Family therapy

Lucy Ratcliffe
“...people can change stories they tell themselves about their lives... These new stories can then change people's ideas about themselves and about what is possible for them” (Freedman and Coombs, 1993).
ASSESSMENT
a) Genogram

• A genogram is a picture of the family system

• A genogram offers a representation of the immediate family system, the family relationships and the sources of support

• The genogram can help guide the questions the nurse asks at assessment
Genogram (example)
Some questions to ask about family members

- Parents or main carers as a child?
- Brothers and/or sisters?
- Significant people?
- Age, whether living or dead, and details of the relationship/attachment with that person?
- History of medical, mental health, substance misuse problems?
What is family therapy?

• Systemic theory

• Not a method but an orientation to clinical problems

• Relational rather than individually focused
Linear model

Elderly mother seeks care from daughter and complains

Increased demands on daughter’s time

Tiredness, low social stimulation. Children under ten years

Depression
Circular model

Elderly mother requests
Greater input from daughter

Withdraw extra contact
From mother

Increased pressure on
daughter’s time

Increased tiredness/
Feelings of failure

Children demand more
of mother’s time

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Systemic Family Therapy – The Concept of Mutual Influence or Circularity

JANE ACTS

JOHN ACTS
Systemic Family Therapy –
Circularity: Meaning and Action

JOHN THINKS

JANE ACTS

JOHN ACTS

JANE THINKS
Systemic Family Therapy –
Context, History, Gender and Culture

Gender and culture

Past experiences

Other relationships

JOHN THINKS/FEELS

JANE THINKS/FEELS

JANE ACTS

JOHN ACTS

Gender and culture

Past experiences

Other relationships

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Three schools of systemic therapy

- Structural family therapy
- Strategic family therapy
- Milan family therapy
Structural Family Therapy

(Salvador Minuchin)

- Based on the idea that if one part of the system isn’t working, it impacts on others.
- There is something wrong with the family structure
- Rules that organise families
- The family talk to each other and the therapist observes
Family Structure

• Families need structure
• Families have subsystems
• Boundaries are important (enmeshed to disengaged)
• Families need to adapt when changes occur, eg as children grow up the boundaries need to change too.

• Subsystems or subgroups have different functions and may be based on: different alignments (things people share); the place in the hierarchy; coalitions (working together for benefit of both); complementing one another.
Goals of Structural Therapy

- Therapist is active, directive, personally involved, spontaneous, humorous

- Change the family definition of the problem from individual to family structure

- Fix the structure
Criticisms of Structural Therapy

- Little account taken of wider context
- Therapist in too powerful position, too directive and challenging
- Doesn’t look at power issues in generational relationships – not all is equal
Strategic family therapy

(Jay Haley)

• Problems are maintained by repetitive dysfunctional behavioural sequences in response to the problem
Goal of therapy

• Discover the dysfunctional sequence and create strategies to undermine the ambivalence or resistance to help resolve the problem

e.g. Paradoxical interventions eg. where the therapist encourages the family to do more of what he sees as causing a problem which highlights the problem to the family
• Therapy is brief, process focused and solution orientated

• The therapist is active and directive
Criticisms of Strategic Family Therapy

- Therapist driven
- Controlling
- Deceptive? Manipulative?
Milan School of therapy

Palazzoli, Cecchin, Boscolo, Prata

- Aims to identify and change patterns of communication within the family
- Circularity is fundamental to this approach
- Feedback leads to change which itself leads to further change
Reflecting Team conversations

- Team observe the family with therapist
- Family observe the team speaking to each other - Reflecting Team (Anderson, 1987).
- The family and the therapist listen to the themes raised and are then free to ignore, negate or develop the themes that the team have identified.
First and Second Order Practice

- First Order Practice suggests that the therapist is *not influenced* by the family system and does not influence it apart from intentionally (cannot be true!)

- Second Order Practice recognises that therapist and family are involved in *mutual influence* – so it is important that the therapist works with the family rather than dictating to it (collaborative)
Therapist Stance

- Hypothesising
- Neutral
- Circular
- Curious
Systemic Family Therapy –
Circularity: Meaning and Action

JOHN ACTS
JOHN THINKS/FEELS
JANE THINKS/FEELS
JANE ACTS
THERAPIST ACTS
THERAPIST THINKS/FEELS

Gender and culture/Past experiences/Other relationships
Hypothesising - ever changing formulations based upon new information the therapist receives from the family.

Circular – a problem does not become pathologised as the property of a single part of that system eg. no one person is blamed (location of disturbance in group therapy).

This leads to a neutral stance. Problems arise where the conversation gets stuck on which person's perspective is the ‘correct’ one.
• **Curiosity** is key to managing the different views of family members. Therapist listens to different views and does not assume his own view is right.

‘*Therapist is allied to everyone….and no one in particular*’

• Important for therapist to recognise his own position in the system and how little power he has.
Circular Questioning – five types

(adapted from John Burnham’s schedule)

1. Action – convert a person’s opinion of another into a description of their behaviour

C: “She’s pathetic”

T: “What did she do that makes you say that?”

C: “She sat on the chair and cried”
2. **Sequence** – follow interactions through a sequence around an event. Important to include everyone and reach the beginning and end of each sequence.

T: “What happened next after John slammed the door and went out of the house?”
3. **Diachronic** – explore differences before and after a particular point in time or event

T: “Did mother’s arguments with Lucy get more or less frequent after Grandma died?”
4. **Classification** – sort out ‘ranking’ of responses in families. These can be used to find out one person’s ideas about all other members, as well as the views of all)

T: “Who was most upset about Grandma’s death?” …
T: “And after X, who else?”
5. **Belief** – Look for ideas about causation or explanations of someone else’s behaviour. It is important to follow up by asking for an explanation from the person concerned and to treat the answers as equally valid ideas rather than truths.

T: “Have you any explanations for Sam’s long silences?”
Nurses role in family therapy

- Make a link with all members. Get to know the family
- Hypothesise and be curious
- Ask circular questions
- Be aware of the whole system whilst engaging with a part of it. Ask yourself what relationship processes contribute to or maintain the symptom
• Ask yourself what meaning is created for you, what personal narratives of family scripts resonate with you.
• Continually reformulate
• Manage the therapeutic relationship
• Manage conflicts
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