is helping those who are participating is taking into account that the staff members, primarily mental health professionals, are effectively working through the interventions with all participants.
**Phases of Treatment**

Beginning with the different phases of treatment in the Adaptation program, the initial phase will examine the foundational understanding of the structure of the family system and what Structural Family there means as a method of treatment. Since the phases build upon each other, this program will entail a closed group process which means members who are part of treatment will be asked to remain throughout the duration of this program. Each family can consist of up to a maximum of eight individuals, including the incarcerated member. The rationale for this number of members is to take into account the length of time of the session (one and a half hours), allowing for engagement and process, taking each individual’s needs into account. 

Regarding rules of engagement within sessions, consistent attendance and participation is an essential part of this treatment program. Individuals who choose to attend inconsistently, or withdraw from this program, can potentially impact treatment outcomes.

This initial phase of treatment focuses on understanding behavior as a means to modify it – in the form of roles and boundary formation – as well as gaining insight into the role of each member and how their actions factor into the overall structure of the system (Jimenez et al., 2019). This process also entails an exploration of self within the family system, allowing for the members to understand how they are influencing the system and how they have been impacted by it up to this point. Joining, which is a Structural Family Therapy technique, takes place, where the therapist engages in the family system, supporting the start of reorganizing the system as well as the concept of
mapping, which allows members to better understand their contribution to the system (Vetere, 2001).

The second phase of treatment involves a deeper exploration of the familial structure by examining the different forms of boundaries, hierarchy and power within the system, as well as addressing conflict that is present within the system (Figley & Nelson, 2007). Thus, the emphasis of this stage of treatment revolves around Minuchin’s foundational understanding that conflict within the family system is explored through enactments where the members engage in dialogue, and essentially, restructure the system through processing their interactions in real time (Figley & Nelson, 2007). In this phase, family members will be encouraged to engage in enactments, whereupon the family members explore solutions to their problems by “challenging the family structure,” observing their behaviors and the way they contribute to the overall structure of the system (Vetere, 2001, p. 134).

The third, and last, phase of treatment is focused on subsystems and their relationship to the hierarchy of power that is present in the system, which essentially leads to the overall structural component of the family system (Figley & Nelson, 2007). Participants will be asked to address challenges or barriers to healthy communication patterns, process each goal and its progress, in addition to the potential for reverting back to former methods of engagement with one another. This is a critical component of participants’ progress in treatment because conflict and imbalance within the family is often associated with dysfunctional communication patterns, which can lead individuals back to former patterns of communication and behavior (Vetere, 2001). Thus, these
challenges impact family members’ ability to reunite smoothly when the incarcerated individual is released from prison.

**Phase One – Roles and Boundary Formation**

When taking into account the need for introspection and self-awareness as part of treatment, the exploration of roles within the family system and the impact of each member is a critical component of the change process. This initial phase of treatment is essential because it lays the groundwork for the rest of the treatment that follows. Within the initial phase of treatment, the therapist works on a structural family therapy technique of joining with the family in an attempt to gain greater insight and access into the structural components that are present within the system (Kilpatrick & Holland, 2008). Imbalances within the family system are explored in group therapy with the intention of supporting the members in understanding their patterns of communication and the ways in which the imbalance continues to maintain the overall homeostasis within the system (Figley & Nelson, 1990). Interventions for this phase of treatment includes identifying the rules, roles, and boundaries within the family system (Kilpatrick & Holland, 2008). By exploring these aspects of the system, the members have a better understanding of their part in the process, as well as the mental health professional’s role in restructuring the system through the process of joining (Kilpatrick & Holland, 2008).

**Phase Two – Examination of Familial Structure**

The impact of roles and boundaries are a foundational part of what creates the overall structure within any given family system. Thus, the second phase of treatment
adds onto the first phase with a deeper examination into how the structure is formed and the ways in which balance and function can thrive. The structural changes that take place as a result of incarceration are apparent and play a significant role in the lives of individuals who are impacted by the criminal justice system. Therefore, there is strength in having families come together and explore the concept of “reframing,” allowing for a better understanding of how members communicate with one another and resolve conflict. Further, during this phase, families will explore and address the different boundaries that may exist within their system. The concepts of “hierarchy of power,” “structure,” and “subsystems” will also be defined and explored through intervention as a means of examining how family systems are structured and addressing dysfunctions. The groups help families understand that their role in the treatment process is not only helpful, but essential, as the incarcerated individual is part of a system greater than themselves, which requires support and communication. The key in this program is that each aspect of treatment embodies systemic thinking patterns.

**Phase Three – Subsystems, Hierarchy of Power, and Termination**

The third phase of treatment adds onto the changes that took place as a result of phases one and two. Within the third and final stage of treatment, the focus is on the identification of subsystems, such as parent-child dynamics, allowing for a greater understanding of the functions of relationships, as the concept is initially introduced in Phase Two (Minuchin, 1974). This may include an incarcerated individual with their parent or parents, as well as an incarcerated individual with their own children. The purpose of this intervention is to create space for the family members to express their
thoughts and feelings about their current state of being, while being supported by a mental health professional. The goal is for the members to shift their understanding of the system they are part of and engage in functional dynamics such as expression of emotion, by responding as opposed to reacting; this is important because of the level of impact that incarceration has on children (Miller et al., 2013). By doing this within a controlled environment, the goal is for post-release outcomes to mirror the work that is being done when the individual is incarcerated and engages in family therapy.

Within this final phase, participants discuss their patterns of communication, emotions, and how power continues to be divided amongst them (hierarchy of power). The exploration of emotions is an essential component to an individual’s overall health, considering the impact that emotional suppression has on physical well-being (Massoglia & Pridemore, 2015). Interventions related to understanding this phase of treatment include the completion of handouts specific to the concept(s) addressed, as well as discussing each goal, its progress within the system, and any barriers that members may be facing towards continuing their changed behaviors, post-release. Overall, the support of family is critical in the incarceration process, especially post-release, as interactions with peers are oftentimes associated with recidivism (Freudenberg et al., 2005). An essential aspect of the Adaptation program is that phases of treatment will build upon each other, and therefore, by the time the family system is nearing termination, they have engaged in different techniques, interventions and methods of therapy that have led to a restructuring of the family system and a better understanding of the hierarchy of power (Kilpatrick & Holland, 2008).
Termination will be the concluding aspect of the third phase of treatment. Participants will know that termination is nearing when they have worked through each phase over a three-month period and engaged in the process through emotional expression, behavioral change such as a reduction in the number of times they act aggressively towards others, as well as a foundational change in the way they understand the impact that incarceration has on all of their lives, both separately and as a family unit (Minuchin, 1974). By processing the components of this program through the lens of Structural Family Therapy, the intention is to ensure that progress is being made in the form of consistency of boundaries, healthy communication, and power that is spread equally amongst the members.

The interventions that embody a program lay a foundation for change. Through the use and implementation of such interventions, the ability to create structural change is a reality because the system is being addressed as a whole as opposed to a focus on the individual. Therefore, with a foundation of Structural Family Therapy, the intention regarding the interventions described is creating systemic change through specifically designed key interventions. The purpose of each intervention is to provide guidance, support, and education regarding the patterns that take place within families. By engaging family members in a collaborative process, members can discuss their needs in the presence of mental health professionals who are working through a systemic lens of treatment (Hairston, 1991).
Cultural Considerations

Definitions of Family

The definition of family is understood in many different ways. Part of understanding the structural components of a family system is exploring broader definitions of family and integrating these definitions into the treatment process to ensure that everyone is included and understood. Beginning with a basic definition of family, oftentimes, a family is defined as “all people living in one household,” and while this may be true to a certain degree, this does not necessarily account for those who are not currently part of the household but are considered family (Sharma, 2013, p. 1). Additionally, families of choice are also a part of the lives of individuals who, for example, are affiliated with a gang, or who choose to steer away from their biological family. The decision to form a new family is also part of the individual’s identity formation, impacting their thoughts and behavioral patterns (Sharma, 2013). Families can be broken down even further into marital type such as polygamous or monogamous, as well as by hierarchy such as matriarchy or patriarchy (Sharma, 2013). Exploring the different ways that family is defined is a valuable component of being equipped to support those who engage in family treatment. These definitions provide a framework for the exploration of how definitions of family vary, and how these definitions impact each individual’s understanding of what it means to be part of a family system. The Adaptation program is inclusive of all types of families, but also considers that external systems such as gang affiliation may negatively influence an individual’s cognitive
process as it relates to their willingness to be part of, or reflect on, the changes they require as a member of a family system (Sharma, 2013).

**Cultural Responsiveness**

The exploration of family, culture, language, and how these factors differ based on a family system is a significant component of the Adaptation program. This program attends to the needs of incarcerated individuals and their families through a lens of cultural responsiveness. The way in which this is addressed includes a focus on understanding each family’s needs and having the underlying foundation of this program but tailoring it to fit the needs of each system based on their culture. Examples of cultural responsiveness within this program include empowering members of the family to share their thoughts, remaining open minded and understanding each individual’s needs and patterns of communication, as well as remaining open to differences in treatment methods such as whether an individual is more responsive to visualization throughout treatment or oral storytelling. This program is designed to support individuals and guide them through tailored treatment that takes cultural components into account.

**Participation Incentive for Families**

The process of including family members in treatment includes potential challenges regarding treatment attrition and adherence, as there are oftentimes many other responsibilities and duties that require an individual’s time and attention. The incentive offered to families of incarcerated individuals include a two-week early release for the incarcerated individual who completes this program, with the support of family.
The reasoning behind this incentive is to shed light on the importance of including family members in the treatment process, but also acknowledging the time, dedication, and effort it takes to be part of this program in its entirety. The stakeholders regarding incentives would include the Board of Supervisors who have to agree to the incarcerated individuals’ release process, collaboratively working with this program’s director and other staff who are involved in decision making (i.e., clinical staff, deputies, judge involved in case). The reason why these individuals are chosen is due to their knowledge and experience of working within a correctional facility, with the participants. Additionally, it is a collaborative process regarding staff members and the Board of Supervisors to come to an understanding about whether the individual benefits from the early release.
Adaptation

A Treatment Manual for Mental Health Professionals

Supporting the Development of Functional Families

Through the use of Structural Family Therapy (SFT):

Guiding Families Impacted by Incarceration Through

Systemic Therapeutic Treatment

By Katrina Arabyan
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Who Should Use this Treatment Manual?

