

# **FAMILY SOLUTION FINDER, WORKBOOK**

## **Learning Module II**



### **Seminar # 1**

“The Different Types of Family Therapy”

#### **Learning Objectives**

1. How is this issue impacting the family members?
2. What response is required?

---

## *Introduction*

---

In therapy we learn about protective as well as corrective factors. Protective factors are conditions or attributes of individuals, family's members, communities, or the larger society that reduce or eliminate risk and promote healthy development and well-being in a family. These factors help ensure that children and family members function well at home, in school, at work, and in the community today and into adulthood. Protective factors also can serve as safeguards, helping parents to find resources, support, or coping strategies that allow them to parent effectively—even under stress.

Research has found that successful interventions can reduce risk factors and promote healthy family wellbeing. However, the family needs to know where to go for these resources, what to request, how to use the resource and what to expect as an outcome.

There is growing interest in families towards understanding the complex ways in which these a family can use family therapy in their journey with substance use disorder. This search for protective factors interacts within the context of a family's ability to gain access from the community, and society. By knowing the different types of family therapy available to the family, each member can benefit by participating in sessions that will strengthen their resolve to cope with the demands and issues that present in a journey with substances use disorder.

---

## *Eight Concepts of Family Therapy*

---

There are Eight major concepts of family therapy, they occur in no order:

**1. Differentiation of self**, the core concept of approach, refers to the way a person can separate thoughts and feelings, respond to anxiety, and cope with the variables of life while pursuing personal goals. An individual with a high level of differentiation may be better able to maintain individuality while still maintaining emotional contact with their family. A person with a low level of differentiation may experience emotional fusion, feeling what the family feels, due to insufficient interpersonal boundaries between members of the family. Highly differentiated people may be more likely to achieve contentment through their own efforts, while those with a less-developed self may seek validation from other people in the family.

**2. An emotional triangle** represents the smallest stable network of human relationship systems (larger relationship systems can be perceived as a network of interlocking triangles). A two-person dyad may exist for a time but may become unstable as anxiety is introduced. A three-person system, however, may provide more resources toward managing and reducing overall anxiety within the group. Despite the potential for increased stability, many triangles establish their own rules and exist with two sides in harmony and one side in conflict—a situation which may lead to difficulty. It is common for children to become triangulated within their parents' relationship.

3. **The family projection process**, or the transmission of a parent's anxiety, relationship difficulties, and emotional concerns to the child within the emotional triangle, may contribute to the development of emotional issues and other concerns in the child. The parent(s) may first focus anxiety or worry onto the child and, when the child reacts to this by experiencing worry or anxiety in turn, may either try to "fix" these concerns or seek professional help. However, this may often have further negative impact as the child begins to be further affected by the concern and may become dependent on the parent to "fix" it. What typically leads to the most improvement in the child is management, on the part of the parent(s), of their own concerns.
  
4. **The multigenerational transmission process**, according to professionals, this depicts the way that individuals seek out partners with a similar level of differentiation, potentially leading to certain behaviors and conditions that are passed on through generations. For example: a couple where each partner has a low level of differentiation may have children who have even lower levels of differentiation. These children may eventually have children with even lower levels of differentiation. When individuals increase their levels of differentiation, according to Bowen, they may be able to break this pattern, achieve relief from their symptoms of low differentiation, and prevent symptoms from returning or occurring in other family members.
  
5. **An emotional cutoff** describes a situation where a person decides to best manage emotional difficulties or other concerns within the family system by emotionally distancing themselves from other members of the family. Cutting emotional connections may serve as an attempt to reduce tension and stress in the relationship and handle unresolved interpersonal issues, but the result is often an increase in anxiety and tension, although the relationship may be less fraught with readily apparent conflict.
  
6. **A sibling position** describes the tendency of the oldest, middle, and youngest children to assume specific roles within the family due to differences in expectation, parental discipline, and other factors. For example, older children may be expected to act as miniature adults within the family setting. These roles may be influenced by the sibling position.
  
