

Structure		Examiner
<p><b>Hierarchy/Leadership</b> One parent is more active than the other. Child is more powerful than the parents.</p> <p><b>Behavior Control</b> Parents are not engaging in behavior control when needed or are engaging in ineffective behavior control (e.g., inappropriate consequences, lack of follow-through, unclear expectations, inconsistency, or excess monitoring).</p> <p><b>Children's/Partner's</b> Parents do not nurture children. Parents are poor role models (e.g., engaged in illegal activity, substance abuse, or violence).</p> <p><b>Spousal Alliance</b> Marital relationship is poor (e.g., high conflict or disengagement).</p>	<p><b>Executive Subsystem</b> Overmonitoring subordinates to others.</p> <p><b> sibling Subsystem</b> Relationship between siblings is poor (e.g., high conflict or disengagement).</p> <p><b>Triangulation</b> Child is used in the middle of a conflict between adults.</p> <p><b>Communication</b> Family lacks direct verbal communication (low or ineffective communication (e.g., frequent, unending, or excess monitoring). One family member serves as a relationship operator or gatekeeper.</p>	<p><b>Environment</b> Emotional, psychological, or physical boundaries between family members are increasingly clear.</p> <p><b>Disengagement</b> Emotional, psychological, or physical boundaries between family members are increasingly distant.</p>
Developmental Stage	Identified Patient	Conflict Resolution
<p><b>Parenting</b> Parent is immature.</p> <p><b>Children</b> Child is treated as/like too young (e.g., overly restricted, low requirements/expectations for responsible behaviors, or no separation allowed). Child is treated as/like too old (e.g., associated with adult tasks or relative parentlike behavior).</p> <p><b>Handled Family</b> Overacted family causes parental power or treats the parent like a child.</p>	<p><b>Negativity</b> Family members are critical about and negative toward the identified patient.</p> <p><b>Control</b> Identified patient is almost always the central topic of conversation. Family members are organized around the identified patient and her/his problem behaviors.</p> <p><b>Support</b> Family members protect or support identified patient.</p>	<p><b>Denial/ Avoidance</b> Family members deny or avoid conflict.</p> <p><b>Diffusion</b> Family members jump from conflict to conflict without achieving any depth regarding one particular issue.</p> <p><b>Emergence Without Resolution</b> Family engages in an unhealthy discussion about a particular conflict but is not able to resolve the problem.</p> <p><b>Negativity-Criticism</b> Family interactions are openly critical or hostile.</p>