Adaptation

The *Adaptation* program’s treatment manual includes curriculum for a three-phase therapeutic treatment program, for individuals and families who are currently impacted by incarceration. It consists of one and a half hour weekly sessions, including all of the identified family members that the incarcerated individual has chosen to include. It can be used by mental health professionals (i.e., marriage and family therapists, social workers, psychologists, professional clinical counselors). It would be helpful for the facilitator to have educational training in marital and family therapy, allowing for an understanding of family systems, and primarily, Structural Family Therapy. However, the manual will include “tips” for facilitators, as a means of guiding and supporting individuals as they engage families within the process of treatment, as well as detailed sessions with scripts included. For those who do not have a license or educational training in working with family systems, it would be beneficial to receive adequate training in order to understand the dynamics of this program and effectively implement the interventions and activities within each session.
**Tips for Facilitators**

How to Support Individuals and Families Impacted by Incarceration

When working with incarcerated individuals and their families within a county correctional facility (jail), it is important to take into account that each individual is impacted in a unique way, and it is important to consider their emotions and cognitive processes as you enter into treatment. These considerations can include the following:

- **Ask each individual how they feel** – It is important not to assume what someone may be thinking or feeling, as this can impact the trajectory of treatment. Asking each person individually allows for greater rapport building as well as getting an overall sense of their engagement in the process.

- **Treat all individuals with respect** – Be mindful of each individual’s perspective regarding the impacts of incarceration. Support healthy communication within the family system by showing concern and not being confrontational in methods of communication.

- **Be mindful not to label the incarcerated individual as an “identified patient”**
  – Family treatment emphasizes each individual’s contribution to the overall dynamics of the system. It is important to not make individuals feel as though one person is the “problem.” The focus is on understanding the system and each individual’s role within the system, as a means of creating change.
• **Limits to confidentiality** – Address limits to confidentiality with the family members at the *start* of treatment so that everyone is aware of these limits prior to the commencement of treatment (i.e., child abuse, elder abuse, dependent adult abuse, harm to self or others).

• **Acknowledge the “politics” involved in correctional facilities** – Although the incarcerated individual is interested in seeking therapeutic services with their family, there may be challenges on an emotional level based on the “politics” within correctional facilities and the stigma that is often present when an individual chooses to seek mental health services. Be mindful of the incarcerated individual’s emotions during treatment and create safety within the process by acknowledging the value and courage in seeking treatment.

• ** Remain mindful of questions being asked** – Do not ask questions that are accusatory such as, “What did you do to make them angry?” Instead, engage the individuals through a lens of empathy and compassion, with a question such as, “How might your statement or behavior impact them?” It is invaluable to create safety, especially when working with individuals who may be more sensitive to judgment, criticism, and authority due to their experiences and current living dynamics within a correctional facility.

• **Use of Technology** – The virtual platform that is available for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For
families who are utilizing a virtual platform, each member will receive an iPad in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside in order to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment. The correctional facility provides the electronic devices at no cost to the participants, and they are stored within a locked room when not in use. Regarding confidentiality, the participants engage within therapy sessions in a private room with access to a door that can be closed.
Structural Family Therapy-Based Group Treatment: Curriculum

Introduction

Prior to engagement with the material within the manual, it is important to acknowledge that not every facilitator has been trained in the theoretical orientation of Structural Family Therapy (SFT), nor has an understanding of the language being utilized. Therefore, the purpose of this portion of the manual is to detail the interventions that will be utilized throughout this program as well as the goals they aim to accomplish.

Interventions & Goals

Structural Family Therapy embodies a focus of understanding how the family system functions, and the ways in which the dysfunctional components can be made functional, thus restructuring the system. Below are the interventions which are part of this program as well as the goal(s) they aim to accomplish:

Phase One:

1. Defining and understanding what Structural Family Therapy entails and means. The goal for this at the start of this program is to establish guidelines, explore program dynamics and support participants’ mental health.

2. Defining roles and what they mean within the context of the family system. The goal for this is that participants address behavior modification and better understand how they contribute to the family system.
3. A boundary is defined, the concept of “enactment” is defined, and an enactment is executed. The goal is to engage in an exploration of boundaries and witness relational dynamics in real time through the process of an enactment.

4. The SFT concept of “joining” is defined and executed in the session, in addition to the concept of ‘mapping,’ which explores each member in the system. The goal is for the therapist to join the system and supports family members in mapping behavior patterns. Relational change is taking place in the system as the participants create a family map together and begin to form a foundation for structural change to take place.

**Phase Two:**

1. The SFT concept of “reframing” is defined, and the participants engage in an activity utilizing the concept. The goal is to reframe and balance thoughts and behaviors.

2. The different forms of boundaries are defined (i.e., rigid, diffuse, flexible) and the participants engage in an activity based on the concept. The goal is to create new boundaries within the family system.

3. The SFT concepts of “hierarchy of power” and “structure” are defined and explored through intervention. The goal is to understand the hierarchy of power that is present within the family system.

4. The SFT concept of “subsystems” is defined and explored with the participants. The goal is to address the impact of subsystems within the greater family system.

**Phase Three:**

1. Subsystems are identified within the family system and the members engage in an enactment. The goal is for the family to be supported in the engagement of the enactment.
2. Participants complete a handout about healthy communication and address challenges or barriers they may face within the system. The goal is to maintain healthy emotional expression amongst the family members.

3. Family members discuss how hierarchy of power impacts their communication patterns and boundary maintenance. The goal is to maintain functional behaviors.

4. The final session in this program concludes with a focus on exploring how the members plan to maintain the new structure of the family system, examining each goal and the progress made. The goal is the maintenance of the new structure of the system.

**Program Purpose**

The purpose of each phase and Structural Family Therapy (SFT) group combine the objectives of modifying behavior, understanding roles and hierarchy within the family system, creating new patterns of communication, and incorporating specific SFT interventions, with the intention of restructuring the family system as a whole.

Participants learn coping strategies and healthy methods of communicating with one another through engagement within activities and the exploration of different questions. Personal strengths regarding each member’s contribution to a healthy family system will be identified. The following curriculum includes three phases, with four sessions per phase, with each session lasting a total of one and a half hours. The curriculum outlines each session, with the details of what each session entails, inclusive of the goal(s) being met related to Structural Family Therapy, check-in questions, definitions of concepts, therapeutic activities, as well as final steps within each individual group.

**Critical Tasks**
The critical tasks within this program relate to the components of utilizing Structural Family Therapy within a group setting. These components embody structural change on a systemic level based on their ability to engage family members in different dialogues and activities within each session. These critical tasks include preparing the family for treatment by beginning with an introductory session within the first phase. This session includes a focus on what the treatment process entails, group norms, and explores the overall purpose in utilizing Structural Family Therapy throughout the duration of this program. The consecutive sessions and phases each align with goals that are specific to the needs of the family with regard to the process of restructuring the system. Each component of the session is included in the subsequent pages, within each phase, and detailed in each session of the phase. Regarding the overall group dynamic, the use of the theory within a group setting is focused on gaining a better understanding of the dynamics of the family system. This includes the exploration of what it means to be a family, what a boundary is, how the members relate to one another, how they work through conflict or disagreement, how power is divided amongst the members, as well as how an understanding of these components can lead to greater functionality as a result of treatment participation.

**Structure and Format of Sessions**

The structure and format of each session may vary depending on the activities or interventions which are part of the specific session. In other words, regarding format, this may mean the arrangement of chairs within the room (i.e., in a circle, having members face one another, rearranging as the sessions progresses, etc.) will vary. However, components that remain constant related to the structure of this program and
each session include the realization that restructuring the system means that the overall structure of each session follows the details presented in the manual. For example, regarding the sequence of events that are listed within each session, it is essential that they are followed within the order they are listed, with little room for error. Additionally, components that remain constant include the inclusion of the identified family members that the incarcerated individual has chosen, the frequency of the sessions which will take place weekly, as well as the duration at one and a half hours. The reason for this sequence and remaining consistent is because each session is created to build upon the previous session, and each phase upon the previous one.

Participants & Rationale

This program is focused on family restructuring and systemic change. Therefore, with this foundation in place, the participants include family members (chosen by the incarcerated individual) to take part in the Adaptation program. It is important to understand that this program defines a family in different ways. In other words, whether a participant of this program is biologically connected to another, is part of a family of choice, is connected through adoption, or is perceived as family by the incarcerated member, they serve as a member of the family system. The rationale behind this is that this program takes into account that each individual’s family is theirs to choose, so long as they understand that part of this program’s purpose is to support reintegration back into that system when the individual is released from the correctional facility.
Phase One

Session One – Introduction to the Adaptation Program (Duration: 1.5 hours)

Logistics – Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.

Virtual Platform – The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their
family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.

SYSTEMIC GOAL BEING MET – GAINING INSIGHT INTO FAMILY SYSTEM.

GOAL OF THIS SESSION – SUPPORT PARTICIPANTS’ MENTAL HEALTH BY ESTABLISHING GUIDELINES, EXPLORING PROGRAM DYNAMICS, AND INTRODUCING THEM TO STRUCTURAL FAMILY THERAPY.

Informed Consent:
~ Each participant within the Adaptation program is asked to complete an informed consent at the start of this program, prior to its commencement. The informed consent documents are available in print (hard copy) for individuals to read and sign but are also provided via electronic device on the virtual platform, Doxy.me.

The informed consent is as follows:
Adaptation

Adaptation Program Group Therapy Consent for Treatment

Group Therapy involves the process of gaining a greater understanding about yourself and others. The Adaptation program aims to create a space of safety for participants to engage within family therapy sessions. In order for this environment to be created, there are certain guidelines that would need to be put in place and agreed upon among all participants.

Confidentiality

The effectiveness of therapy is heavily reliant on how comfortable you feel within the environment you are in. Within a group setting, confidentiality can only be strongly emphasized but cannot be guaranteed due to the inclusion of multiple members. All members of the group will be asked to agree not to share what is spoken in session with anyone outside of the group, but this still does not guarantee confidentiality.

~ Limits to Confidentiality: Limits to confidentiality include child abuse, elder abuse, and dependent adult abuse, as well as if you are a danger to yourself or others.
Attendance

Consistent attendance of weekly family therapy sessions is an essential component of program effectiveness. Although challenges with conflicting schedules, illness, and emergencies may arise, please be mindful that your attendance and contribution to the group process is fundamental in creating change.

Potential Benefits of Group Therapy

The benefits of engaging within group therapy may include a better understanding of yourself, your methods of communicating with others, conflict resolution, as well as past or current challenges within your life. It may also support interpersonal relationships and patterns of relating to others. Therapy does not involve a “quick fix,” and therefore, will require participation, openness, and a willingness for feedback and guidance from the group facilitator and other participants.

Potential Risks of Group Therapy

Engagement in group therapy may include discomfort in the form of emotional overthrowm as you recall unpleasant experiences or memories. It is encouraged to explore these emotions and experiences as they arise within your group setting. It is important to note that group therapy can involve intense feelings and reactions both during self-reflection as well as toward other participants.
**Fees**

The program is free of charge for all members who choose to attend.

**Withdrawal**

Group therapy can be challenging, but the Adaptation program hopes to create a space of compassion and empathy, where participants are comfortable in sharing their hesitations, needs, and concerns. With that said, it is important for a member to inform the group facilitator, as well as the other group members, of their plans to leave the group with as much of an advance notice as possible. Group participation, and consistency, is greatly encouraged but is on a voluntary basis. Referrals may be made by the group facilitator to other programs, as needed.