7. **The societal emotional process** illustrates how principles affecting the emotional system of the family also affect the emotional system of society. Individuals in society may experience greater anxiety and instability during periods of regression, and parallels can be noted between societal and familial emotional function. Factors such as overpopulation, the availability of natural resources, the health of the economy, and so on can influence these regressive periods.

8. **The nuclear family emotional process** reflects the belief that a nuclear family tends to experience issues in four main areas: intimate partner conflict, problematic behaviors or concerns in one partner, emotional distance, and impaired functionality in children. Anxiety may lead to fights, arguments, criticism, under- or over-performance of responsibilities, and/or distancing behavior. Though a person's belief system and attitude toward relationships may impact the development of issues according to relationship patterns.

---

*Family Practical Life Exercise # One: Ten Concepts of Family Therapy*

---

Your Observations: (these are not to be used in a dialog with other family members without a professional therapist present). This is for your self-examination only, take this to your next therapy session and review your findings with a professional.

**ONE:** Differentiation of self, the core concept of approach, refers to the way a person can separate thoughts and feelings, respond to anxiety, and cope with the variables of life while pursuing personal goals. What is your differentiation of self? Google "Differentiation of Self"

---

---

---

**TWO:** An individual with a high level of differentiation may be better able to maintain individuality while still maintaining emotional contact with their family. Highly differentiated people may be more likely to achieve contentment through their own efforts, while those with a less-developed self may seek validation from other people in the family.

From your observations, what traits does each family member have?

---

---

---

---

**THREE:** An emotional triangle represents the smallest stable network of human relationship systems (larger relationship systems can be perceived as a network of interlocking triangles). A two-person dyad may exist for a time but may become unstable as anxiety is introduced. A three-person system, however, may provide more resources toward managing and reducing overall anxiety within the group. Despite the potential for increased stability, many triangles establish their own rules and exist with two sides in harmony and one side in conflict—a situation which may lead to difficulty. It is common for children to become triangulated within their parents' relationship.

What (if any) emotional triangles are present in your family dynamic?

---

---

**FOUR:** The family projection process, or the transmission of a parent's anxiety, relationship difficulties, and emotional concerns to the child within the emotional triangle, may contribute to the development of emotional issues and other concerns in the child.

**Has this occurred in the family?**

---

---

**FIVE:** The parent(s) may first focus anxiety or worry onto the child and, when the child reacts to this by experiencing worry or anxiety in turn, may either try to "fix" these concerns or seek professional help. However, this may often have further negative impact as the child begins to be further affected by the concern and may become dependent on the parent to "fix" it. What typically leads to the most improvement in the child is management, on the part of the parent(s), of their own concerns.

Has this occurred in the family?

---

---

**SIX:** The multigenerational transmission process, according to professionals, this depicts the way that individuals seek out partners with a similar level of differences, potentially leading to certain behaviors and conditions that are passed on through generations. For example: a couple where each partner has a low level of differentiation may have children who have even lower levels of differentiation. These children may eventually have children with even lower levels of differentiation. When individuals increase their levels of differentiation, according to Bowen, they may be able to break this pattern, achieve relief from their symptoms of low differentiation, and prevent symptoms from returning or occurring in other family members.

Has this occurred in the family?

---

---

---

**SEVEN:** An emotional cutoff describes a situation where a person decides to best manage emotional difficulties or other concerns within the family system by emotionally distancing themselves from other members of the family. Cutting emotional connections may serve as an attempt to reduce tension and stress in the relationship and handle unresolved interpersonal issues, but the result is often an increase in anxiety and tension, although the relationship may be less fraught with readily apparent conflict. Bowen believed emotional cutoff would lead people to place more importance on new relationships, which would add stress to those relationships, in turn.

Has this occurred in the family?

---

---

---

**EIGHT:** A sibling position describes the tendency of the oldest, middle, and youngest children to assume specific roles within the family due to differences in expectation, parental discipline, and other factors. For example, older children may be expected to act as miniature adults within the family setting. These roles may be influenced by the sibling position of parents and relatives.