**Emergencies**

Considering the dynamics of the Adaptation program and its location within a correctional facility, any psychiatric or medical emergencies that take place during members’ time within the facility will be addressed by contacting the necessary emergency assistance, or ‘911.’ If members are having a psychiatric or medical emergency outside of their time in the facility, it is encouraged to call ‘911.’
Signing below signifies that you agree with the guidelines above and will uphold them as a member of the Adaptation program.

Participant Printed Name:

______________________________  Date: ____________________

Participant Signature:

______________________________
The initial session also includes a brief evaluation tool which is administered by the group facilitator prior to the engagement of any intervention (i.e., it is administered after the examination of the purpose of the group and group norms).

**Evaluation – MSPSS**

*The following evaluation is administered to all members of the group prior to the start of any intervention:*
Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you Very Strongly Disagree
Circle the "2" if you Strongly Disagree
Circle the "3" if you Mildly Disagree
Circle the "4" if you are Neutral
Circle the "5" if you Mildly Agree
Circle the "6" if you Strongly Agree
Circle the "7" if you Very Strongly Agree

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| 1. There is a special person who is around when I am in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | SO
| 2. There is a special person with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | SO
| 3. My family really tries to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Fam
| 4. I get the emotional help and support I need from my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Fam
| 5. I have a special person who is a real source of comfort to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | SO
| 6. My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Fri
| 7. I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Fri
| 8. I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Fam
| 9. I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Fri
| 10. There is a special person in my life who cares about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | SO
| 11. My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Fam
| 12. I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Fri

The items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO).
Rules of engagement within the session – Regular attendance to the sessions, willingness to engage in vulnerability (i.e., emotional expression, self-disclosure, participation in interventions and activities, etc.), willingness to ask questions and address concerns. *If the rules of engagement are violated, the therapist addresses the violation during the session. If the individual is not willing to engage, they are spoken to when the session ends in order to explore their willingness to participate in this program and to assess for support they may need in order to engage within the treatment process. If an individual is not present for more than two sessions in this program, they are informed that continued attendance is essential because the therapeutic process is negatively impacted and are further encouraged to attend in order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during the session, the role of the facilitator is to deescalate the situation by utilizing empathetic, calm phrases such as “I understand why you are angry,” “I recognize it is challenging to deal with...,” “I assure you I will do my best to...,” which allows each member to feel seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) are removed from the room for everyone’s safety and their return is assessed based on the dynamics of the situation and their mental state. The foundation of this process also involves not arguing with participants, whether or not they are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).
The first session includes an overview of the treatment process. This includes the overall purpose of this program, group norms, definition of family, understanding Structural Family Therapy, and healthy methods of coping with stress.

**I. Purpose of the Group**

1. Learn about the treatment process.

2. Address group norms.

3. Receive support from clinician regarding questions or concerns about treatment.

**II. Group Norms**

1. Group Safety: No violence or threats of violence to one another or staff.

2. Confidentiality: Group members keep discussions and group processes to themselves, not sharing them with those outside of the group.

3. Cancellations: Please contact the group leader and notify them (24 hours in advance, if possible) if you cannot attend a session. You may not miss more than 2 sessions, as each session covers a specific amount of material, geared towards changing outcomes.

4. Timeouts: The group leader reserves the right to call a timeout at any time during the session. Over time, participants may call a time out individually if they feel they are struggling or in need of greater support.

**III. Definition of Family**

1. Definition of family: As a facilitator, it is important to consider that family can have many definitions. A facilitator within this program can utilize the following script when introducing the definition of family to the participating members: "*Within the context of this program, family may be defined as a group of people who may be related through a biological connection, are living together, are married, are connected through adoption,*"
or are perceived as family to the incarcerated member.” Also note that this list is not exhaustive, but this program aligns itself with the definition of family that goes beyond that of biological connection.

IV. Understand Structural Family Therapy

1. Structural Family Therapy (SFT) – The value of SFT within this program is that structure within a family system is the pillar of understanding the functions that take place amongst members and how these functions impact behavior (Minuchin, 1974).

Below is a handout further examining Structural Family Therapy, some goals being addressed in this program, as well as accountability on the part of each participant:
**Structural Family Therapy**

**What is Structural Family Therapy (SFT)?**
- SFT is a type of treatment approach when working with families. It focuses on the entire family system and explores how all of the members are engaged with one another (i.e., conflict, boundaries, behavior patterns, etc.).

**What Does Structural Family Therapy Focus on?**
- It involves the exploration of how family members function in the system, how power is divided amongst them, how boundaries are set, and how conflict is resolved (Jimenez et al., 2019).

**Some of the goals we will learn and examine together include:**
1. Learn how to share your emotions with one another.
2. Learn healthy ways of resolving conflict.
3. Support one another during times of conflict in the system.
5. Examining how a boundary is set and maintained.
6. Understanding how power is distributed in the system.

~ **An important part of this process is that each member discusses, takes ownership, and acknowledges how their decisions have impacted their current circumstances. The incarcerated individual will be encouraged to explore their role in the changes that have taken place in the system – as well as each family member – in an attempt to explore functionality of the system.**
The following handout is part of this specific intervention during this session:

**STRUCTURAL FAMILY THERAPY WORKSHEET**

Do family members in your family take out emotions like anger, frustration, and sadness on other family members?

Are you allowed to express your feelings and fears with your family members?

Do you have emotional support from your parents?

Do you think there is only one power in your family? If yes, who is he/she?

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Each member takes time to complete the handout and takes turns sharing their responses with one another. The purpose of this activity is to engage the family in the start of a dialogue focused on questions through a Structural Family Therapy lens. The facilitator helps each member start using their responses to further the discussion by seeking to understand how each individual’s response may be connected to a component of how the family system functions (i.e., a member who is challenged with emotional suppression may feel resentment towards someone in the system).

V. Healthy Methods of Coping with Stress

These methods of coping with stress may not necessarily be practiced within the session, especially considering number two (nurturing the body) which could not necessarily be part of a therapy session, since it would include a focus on an individual’s lifestyle factors. They are also suggestions and are not necessarily associated with increased program success. Taking a break, if needed, engaging in a meditation practice or prayer may be incorporated within a session, or sessions, so long as the family members align with the method of coping as a form of stress reduction or greater connection with one another.

1. Taking a break – with the intention of returning back to environment.

- Since this program is intended to take place within a correctional facility, taking a break may include stepping outside of the therapy room for 10-to-15-minutes, with the intention of returning back to the session.

2. Nurturing the body – adequate sleep, hydration, and nutrition.

- It is important to acknowledge that factors related to nurturing the body may be impacted by an individual’s level of income, SES, daily schedule, lifestyle choices, etc.
Therefore, based on these considerations and potential barriers, nurturing the body through adequate sleep, hydration, and nutrition may not always be a possibility.

3. Meditation - Meditation can be described as “an exercise of consciousness” (Sharma, 2015, p. 3). In other words, the practice of meditation can vary and may embody an experience of engaging in introspection, contemplation, processing a thought or decision, or connecting with a being outside of oneself. This can support an individual’s process of stress reduction but is not intended to be a requirement or part of the process of treatment.

4. Prayer - Similar to the process of engaging in meditation, prayer may align with an individual’s method of coping with stress or may not be of interest to them. Each individual’s and family member’s needs will be taken into consideration. Prayer, regardless of an individual’s religious or spiritual practices, can be part of a session, or sessions, so long as they have a desire to include the practice.

*How to attend to trauma that may get triggered during a session:* There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them).
2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Two – Role Formation (Duration: 1.5 hours)

**Logistics** – *Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.*

**Virtual Platform** – *The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.*
SYSTEMIC GOALS BEING MET – UNDERSTANDING THE ROLES WITHIN THE FAMILY SYSTEM & ADDRESSING BEHAVIOR MODIFICATION.

GOAL OF THIS SESSION – PARTICIPANTS GAIN AN UNDERSTANDING OF WHAT IS MEANT BY ‘ROLES’ WITHIN A FAMILY SYSTEM AND HOW THEY IMPACT THE SYSTEM.

Rules of engagement within the session – Regular attendance to the sessions, willingness to engage in vulnerability (i.e., emotional expression, self-disclosure, participation in interventions and activities, etc.), willingness to ask questions and address concerns. *If the rules of engagement are violated, the therapist addresses the violation during the session. If the individual is not willing to engage, they are spoken to when the session has ended in order to explore their willingness to participate in this program and to assess for support they may need in order to engage within the treatment process. If an individual is not present for more than two sessions in this program, they are informed that continued attendance is essential because the therapeutic process is negatively impacted and are further encouraged to attend in order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during the session, the role of the facilitator is to deescalate the situation by utilizing empathetic, calm phrases such as “I understand why you are angry,” “I recognize it is challenging to deal with...,” “I assure you I will do my best to...,” which allow each member to feel seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) are removed from the room for everyone’s safety and their return is assessed based on the dynamics of the situation and their mental state. The foundation of
this process also involves not arguing with participants, whether or not they are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – *Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).* The second session includes an introduction into role formation within the family system and how each individual’s role has contributed – and continues to contribute – to the overall structure of the family system. The clinician begins with a set of check-in questions to facilitate conversation surrounding roles and how each member perceives their role within the family system. This process is followed by three questions, allowing for continued exploration, and understanding of how roles have been determined within the family system.

~ Check-In Questions

1. Clinician starts the session by engaging the family in a check-in process. The questions during the check-in include the following: In one word, describe how you see yourself within your family system? Based on that word, what role do you believe you have within the family system?

*The following handout is part of this specific intervention during this session:*

http://momitforward.com/meal-plan-worksheet-printable/
I. How are Roles Determined within the Family System?

1. First question following handout completion: Explore three ways that you feel you contribute to the family system.

2. Second question following handout completion: What is a challenging component of being part of your family system?

3. Third question following handout completion: How does this challenge serve you? How does it hinder you?

4. The final component of the group session involves a 10-15 minute “closure,” where the participants state what they learned about each other as a result of the interventions that were part of the group process. The component of closure intends to bring about a clearer understanding of roles within the family system.

*How to attend to trauma that may get triggered during a session:* There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.
4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Three – Boundary Formation (Duration: 1.5 hours)

**Logistics** – *Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.*

**Virtual Platform** – *The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.*
SYSTEMIC GOAL BEING MET – EXPLORING BOUNDARIES.

GOAL OF THIS SESSION – THE CONCEPT OF ‘BOUNDARY’ AND ‘ENACTMENT’ IS DEFINED FROM A SFT PERSPECTIVE.

Rules of engagement within the session – Regular attendance to the sessions, willingness to engage in vulnerability (i.e., emotional expression, self-disclosure, participation in interventions and activities, etc.), willingness to ask questions and address concerns. *If the rules of engagement are violated, the therapist addresses the violation during the session. If the individual is not willing to engage, they are spoken to when the session has ended in order to explore their willingness to participate in this program and to assess for support they may need in order to engage within the treatment process. If an individual is not present for more than two sessions in this program, they are informed that continued attendance is essential because the therapeutic process will be negatively impacted and are further encouraged to attend in order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during the session, the role of the facilitator is to deescalate the situation by utilizing empathetic, calm phrases such as “I understand why you are angry,” “I recognize it is challenging to deal with...,” “I assure you I will do my best to...,” which allows each member to feel seen, heard, and be given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) are removed from the room for everyone’s safety and their return is assessed based on the dynamics of the situation and their mental state. The foundation of this process also involves not arguing with participants, whether or not they
are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).

The third session adds onto the components of role formation which were addressed within session two. Boundaries are defined – and examined – within the family system, as well as the exploration of self within the family system. This includes questions and an enactment, as a means of increasing healthy patterns of communication and boundary formation.

~ Check-In Question

1. Clinician engages the family with a question regarding the definition of boundaries: What is a boundary?

SCRIPT FOR FACILITATOR – “Through the lens of Structural Family Therapy, a boundary is defined as rules that are created within the system regarding each individual’s roles (Minuchin, 1974). Further, the types of boundaries that are present within a family system contribute to the creation of the dynamics within the household (Minuchin, 1974).”

I. How are Boundaries Determined within the Family System?

1. The first component of the session includes an examination of how boundaries are set within the system and the ways in which they are maintained. The facilitator engages the participants in discussing whether they are understanding what a boundary is and what they look like within their particular family system.

II. What is an Enactment?
SCRIPT FOR FACILITATOR – “Through the lens of Structural Family Therapy, an enactment can be defined as the actualization of familial patterns within the presence of a mental health professional (Colapinto, 1982). In other words, an enactment is an opportunity for family members to witness a family dynamic in real time so that they can learn how to do something different. What it is not is an opportunity for family members to fight through their conflicting thoughts. It is not an opportunity for people to start blaming one another or discounting their own responsibilities.”

III. Execution of Enactment

1. The clinician asks members of the group to pair up and engage in an enactment. All members take turns engaging in the exercise. The enactment includes the following components:

- Considering that more than one family system will be taking part in this program, this intervention includes having one family engage in an enactment while others witness the dynamic. This also accounts for family members who may not have shown up within a group during this particular session.

The following is addressed after the completion of the enactment:

- Engage in a dialogue with your family member and tell them a boundary you are setting with them. Each individual within the pair takes turns engaging in the process. After the boundary has been stated, the individual who set the boundary states how they feel and their comfort level in having expressed the boundary with their family member. The other family member examines their feelings and what comes up for them when they think about the boundary being placed in their life. After one individual has set the boundary, the other engages in the same process. The purpose of this role-play is not only to explore
boundary setting and how the individual feels as they set the boundary, but the family members on the “outside” also take part in the process, stating what they are observing.

3. After the enactment is completed, the members who were not engaged directly take turns expressing their thoughts regarding what they saw and heard from their family members. They can be asked what they noticed regarding roles, power dynamics, whether boundaries were created and maintained, etc. With time permitting, this intervention may be repeated with a new family system in the ‘center’ of the room engaging in a new enactment.

4. The final closing question in this session includes the examination of self within the family system: Did this exercise help you grow closer to yourself? Did it help you grow closer to your family members? Please explain why and how, whether the answer is yes or no.

*How to attend to trauma that may get triggered during a session:* There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.
3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Four – Joining, Systemic Change and Family Mapping (Duration: 1.5 hours)

Logistics – Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.

Virtual Platform – The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.
SYSTEMIC GOAL BEING MET – THERAPIST JOINS THE SYSTEM AND
SUPPORTS FAMILY MEMBERS IN MAPPING BEHAVIOR PATTERNS.
GOAL OF THIS SESSION – THE SFT CONCEPTS OF ‘JOINING’ AND
‘MAPPING’ ARE DEFINED AND EXECUTED WITHIN THE SESSION.

Rules of engagement within the session – Regular attendance to the sessions,
willingness to engage in vulnerability (i.e., emotional expression, self-disclosure,
participation in interventions and activities, etc.), willingness to ask questions and
address concerns. *If the rules of engagement are violated, the therapist addresses the
violation during the session. If the individual is not willing to engage, they are spoken
to when the session has ended in order to explore their willingness to participate in this
program and to assess for support they may need in order to engage within the
treatment process. If an individual is not present for more than two sessions in this
program, they are informed that continued attendance is essential because the
therapeutic process is negatively impacted and will be further encouraged to attend in
order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during
the session, the role of the facilitator is to deescalate the situation by utilizing empathetic,
calm phrases such as “I understand why you are angry,” “I recognize it is challenging to
deal with...,” “I assure you I will do my best to...,” which allows each member to feel
seen, heard, and be given the opportunity to regulate their emotions. If violence ensues,
the engaging member(s) are removed from the room for everyone’s safety and their
return is assessed based on the dynamics of the situation and their mental state. The
foundation of this process also involves not arguing with participants, whether or not they
are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).

The fourth session concludes the first phase of this program. This session includes the Structural Family Therapy techniques of ‘joining’ and ‘mapping.’ Joining takes place when the therapist becomes part of the system, with an emphasis on informing the family, and joining them, in the exploration of how they perceive and understand the dynamics of the family system. Mapping involves drawing out the members of the family system, as a means of understanding each individual’s contribution to the system.

I. What is Joining and Mapping?

1. Through the lens of Structural Family Therapy, joining is defined as the process that occurs when the therapist joins into the family system – as a member – with the intention of restructuring the system and adjusting the therapeutic system (Colapinto, 1982). Joining does not involve contributing to the dysfunction by adding to it or encouraging it, but rather supporting the functional components and stating observations. Joining is important for systemic change because the facilitator’s observations and questions can serve as a foundation for growth.

2. Mapping is defined as the act of drawing a family map, in an attempt to create a dynamic of “mutual awareness that ‘these are us’” (Colapinto, 2019, p. 1). What mapping is not is the creation of a family tree, whereupon members explore who makes up their family and lineage. Rather, mapping through the lens of SFT allows for an exploration of how each member has contributed, or continues to, contribute to the system. Thus,
allowing for systemic change to take place through these observations and understandings.

3. What is Systemic Change?

- A family is made up of individuals who mutually influence each other over time. Members interact in ways that reinforce rules, roles, and boundaries established in the system. For example, a family rule might be “You respect your elders no matter what.” The rules, roles, and boundaries create the structure of interacting and responding between family members. While many rules, roles, and boundaries are helpful to some members of the family system, some rules, roles, and boundaries may be harmful. For example, expecting a child to take on the role of a parent. Systemic change involves family members acknowledging the rules, roles, and boundaries present in the system, individuals taking responsibility for personal thoughts, feelings, and behaviors that maintain them, and engaging in new interactions that represent the changes made (Vetere, 2001). This is an on-going process that occurs throughout the life cycle of the family system.

~ Check-In Question

1. The fourth session starts with the following question: How comfortable do you feel being vulnerable within this group on a scale of 1 to 5 (1 = extreme discomfort, 2 = mild discomfort, 3 = neutral, 4 = mild comfort, 5 = extreme comfort).

2. Prior to the execution of joining, the family members engage in the creation of a family map. They each contribute to the formation of the map, drawing circles (for females) and triangles (for males) with their names in the center and making solid lines to connect with those they feel closest to and dotted lines with those they do not feel as connected to.
Based on the map, the group facilitator asks questions such as: “Are you surprised by these connections or disconnections?” “Are there any words you would like to exchange with a member of your family regarding the map you drew?” “How do you feel about yourself as a member of the family after drawing the map?” These questions are intended to engage a discussion about how the members relate to one another and to gauge their levels of connection or disconnection.

II. Execution of Joining

1. The check-in segues into dialogue by the therapist, where there is an exploration of how the clinician perceives themselves as “joining” into the system. Through a lens of empathy and compassion into the circumstances and dynamics of the family system, the clinician develops a sharing relationship with the family. The purpose of this component – and its role within the last session of phase one – is to embody Structural Family Therapy and support the family in understanding that the clinician is also part of the dynamic, with the intention of enhancing cohesion and in-depth examination of the family system.

SCRIPT FOR FACILITATOR – *The following script is an example and may not necessarily align with each family system that presents. The following script engages a three-generation family system that is engaged within the therapeutic process. It is important that the therapist recognizes that joining does not mean accommodating to all components of the system, rather integrating, and encouraging change. If the family presents with rigid hierarchical boundaries (poor connections), where the grandparents are seen as the “top members” of the system, it is best to approach the grandparents first. The reason for this is for the therapist to join the system based on
the needs of the system rather than moving towards the “identified patient” first as a means of rescuing or supporting them out of an uncomfortable dynamic. Following the grandparents, the therapist moves downward (i.e., parents, children). The more the therapist respects the structure of the system, the better likelihood of impacting change. In order to better understand hierarchy, it is defined briefly in this session but also revisited in greater detail within Phase Two, Session Three, of this program:

1. Hierarchy of Power is associated with who governs the particular system and how authority within the system is dispersed (Minuchin, 1974). This means that the family system itself decides how power is divided and the “ranks” of individuals within the system. These ranks are changed as a result of restructuring the system.

**Speaking to grandparent** – “What are your thoughts about how the family functions?”

“What do you think needs to stay and what needs to be changed?” “How are you impacted by the members of your family?”

- Based on these responses, the facilitator continues to engage the other members of the system in a discussion about how they relate to one another as a family. The therapist must be mindful not to join into a system and be in alignment with verbal abuse – or any other form of abuse – that may take place, as this results in powerlessness and does not give the therapist the opportunity to impact structural change. This process is created to challenge the system but also help the system recognize that the therapist is working with, and not against, them.

The therapist may make statements based on responses from the family members such as: “I am concerned because I am observing all of you wanting to better connect with one another, but you are not being supportive or kind to one another.” While the hierarchy in
this family system includes the grandparents being on “top,” the therapist is respecting the hierarchy but also taking a stance of being above the level of hierarchy – in a respectful manner – as a means of joining them and changing the structure of the system.

2. The final phase of the fourth session includes family members’ interpretation of the overall interaction amongst the system, as well as how the facilitator impacts the process through joining. The facilitator may start a discussion with a question such as, “What are thoughts you have about my presence within your family system?”

*How to attend to trauma that may get triggered during a session: There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Phase Two

Session One – Reframing (Duration: 1.5 hours)

Logistics – Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.

Virtual Platform – The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.
SYSTEMIC GOAL BEING MET – REFRAMING AND BALANCING THOUGHTS AND BEHAVIORS.

GOAL OF THIS SESSION – THE SFT CONCEPT OF ‘REFRAMING’ IS DEFINED AND THE PARTICIPANTS ENGAGE IN AN ACTIVITY UTILIZING THE CONCEPT.

Rules of engagement within the session – Regular attendance to the sessions, willingness to engage in vulnerability (i.e., emotional expression, self-disclosure, participation in interventions and activities, etc.), willingness to ask questions and address concerns. *If the rules of engagement are violated, the therapist addresses the violation during the session. If the individual is not willing to engage, they are spoken to when the session has ended in order to explore their willingness to participate in this program and to assess for support they may need in order to engage within the treatment process. If an individual is not present for more than two sessions in this program, they are informed that continued attendance is essential because the therapeutic process is negatively impacted and is further encouraged to attend in order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during the session, the role of the facilitator is to deescalate the situation by utilizing empathetic, calm phrases such as “I understand why you are angry,” “I recognize it is challenging to deal with...,” “I assure you I will do my best to...,” which allows each member to feel seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) are removed from the room for everyone’s safety and their return is assessed based on the dynamics of the situation and their mental state. The foundation of
this process also involves not arguing with participants, whether or not they are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).

The first session within the second phase focuses primarily on the utilization of the Structural Family Therapy technique of reframing. The process of reframing within a family session involves a focus on dynamics within the system that can be worked through, and processed, through communication. What this may look like within a family therapy session is the involvement of each member within a dialogue about how a specific circumstance (i.e., grief/loss, separation, anger, etc.) is impacting the overarching structure of the family system.

~ Check-In Question

1. The session begins with the following check-in question: What is an unhealthy pattern you notice that is prevalent within the family system?

I. What is Reframing?

1. Through the lens of Structural Family Therapy, reframing is defined as putting the problem in a perspective that is different from what the family brings and is more workable (Minuchin, 1974). Reframing is a shift in perspective, it is not the displacement of blame or responsibility.

The following handout will be part of this specific intervention during this session:
STRUCTURAL FAMILY THERAPY WORKSHEET: VERSION 2

Issue to be resolved:

Take Perspectives, ask every family member?

Who is responsible for this problem?

Do you express your feelings openly in front of your family members?

Are you allowed to express your feelings and fears with your family members?

Do you have emotional support from each other?

Do you think there is only one power in your family? If yes, who is he/she?

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- The following handout allows for greater exploration of how reframing can take place within the session through understanding one another’s perspectives and communication patterns.

II. “Name the Reframe” Activity

1. Responses from the questions lead to an activity called “Name the Reframe.” This process involves the facilitator’s integration into the session, with a focus on exploring structural components that arise such as the family’s focus on blaming a particular individual or a pattern in the system related to misbehavior, for example. The facilitator makes note of these structural patterns and address them with questions. For example, if one individual within the family is perceived as the “identified patient,” having a problem with managing anger, the facilitator may ask them, “Who makes you feel angry?” as a means of reframing through a different lens within the family system. Thus, the role of the facilitator during this process is to uncover the “individual” problems within the system as a means of exploring the frameworks that are creating dysfunctional structural patterns in the system.

2. The final phase of this session includes a discussion amongst all family members regarding the patterns that are uncovered and what it means for the facilitator to examine the systemic challenges within the family by focusing on an individual or individuals. A question the facilitator may ask to start the conversation is “How do you think talking about these patterns can help you all in working through the dysfunctional parts?”

*How to attend to trauma that may get triggered during a session:* There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration
(SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Two – Boundary Restructuring (Duration: 1.5 hours)

**Logistics** – *Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.*

**Virtual Platform** – *The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.*
SYSTEMIC GOAL BEING MET – CREATING NEW BOUNDARIES WITHIN THE FAMILY SYSTEM.

GOAL OF THIS SESSION – DIFFERENT TYPES OF BOUNDARIES ARE DEFINED AND THE PARTICIPANTS ENGAGE IN AN ACTIVITY BASED ON THE CONCEPT.

Rules of engagement within the session – Regular attendance to the sessions, willingness to engage in vulnerability (i.e., emotional expression, self-disclosure, participation in interventions and activities, etc.), willingness to ask questions and address concerns. *If the rules of engagement are violated, the therapist addresses the violation during the session. If the individual is not willing to engage, they are spoken to when the session has ended in order to explore their willingness to participate in this program and to assess for support they may need in order to engage within the treatment process. If an individual is not present for more than two sessions in this program, they are informed that continued attendance is essential because the therapeutic process is negatively impacted and are further encouraged to attend in order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during the session, the role of the facilitator is to deescalate the situation by utilizing empathetic, calm phrases such as “I understand why you are angry,” “I recognize it is challenging to deal with...,” “I assure you I will do my best to...,” which allows each member to feel seen, heard, and be given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) will be removed from the room for everyone’s safety and their return will be assessed based on the dynamics of the situation and their mental state.
foundation of this process also involves not arguing with participants, whether or not they are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).

The second session within the second phase emphasizes the exploration of how boundaries are being restructured based on the previous sessions and the engagement process which took place amongst the family members.

~ Check-In Question

1. The session begins with the following check-in question, in an attempt to resume the ongoing conversation about boundaries: What is a new boundary that you would like to introduce into the structure of the family system?

- Boundary restructuring is the changes that take place in how family members relate and communicate with one another. For example, instead of arguing when they disagree, family members can set a boundary to take some time for themselves and return to the interaction to engage in a conversation, not conflict.

~ Types of Boundaries

1. Rigid boundaries lead to disengagement

- Rigid boundaries within a family system do not allow for “movement” to take place. In other words, it is rare for an exception to be made or for someone to be flexible. An example of a rigid boundary in a family is if you have guests coming in from out of town and they want to eat at a specific restaurant that only serves Chinese food for dinner, but you do not enjoy Chinese food, you will not join the dinner.
2. Diffuse boundaries lead to enmeshment

- An example of enmeshment within a family system may involve the following: A physician is viewed as a leader and medical professional within their place of work. If they go home to their family, treating their family members as patients who need to be “fixed,” this would be an example of enmeshed boundaries in a family system, as there is no separation in roles. The family members may then struggle to know themselves from the other members within their life.

3. Clear/flexible boundaries

- Healthy boundaries within a family system involve mutual respect, an understanding of how each person is their own individual, as well as being considerate of others’ feeling without trying to change them. Examples of healthy boundaries in a family system can sound like “I thank you for your concern, but this is my decision to make,” “Please stop asking me when I am going to get married, it puts a lot of pressure on me.”

*The following handout is provided to participants within this session as a means of further examining boundaries and their different forms:*
Boundaries Worksheet for Adults

Points to take care of while creating boundaries:
- Set healthy boundaries.
- Respect is the key element in every relationship.
- Set Limits & Never cross them.
- Explicitly set rules for your relationship.

The boundaries have three levels.
- Rigid: The person’s boundary is too closed.
- Diffuse: The person’s boundary is too open.
- Flexible: The person’s boundary is neither too close.

Types of Boundaries

Physical Boundaries
Physical boundaries include your needs for personal space, comfort with touch, and your physical needs like needing to rest, eat food, and drink water.

Emotional Boundaries
Emotional boundaries distinguish separating your emotions and responsibility for them from someone else’s. It’s like an imaginary line or force field that separates you and others. Healthy boundaries prevent you from giving advice, blaming, or accepting blame. Healthy emotional boundaries require clear internal boundaries knowing your feelings and your responsibilities to yourself and others.

Sexual Boundaries
Sexual boundaries protect your comfort level with sexual touch and activity – what, where, when, and with whom.

Intellectual Boundaries
Apply to your thoughts, values, and opinions. Things you believe in, holding onto your opinions? If you become highly emotional, argumentative, or defensive, you may have weak emotional boundaries.

Financial Boundaries
You set rules to balance the relationship between your finances, your loved ones, and yourself. Setting boundaries with our money can make our lives happier and healthier.
I. Boundary “Scavenger Hunt” Activity

1. Based on the boundary that each family member addresses in response to the check-in question, the Boundary “Scavenger Hunt” activity follows. Each member writes a fear or challenge they have in relation to how the system may be impacted by setting the particular boundary. The slips of paper will be placed in different parts of the room by the facilitator (while the family members wait outside of the room).

2. When the family members return, they each choose a slip of paper (one that is not their own). They each take a turn and share what is written on the paper they chose. As each individual shares, the members of the system take turns and reframe the fear into a method of growth. For example, if the slip read, “fear of disappointing someone,” the members would work together to address a functional approach that would restructure the dynamics of setting boundaries. A reframe in this case may sound like, “I may feel that I am disappointing someone, but I am creating a healthy space for us to communicate and better understand one another’s needs.”

3. As a result of this activity, the members engage in one last round of taking turns, addressing their fear that was written on the slip, and voicing whether or not they feel that the reframe is effective in changing the structure of how the system functions.

*How to attend to trauma that may get triggered during a session: There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual
is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Three – Hierarchy of Power (Duration: 1.5 hours)

Logistics – Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.

Virtual Platform – The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.
SYSTEMIC GOAL BEING MET – UNDERSTANDING HIERARCHY OF POWER

WITHIN THE FAMILY SYSTEM.

GOAL OF THIS SESSION – THE SFT CONCEPTS OF ‘HIERARCHY OF POWER’
AND ‘STRUCTURE’ ARE DEFINED AND EXPLORED THROUGH
INTERVENTION.

Rules of engagement within the session – Regular attendance to the sessions,
willingness to engage in vulnerability (i.e., emotional expression, self-disclosure,
participation in interventions and activities, etc.), willingness to ask questions and
address concerns. *If the rules of engagement are violated, the therapist addresses the
violation during the session. If the individual is not willing to engage, they are spoken
to when the session has ended in order to explore their willingness to participate in this
program and to assess for support they may need in order to engage within the
treatment process. If an individual is not present for more than two sessions in this
program, they are informed that continued attendance is essential because the
therapeutic process is negatively impacted and are further encouraged to attend in
order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during
the session, the role of the facilitator is to deescalate the situation by utilizing empathetic,
calm phrases such as “I understand why you are angry,” “I recognize it is challenging to
deal with...,” “I assure you I will do my best to...,” which allows each member to feel
seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the
engaging member(s) are removed from the room for everyone’s safety and their return is
assessed based on the dynamics of the situation and their mental state. The foundation of
this process also involves not arguing with participants, whether or not they are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).

I. How is Hierarchy of Power Defined?

SCRIPT FOR FACILITATOR – “Hierarchy of Power is associated with who governs the particular system and how authority within the system is dispersed (Minuchin, 1974). What this means is that even though a family system may not necessarily recognize that one or more members have greater “power” within the system regarding decision making or budgeting, for example, there is a hierarchy that exists. Therefore by understanding what this concept means, the family members can better interpret how authority within the system is dispersed.”

II. How is Structure Defined?

SCRIPT FOR FACILITATOR – “Structure can be understood as the culmination of functions and behaviors within a particular family system (Minuchin, 1974). The ways the family members communicate, behave, engage, and essentially function with one another creates what is called the structure of the family system. By defining components such as communication, behavior and connection with one another, the system is able to notice patterns of function as well as dysfunction, which then allows for the opportunity for change to take place.”

III. How Do Members of the System Define Hierarchy of Power?
1. The second session in phase two includes an examination of the hierarchy of power within the family system. The family members explore the meaning they assign to the roles within the hierarchy and how dysfunction regarding power dynamics can be adjusted in order to change the structure of the system. Subsystems are defined and explored as it relates to the ways in which the family members communicate with one another.

VI. Hierarchy of Power Intervention

1. The facilitator begins the group session by engaging the family members in the following intervention: the family members are asked to write down their interpretation of the hierarchy of the family system based on those within the family, starting from the person who they perceive holds the greatest power to the person who they perceive holds the least amount of power.

*An important consideration when exploring power with an incarcerated individual and their family members is acknowledging that power can come in many forms, especially when it involves other systems (i.e., gang involvement, substance abuse, weapons, domestic violence, etc.). Power within a system that is currently impacted by incarceration may include intimidation practices, coercion to keep secrets, or any other method of attempting to escape consequences. Therefore, during this session, the facilitator engages the family in a dialogue considering all the factors mentioned above as it relates to how power – in these methods – has impacted or influenced the ways members relate to one another.

2. After completing the task, the family members take turns sharing their perceptions regarding the hierarchy of power amongst the family members and how they came to that
understanding as it relates to the power dynamics that are present. Based on these findings, the family members work together in order to create a “Healthy Hierarchy” that takes into account the needs of the family system such as how the roles, emotions, and behaviors of the members impact the new structure they have created.

*How to attend to trauma that may get triggered during a session:* There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Four – Subsystems (Duration: 1.5 hours)

Logistics – *Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.*

Virtual Platform – *The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.*
SYSTEMIC GOAL BEING MET – ADDRESSING THE IMPACT OF SUBSYSTEMS WITHIN THE GREATER FAMILY SYSTEM.

GOAL OF THIS SESSION – THE SFT CONCEPT OF ‘SUBSYSTEMS’ IS DEFINED AND EXPLORED WITH THE PARTICIPANTS.

Rules of engagement within the session – Regular attendance to the sessions, willingness to engage in vulnerability (i.e., emotional expression, self-disclosure, participation in interventions and activities, etc.), willingness to ask questions and address concerns. *If the rules of engagement are violated, the therapist addresses the violation during the session. If the individual is not willing to engage, they are spoken to when the session has ended in order to explore their willingness to participate in this program and to assess for support they may need in order to engage within the treatment process. If an individual is not present for more than two sessions in this program, they are informed that continued attendance is essential because the therapeutic process is negatively impacted and are further encouraged to attend in order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during the session, the role of the facilitator is to deescalate the situation by utilizing empathetic, calm phrases such as “I understand why you are angry,” “I recognize it is challenging to deal with...,” “I assure you I will do my best to...,” which allows each member to feel seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) are removed from the room for everyone’s safety and their return is assessed based on the dynamics of the situation and their mental state. The foundation of this process also involves not arguing with participants, whether or not they are engaging
in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

_Session participants_ – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).

The final session of the second phase includes a focus on forming the subsystems – the smaller units that make up the larger family – and understanding how they impact the structural components of the system.

~ Check-In Questions

1. Briefly describe the structural changes that you have noticed within the family system. How do you feel you have contributed to these changes? What do you notice still requires some work?

I. What is a Subsystem?

**SCRIPT FOR FACILITATOR** – “According to Structural Family Therapy, subsystems can be defined as smaller units of the larger system (Gladding, 1998, as cited in Hadfield, 2000). Examples of these smaller units include, but are not limited to, spousal subsystems and parent-child subsystems. Considering the changes that take place when an incarcerated individual is no longer living within the family system, the small units – subsystems – are also impacted.”

*The following image shows different subsystems that may be present within a family system:*
II. Examining Subsystems

1. Based on the dynamics of the family system, the subsystems are identified in the early portion of this session. After the subsystems are identified, the family members engage in an enactment (Phase Three) in order to examine the ways in which incarceration impacts the relationship (smaller unit) as well as the structure of the larger family system.

III. What Do We Need From One Another? (Activity)

1. Based on the hierarchy of power that was addressed amongst the members within the previous session of the second phase (session three), the members sit in a circle following the “Healthy Hierarchy” that was decided during that session. They address each of their needs and come to an understanding of how these chosen subsystems are contributing to the greater structure of the system and the ways in which they can remain focused on maintaining the healthy structure they have created.

*How to attend to trauma that may get triggered during a session:* There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is
experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Phase Three

The final phase of the Adaptation program concludes with the final four sessions. The sessions involve the examination of the ways in which the system has evolved and restructured throughout the duration of this program. The first session of Phase Three includes a collaborative activity, while the final three sessions are focused on healthy communication patterns and solidifying how the structure is impacted by incarceration and what it means for the transition towards release and reunification for the incarcerated individual and their family members.

Session One – Subsystem Examination (Enactments) (Duration: 1.5 hours)

Logistics – Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.

Virtual Platform – The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform,
each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.

**SYSTEMIC GOAL BEING MET – ENGAGING IN ENACTMENTS WITH SUBSYSTEMS.**

**GOAL OF THIS SESSION – SUBSYSTEMS ARE IDENTIFIED WITHIN THE FAMILY SYSTEM AND THE MEMBERS ENGAGE IN AN ENACTMENT.**

**Rules of engagement within the session** – Regular attendance to the sessions, willingness to engage in vulnerability (i.e., emotional expression, self-disclosure, participation in interventions and activities, etc.), willingness to ask questions and address concerns. *If the rules of engagement are violated, the therapist addresses the violation during the session. If the individual is not willing to engage, they are spoken to when the session has ended in order to explore their willingness to participate in this program and to assess for support they may need in order to engage within the treatment process. If an individual is not present for more than two sessions in this program, they are informed that continued attendance is essential because the therapeutic process is negatively impacted and are further encouraged to attend in order to achieve successful structural change.*

**Conflict/Violence Resolution within Session** – If a family argument takes places during the session, the role of the facilitator is to deescalate the situation by utilizing empathetic, calm phrases such as “I understand why you are angry,” “I recognize it is challenging to
deal with...,” “I assure you I will do my best to...,” which allows each member to feel seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) are removed from the room for everyone’s safety and their return is assessed based on the dynamics of the situation and their mental state. The foundation of this process also involves not arguing with participants, whether or not they are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

**Session participants – Individuals that the incarcerated member perceives as family**
(i.e., biologically related, connected through adoption, part of a family of choice, etc.).

The first session within the third phase of this program consists of a follow-up of session four within the second phase. This session focuses on enactment(s) based on the subsystems which were addressed in the previous session.

~ **Check-In Question**

1. Based on our examinations of subsystems during our previous session, what are your feelings regarding engaging within an enactment involving the smaller units in the system?

**I. Identification of Subsystems**

After the subsystems have been identified, the family members engage in an enactment in order to examine the ways in which incarceration has impacted the relationship (smaller unit) as well as the structure of the larger family system.

**II. Enactment**

1. The enactment includes the following components:
The two individuals will sit across from one another in order to create a space where eye contact can be maintained. *For participants who may be attending the session virtually, they may be asked by the facilitator to be seated in the middle of the room with the electronic device in front of them and their family members beside them, in order for all members to witness the dynamic. The electronic device may be placed on a table during the enactment.* Each member takes the time to answer the following question: How has your relationship with the person sitting across from you changed as a result of the impact of incarceration? *If the individual who is incarcerated is part of the particular enactment, the question changes to the following: How do you imagine your removal from the family impacted the structure of the system? How do you imagine it has changed throughout this process? What might it look like post-release? (These questions pertain to the incarcerated individual alone). The individual who is within the subsystem of the incarcerated individual is asked to answer the following questions: How has your relationship with the person sitting across from you changed as a result of the impact of incarceration? Additional exploratory questions may be asked as follow-ups such as “What are you feeling in this moment following the enactment?” “Are there changes you are noticing within yourself or within your family members in how you relate to one another?” “What does it mean to you to have been part of this dynamic?”

2. This session concludes with the examination of how the enactment impacted each individual as well as those who were within the larger system, listening.

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experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Two – Exploring Healthy Communication (Boundaries) (Duration: 1.5 hours)

**Logistics** – *Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.*

**Virtual Platform** – *The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.*
SYSTEMIC GOAL BEING MET – HEALTHY EMOTIONAL EXPRESSION AMONGST FAMILY MEMBERS.

GOAL OF THIS SESSION – PARTICIPANTS COMPLETE A HANDOUT ABOUT HEALTHY COMMUNICATION AND ADDRESS CHALLENGES OR BARRIERS THEY FACE WITHIN THE SYSTEM.

Rules of engagement within the session – Regular attendance to the sessions, willingness to engage in vulnerability (i.e., emotional expression, self-disclosure, participation in interventions and activities, etc.), willingness to ask questions and address concerns. *If the rules of engagement are violated, the therapist addresses the violation during the session. If the individual is not willing to engage, they are spoken to when the session has ended in order to explore their willingness to participate in this program and to assess for support they may need in order to engage within the treatment process. If an individual is not present for more than two sessions in this program, they are informed that continued attendance is essential because the therapeutic process is negatively impacted and are further encouraged to attend in order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during the session, the role of the facilitator is to deescalate the situation by utilizing empathetic, calm phrases such as “I understand why you are angry,” “I recognize it is challenging to deal with...,” “I assure you I will do my best to...,” which allows each member to feel seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) are removed from the room for everyone’s safety and their return is assessed based on the dynamics of the situation and their mental state. The foundation of
this process also involves not arguing with participants, whether or not they are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.). The second session within the phase includes a refocus on healthy methods of communication and how healthy boundaries have impacted the structure of the family system.

~ Check-In Question

1. What are components of healthy communication that you notice within yourself as this program nears its completion?

- Healthy communication within the context of a family system involves interactions that allow for individuals to share their thoughts and feeling with one another, while others listen. The speaker then gives the listener space to respond and express themselves. The patience, respect, and attentiveness during such an interaction creates healthy communication. An example of this may include spouses engaging in a conversation where one partner is upset because they feel ignored. The partner who is upset would take time to express their thoughts and feelings while the other partner waits and listens – without interruption. Then, the partner who was speaking gives time and attention to their partner who was listening to them and listen to their partner’s response to their thoughts and feelings.

I. How is Healthy Communication in the form of Boundaries Maintained within the Family System?
SCRIPT FOR FACILITATOR – The following script can be utilized by the facilitator to engage the family members in a discussion about how healthy communication can be tied back to systemic change: “The question above (How is healthy communication in the form of boundaries maintained within the family system?) allows us to explore how you as family members are continuing to set healthy boundaries and communicate with one another. However, why is this important and how does it help to maintain the restructuring of the system? Healthy communication connects to all other goals within this program because without a foundation of functional patterns of communicating with one another such as responding and not yelling when you are upset, listening, and not talking over someone, showing compassion, and not ignoring someone when they set a boundary all come together to support the structure of the family system. Therefore, when we explore the question of how healthy communication and boundaries are maintained in the family, we are examining all of the other dynamics such as conflict resolution, willingness to forgive, not engaging in violent behaviors when upset, etc.

*The following two handouts support the exploration of styles of communication and healthy patterns of communicating:
Passive, Aggressive, and Assertive Communication Worksheet

Below is the list of different styles of communication and the scenarios, write a scenario and then try to be assertive, choose a style.

Scenario 1:

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<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Passive statement</td>
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<tr>
<td>2.</td>
<td>Aggressive Statement</td>
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<td>3.</td>
<td>Assertive Statement</td>
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Scenario 2:

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Scenario 3:

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<td>Assertive Statement</td>
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1. First question following the completion of the handout above: Explore three methods of healthy communication that have influenced restructuring of the family system.

2. Second question following the completion of the handout above: As a family, how do you all plan to maintain these boundaries during, and after, the process of reunification?

3. Third question following the completion of the handout above: What are some challenges or barriers that may arise as you enter a new phase within the process of transition?

4. The final component of the session will include a 15-20 minute “closure” where the members of the family system address the healthy behaviors and methods of communication they have developed, and maintained, as a result of their experiences within this program.

*How to attend to trauma that may get triggered during a session:* There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

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2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.
4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Three – Examining Healthy Behaviors (Hierarchy of Power) (Duration: 1.5 hours)

Logistics – Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.

Virtual Platform – The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.

SYSTEMIC GOAL BEING MET – MAINTENANCE OF FUNCTIONAL BEHAVIORS.
GOAL OF THIS SESSION – FAMILY MEMBERS DISCUSS HOW HIERARCHY
OF POWER HAS IMPACTED THEIR COMMUNICATION PATTERNS AND
BOUNDARY MAINTENANCE.

Rules of engagement within the session – Regular attendance to the sessions,
willingness to engage in vulnerability (i.e., emotional expression, self-disclosure,
participation in interventions and activities, etc.), willingness to ask questions and
address concerns. *If the rules of engagement are violated, the therapist addresses the
violation during the session. If the individual is not willing to engage, they are spoken
to when the session has ended in order to explore their willingness to participate in this
program and to assess for support they may need in order to engage within the
treatment process. If an individual is not present for more than two sessions in this
program, they are informed that continued attendance is essential because the
therapeutic process is negatively impacted and are further encouraged to attend in
order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during
the session, the role of the facilitator is to deescalate the situation by utilizing empathetic,
calm phrases such as “I understand why you are angry,” “I recognize it is challenging to
deal with...,” “I assure you I will do my best to...,” which allows each member to feel
seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the
engaging member(s) are removed from the room for everyone’s safety and their return is
assessed based on the dynamics of the situation and their mental state. The foundation of
this process also involves not arguing with participants, whether or not they are engaging
in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

Session participants – Individuals that the incarcerated member perceives as family (i.e., biologically related, connected through adoption, part of a family of choice, etc.).

The third session further explores how the family system is utilizing their renewed understanding of hierarchy of power and how their methods of communication align with the structural changes within the system.

~ Check-In Question

1. In your perspective, what are two ways in which the family structure is being maintained, thus far, and are you noticing slow, fast, or no change as it relates to the way your family connects with one another?

SCRIPT FOR FACILITATOR – It is important to note that change is a process, it can happen in small increments over time rather than immediately.

I. How has Hierarchy of Power Impacted Communication Patterns?

SCRIPT FOR FACILITATOR – “Within this exploratory discussion, you are asked to examine your methods of healthy communication further than what was explored in previous sessions.” The following questions are examined: “What are components of growth related to how the system continues to maintain boundaries? How do you, personally, plan to take care of your needs as a member of the system?” *It is important for the facilitator to remind participants that each member is contributing to the overall structure of the system.

II. Maintenance of Healthy Boundaries and Communication
SCRIPT FOR FACILITATOR – The following handout includes questions which are part of the discussion regarding the maintenance of healthy boundaries and communication.

HEALTHY BOUNDARIES AND COMMUNICATION

1. Family members will examine three methods of maintenance as it relates to the continued utilization of healthy boundaries within the family system. These methods may include factors such as responding to one another and not reacting (i.e., yelling, blaming), being respectful, showing empathy, etc.

2. Following the exploration of maintenance methods, the group members will ask one another questions. These questions may include:
   ~ “How does it feel when I set the boundary with you regarding our time together?”
   ~ “What are ways that I communicate that make you feel more connected to me?”
   ~ “What are some things we may still need to work on as a family?”

3. Doing so in the presence of the therapist will not only allow for an understanding of each person’s emotional wellbeing but components of disequilibrium (i.e., conflict, displacing blame, or responsibility, etc.), can also be addressed.
How to attend to trauma that may get triggered during a session: There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.

3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).
Session Four – Closure (Duration: 1.5 hours)

Logistics – Each session within this program takes place weekly. Family members who choose to take part in this program enter the correctional facility and are escorted by a deputy into the therapy room each week. The participants are asked to follow all correctional facility protocol for entry. The incarcerated member is able to bring in their identified family members for weekly one-and-a-half-hour family therapy sessions.

Virtual Platform – The virtual platform that is utilized for participants who cannot be present within the correctional facility physically is Doxy.me. The facilitator utilizes an electronic device, such as an iPad, in order for participants who cannot be present physically to attend the sessions virtually, via the HIPAA (Health Insurance Portability and Accountability Act) compliant platform. For families who are utilizing a virtual platform, each member receives an electronic device in order to connect with their family member(s). A portion of the time at the start of the session (5-10 minutes) is set aside to contact the virtual members and engage them. The participants are provided with a link to the appointment, with a set time and day, along with a text message reminder the day before the appointment.
SYSTEMIC GOAL BEING MET – HOW THE FAMILY MAINTAINS THE NEW
STRUCTURE OF THE SYSTEM.

GOAL OF THIS SESSION – THE FINAL SESSION CONCLUDES WITH A FOCUS
ON EXPLORING HOW THE MEMBERS PLAN TO MAINTAIN THE NEW
STRUCTURE OF THE FAMILY SYSTEM.

The final session includes a brief evaluation tool (same tool which was administered
within Session One of Phase One), which is administered by the group facilitator prior to
the engagement of any intervention (i.e., it is administered before the check-in question is
examined).

Rules of engagement within the session – Regular attendance to the sessions,
willingness to engage in vulnerability (i.e., emotional expression, self-disclosure,
participation in interventions and activities, etc.), willingness to ask questions and
address concerns. *If the rules of engagement are violated, the therapist addresses the
violation during the session. If the individual is not willing to engage, they are spoken
to when the session has ended in order to explore their willingness to participate in this
program and to assess for support they may need in order to engage within the
treatment process. If an individual is not present for more than two sessions in this
program, they are informed that continued attendance is essential because the
therapeutic process is negatively impacted and are further encouraged to attend in
order to achieve successful structural change.

Conflict/Violence Resolution within Session – If a family argument takes places during
the session, the role of the facilitator is to deescalate the situation by utilizing empathetic,
calm phrases such as “I understand why you are angry,” “I recognize it is challenging to
deal with...,” “I assure you I will do my best to...,” which allows each member to feel seen, heard, and given the opportunity to regulate their emotions. If violence ensues, the engaging member(s) are removed from the room for everyone’s safety and their return is assessed based on the dynamics of the situation and their mental state. The foundation of this process also involves not arguing with participants, whether or not they are engaging in the conflict. It is important for the facilitator to remain neutral regardless of their personal opinion about the situation.

**Session participants – Individuals that the incarcerated member perceives as family**
(i.e., biologically related, connected through adoption, part of a family of choice, etc.).

The final session of the Adaptation program focuses on closure, allowing the family members to examine the changes that have taken place within the structure of the system and how this program components have impacted these changes. Each goal that was part of this program is examined briefly in order to gain an understanding of the progress of each goal, as well as the possibility of reverting back to dysfunctional family dynamics.

**~ Check-In Question**

1. What is a component of the family that you value the most as you focus on the maintenance of a new structural family system?

**I. Program Outcome Discussion**

The family members are asked to engage in a discussion about how they have all been impacted by the process of program engagement and what it looks like to no longer be part of the system (incarceration) but have memories and experiences tied to the process; the family is asked to engage in a brief discussion about what life will look like post-release.
II. Examination of Goals and Progress Being Made

- Systemic goals that are part of this program are addressed within this session using the handout below as a guide:
Goals Addressed within the Adaptation Program

1. Gaining insight into the family system.

2. Understanding the roles within the family system and addressing behavior modification.

3. Exploring the concept of boundary.

4. Therapist joins the system and supports family members in mapping behavior patterns.

5. Reframing and balancing thoughts and behaviors.

6. Creating new boundaries within the family system.

7. Understanding hierarchy of power within the family system.

8. Addressing the impact of subsystems within the family system.

9. Engaging in enactment with subsystems.

10. Examining healthy emotional expression amongst family members.


12. How the family will maintain the new structure of the system.
SCRIPT FOR FACILITATOR – We are addressing each goal that was part of your treatment throughout the duration of this program. Due to time, we will briefly examine the progress of these goals and any concerns you may have about progress that may be slow or not progressing.

III. “Planting Seeds of Hope” Activity

- Members each choose a type of seed which will be provided to them (i.e., flower seeds, fruit seeds, vegetable seeds, etc.) and appoint a word or feeling (i.e., courage, faith) to their intention in planting the seeds, sharing with the group how the word aligns with their experience of being part of the Adaptation program, as well as how they have all grown as a family system. The seeds symbolize hope for continued growth. Family members will be encouraged to share any final thoughts, questions, or concerns they have as they celebrate the completion of this program.

*How to attend to trauma that may get triggered during a session:* There is no specific definition of trauma, but the Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 2). Based on this definition, if an individual is triggered during a session, the following methods can be utilized in order to support the individual’s wellbeing:

1. Remind the individual of their surroundings (i.e., ask them to describe objects or colors they notice around the room as a means of grounding them.

2. Be mindful of touching the individual and ask them if you plan to do so.
3. Encourage the individual to take slow, deep breaths.

4. Be mindful of making sudden movements as this may trigger a fight-or-flight response in the individual (the individual may feel the need to protect themselves and engage in violent behavior as a result).

The following post-evaluation is administered by the group facilitator at the end of this session:
Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

- Circle the “1” if you Very Strongly Disagree
- Circle the “2” if you Strongly Disagree
- Circle the “3” if you Mildly Disagree
- Circle the “4” if you are Neutral
- Circle the “5” if you Mildly Agree
- Circle the “6” if you Strongly Agree
- Circle the “7” if you Very Strongly Agree

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7 SO
2. There is a special person with whom I can share my joys and sorrows. 1 2 3 4 5 6 7 SO
3. My family really tries to help me. 1 2 3 4 5 6 7 Fam
4. I get the emotional help and support I need from my family. 1 2 3 4 5 6 7 Fam
5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7 SO
6. My friends really try to help me. 1 2 3 4 5 6 7 Fri
7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7 Fri
8. I can talk about my problems with my family. 1 2 3 4 5 6 7 Fam
9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7 Fri
10. There is a special person in my life who cares about my feelings. 1 2 3 4 5 6 7 SO
11. My family is willing to help me make decisions. 1 2 3 4 5 6 7 Fam
12. I can talk about my problems with my friends. 1 2 3 4 5 6 7 Fri

The items tend to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO).
CHAPTER SIX
SUMMARY AND APPLICATION

Program Outcomes
The outcomes of this program are the foundation upon which all aspects of Adaptation has been designed and developed. Each phase, session, and intervention within this program was created with certain outcomes and objectives in mind, all of which pertain to the overarching systemic goal of creating structural change within a family system that has been impacted by incarceration. The specific outcomes are separated within the three phases of this program, as short-term outcomes, intermediate outcomes, and long-term outcomes. The purpose of creating these three “divisions” was to differentiate between the growth that is happening as the participants progress within this program. However, each session and phase of treatment was created with the intention of building upon the previous components of treatment.

Short-Term Outcomes
The short-term outcomes include the outcomes that are intended to be part of Phase One of this treatment program. These outcomes include behavior activation and modification, gaining insight into how the members engage with one another regarding communication patterns, understanding of roles within the family system, exploring boundaries, the “joining” of the therapist into the family system, as well as family mapping.
Intermediate Outcomes

The intermediate outcomes include the outcomes that are intended to be part of Phase Two of this treatment program. These outcomes include practicing new behaviors such as creating new, healthy, boundaries within the family system, forming new patterns of communication, and understanding the role of hierarchy of power within the family system. Within the second phase of this treatment program, a goal is also for the family structure to begin changing as a result of the new patterns of communication and behavior that are being developed.

Long-Term Outcomes

The long-term outcomes include the outcomes that are intended to be part of Phase Three of this treatment program. These outcomes are focused on continuing to solidify, and maintain, the goals that have been accomplished throughout the duration of this program. These outcomes include consistency of boundary maintenance within the family system, healthy emotional expression and hierarchy within the family system, and a greater overall understanding of each individual’s role within the family system. An important component of this phase involves a focus on how power is divided amongst the members, because the maintenance of a restructured system would depend greatly on these dynamics.

Long-Term Outcomes Addressed to Stakeholders

The Adaptation program is focused on supporting individuals and their families to better understand their family system and develop a healthy pattern of living with one
another. This program is benefitting not only the members who decide to engage in treatment but its effects impact communities as well. The Adaptation program’s efforts in providing treatment to individuals and families impacted by incarceration creates potential long-term outcomes. These potential outcomes are created through the support, guidance, and resources that are available to participants and they include a reduction in recidivism rates, lower rates of suicide and homicide, lower rates of relapse from substances, as well as a reduction in homelessness, divorce, and violence. Although these benefits are not guaranteed as part of program participation or completion, this program aims to support their prevention and likelihood of occurring.

**Importance of These Outcomes in Correctional Treatment**

Incarcerated individuals are considered a vulnerable population; this program attends to their vulnerabilities as members within a correctional facility by creating safety and support within each session and phase of treatment. The intended goals of each session, as well as the overall outcomes of each phase, combine to create a valuable treatment program focused on the needs of this specific community of individuals. The needs of individuals who are impacted by incarceration include, but are not limited to, emotional support, guidance in understanding their behaviors, the exploration of communication style, as well as healthy boundary formation. By including family members, this program is intended to create micro change within the family, as well as macro change in communities and society, as individuals gain a better understanding of themselves and their family system. Post-release dynamics are also considered, as this program lays a foundation of functional families and individuals in preparation for future
goals and ventures. The community of incarcerated individuals benefits from these outcomes and goals because this program is tailored specifically to their needs, especially as this program was created with the unique components that individuals undergo as members of the criminal justice system.

**Training for Facilitators**

Adequate training for facilitators is a significant part of ensuring program fidelity, as Structural Family Therapy is the foundation of the Adaptation program. Prior to the start of the initial pilot program, facilitators will take part in a three-day training. This training will be provided by the program director, or anyone else who has been trained in the Structural Family Therapy model, who understands its utilization with the justice involved population. All three days of this training will focus on the foundations of the theory but will primarily address each phase of the Adaptation program, the interventions and techniques involved in the utilization of Structural Family Therapy, and how they are to be incorporated within this program. This training will also allow potential facilitators to ask questions and better understand their role, as they are a significant part of the treatment process.

**Filling Gaps in Research**

The vision for the Adaptation program was created with the intention of guiding and supporting families who have been impacted by incarceration to form a healthier, functional, family system. The Literature Review entails a detailed examination of the prevalence of incarceration, how it impacts the family system, as well as current programs that support correctional treatment. It also identifies gaps within the research
that this program aims to fill. These gaps include virtual access to treatment considering that not all family members are capable of, or have the means, to commute to a correctional facility as well as ensuring that bilingual therapists are available, as needed. Further, there is no other program that currently exists which has a foundation of Structural Family Therapy as its model and basis for creating systemic change in family therapy. Therefore, the utilization of interventions specific to Structural Family Therapy is a component of this program that separates it from existing ones.

**Interventions Supporting Change**

One of the foundational purposes of creating this program is to create a systemic family-based treatment within correctional facilities. Each intervention within each session and phase of treatment is intended to support systemic change within the family system and contribute to restructuring. The interventions all focus on structural, systemic change, within the family system.

Specific interventions that support the filling of the gaps in research include examining the role that each individual has within the family system (i.e., their contributions to the functions and dysfunctions of the system), defining and understanding boundaries and how they are maintained in a functional family system, defining and engaging within the Structural Family Therapy concept of enactments, the therapist “joining” into the family system and supporting its restructuring, family mapping as a means of understanding each member’s contribution to the system, defining the Structural Family Therapy concept of “reframing” and supporting families in the integration of healthy communication, as well as addressing the Structural Family
Therapy concept of “subsystems,” which further engage the members in better understanding familial functions. These interventions are created with the intention of restructuring the family system progressively, beginning with behavioral changes and concluding with systemic change.

**Limitations of Program Manual**

*Family Participation*

Family participation is an essential component of the Adaptation program, as consistent attendance greatly impacts outcomes. There are potential barriers to family participation that are beyond the scope of this program such as time (i.e., whether an individual is able to engage at certain times, illness, etc.), transportation, as well as access to electronic devices. These are limitations within this program and the community being served. The incarcerated individual who has a desire to engage within this program may attend Phase One – on their own – if their family members are unable to attend along with them. After Phase One, the facilitator may respond to these limitations by attempting to engage with the incarcerated individual and encourage them to seek individual therapy; discontinuing this program would be an option since the rest of it program is focused on systemic change. Referrals may also be made by the facilitator for other programs within the correctional facility that the incarcerated individual may benefit from such as substance use treatment, life skills, etc.


**Addressing Issues of Violence**

Due to the focus of support within this program, a potential limitation is that there is not a lot of time given to address trauma and violence. However, due to the nature of the goals of this program, specifically, the limited time that is available, these issues are not thoroughly examined as part of treatment. Facilitators might be able to make recommendations about further individual therapy as well as other relevant programs available within the correctional facility (i.e., anger management, life skills, etc.), based on the participant’s needs.

**Travel and Language Barriers**

Travel and language barriers are also taken into account during the development of this program. It is important to acknowledge that not every individual seeking treatment within this program may speak English, nor have the means of being physically present within a correctional facility. With these potential limitations, this program was developed with the understanding that bilingual therapists are included as staff members, as needed, and family members are able to have remote access to sessions, as needed. Additionally, depending on the resources within the correctional facility, a translator may be readily available. A facilitator may also ask if a bilingual family who is also part of this program could assist with translation. Overall, the Adaptation program aims to be inclusive of all members who are seeking treatment.
Initial Pilot Program

Although the Adaptation program is developed with great detail, incorporating systemic treatment, and focusing on familial change, it is important to consider how this program is implemented. Initiating this program as a pilot program with a limited number of participants at the onset is an effective method of starting this program. This process may entail engaging two to three families as a start to this program, as a means of gauging program dynamics and how members are acclimating to the process of family-based treatment within a correctional facility. The purpose of this would be for all individuals who are involved – staff and participants – to gain a better understanding of the needs of participants as treatment progresses, as well as any changes that may be needed, or barriers that may arise. Starting as a pilot program with a smaller number of participants supports the Adaptation program’s hope of impacting change. Thus, focusing on how that change is taking place with a smaller group of participants allows for an understanding of its potential for growth.

Another consideration is resources needed such as handouts, electronic devices, number of family members who are seeking treatment, and gauging the environment, as a means of seeing how this program is coming along in its entirety. For example, certain barriers may arise which need to be addressed such as restrictions – based on the policies of the correctional facility – regarding how many family members are allowed into the facility. It is helpful to know this information during the implementation of the pilot program in order to best address it before this program grows further. Lastly, it is best to initiate the pilot program within a minimum or low security level correctional facility in
order to take note of any challenges that may arise before moving up to higher security level facilities.

**Access Via Virtual Platform**

Due to the nature of the correctional facilities, it is anticipated that procedures in the facility could impact the execution of the Adaptation program. Further, it is important to note that this program is bound to the procedures and policies of an external environment. Based on potential challenges with access to a correctional facility, families are provided with access to virtual treatment via the platform, Doxy.me. This is the official platform that families can join sessions through. They are provided with a link – through the HIPAA (Healthy Insurance Portability and Accountability Act) compliant platform – with the date and time of the appointment, in addition to a text message reminder the day before the appointment. The technology utilized within the facility is an electronic device, such as an iPad, allowing for ease of access and movement with a cordless device. The time it takes to contact family members and connect via the virtual platform is considered within the timeframe of the therapy session which is an hour and a half in duration.

**Relevance to the Field of Marriage and Family Therapy**

As it relates to the field of Marriage and Family Therapy, the expansion of knowledge, support, and guidance through a systems-focused program contributes to the restructuring of families who seek treatment. The increase in knowledge regarding supporting families who are impacted by incarceration contributes to continued research,
data analysis, and interpretation as a means of understanding what is needed to best support them.

Through the lens of Structural Family Therapy, the greater insight and understanding family members gain throughout their time in treatment, the more likely it is that structural change can take place (Minuchin, 1974). The community being served – incarcerated individuals and their family members – is not as widely studied as it relates to the use of a specific family systems based theoretical approach in treatment (Garofalo, 2020). The knowledge gained through the development and implementation of the Adaptation program can lead to new methods of treatment, as well as continued contributions towards supporting individuals and families impacted by incarceration. The ways in which families are being supported as participants in this program includes a decrease in conflict, behavioral change, gaining insight into healthy patterns of communication, as well as the consideration that these changes can lead to reduced rates of recidivism. These factors are significant because they are not only impacting micro changes within the family system, but also macro changes in society in relation to rates of recidivism. Thus, the hope is to implement a systemic treatment program within correctional facilities, tailored to the needs of the specific community being served, with the intention of supporting structural change and aiding in the reunification process post-release.
REFERENCES


trauma%20describes%20individual%20as%20physical%2C%20social%20emotional%20or