Has this occurred in the family?

---

---

---

**NINE:** The societal emotional process illustrates how principles affecting the emotional system of the family also affect the emotional system of society. Individuals in society may experience greater anxiety and instability during periods of regression, and parallels can be noted between societal and familial emotional function. Factors such as overpopulation, the availability of natural resources, the health of the economy, and so on can influence these regressive periods.

How this occurred in the family?

---

---

---

**TEN:** The nuclear family emotional process reflects the belief that a nuclear family tends to experience issues in four main areas: intimate partner conflict, problematic behaviors or concerns in one partner, emotional distance, and impaired functionality in children. Anxiety may lead to fights, arguments, criticism, under- or over-performance of responsibilities, and/or distancing behavior. Though a person's belief system and attitude toward relationships may impact the development of issues according to relationship patterns, Bowen held them to be primarily a result of the family emotional system

---

---

---

---

### *Different Types of Family Therapy*

---

#### **I. Multisystemic Family Therapy**

##### *Theoretical basis*

This model originated in the simple observation of high treatment dropout rates among adolescents in family therapy for their substance abuse. Programmatic features that seemed to lower dropout rates were identified and implemented to maximize accessibility of services and make treatment providers more accountable for outcomes (Henggeler et al. 1996).

##### *Techniques and strategies*

Multisystemic therapy has proven useful as a method for increasing engagement in treatment in a study in which adolescents randomly assigned to this treatment were compared to a group receiving treatment as usual (Henggeler et al. 1996).

##### **Features of this therapy that are designed to make it successful include the following:**

- Multisystemic therapy is provided in the home.
- Low caseloads allow counselors to be available on an as needed basis around the clock.
- Family members are full collaborators with the therapist.
- It has a strengths-based orientation in which the family determines the treatment goals.
- It is responsive to a wide range of barriers to achieving treatment goals.
- Services are designed to meet individual needs of clients, with the flexibility to change as needs change.

- The counselor and other members of the treatment team assume responsibility for engaging the client and using creative approaches to achieve treatment goals (Henggeler et al. 1996).

Multisystemic therapy has influenced the development of other therapies, including functional family therapy, a brief prevention and treatment intervention with delinquent youth with substance abuse problems (Sexton and Alexander 2000).

## **II. Multidimensional Family Therapy**

### **Theoretical basis:**

The multidimensional family therapy (MDFT) approach was developed as a standalone, outpatient therapy to treat adolescent substance abuse and associated behavioral problems of clinically referred teenagers. MDFT has been applied in several geographically distinct settings with a range of populations, targeting ethnically diverse adolescents at risk for abuse and/or abusing substances and their families. Most families treated have been from disadvantaged inner-city communities. Adolescents in MDFT trials have ranged from high-risk early adolescents to multi-problem, juvenile justice involved, dually diagnosed female and male adolescents with substance use problems.

As a developmentally and ecologically oriented treatment, MDFT considers the interlocking environmental and individual systems in which clinically referred teenagers reside (Liddle 1999). The clinical outcomes achieved in the four completed controlled trials include adolescent and family change in functional areas that have been found to be causative in creating dysfunction, including drug use, peer deviance factors, and externalizing and internalizing variables. The cost of this treatment relative to contemporary estimates of similar outpatient treatment favors MDFT. The clinical trials have not included any treatment as usual or weak control conditions. They have all tested MDFT against other manualized, commonly used interventions. The approach is manualized (Liddle 2002), training materials and adherence scales have been developed, and have demonstrated that the treatment can be taught to clinic therapists with a high degree of fidelity to the model (Hogue et al. 1998). promising interventions for adolescent drug abuse in a new generation of comprehensive, multicomponent, theoretically derived and empirically supported treatments (Center for Substance Abuse Treatment [CSAT] 1999c; NIDA 1999a; Waldron 1997).

MDFT has demonstrated efficacy in four randomized clinical trials, including three treatment studies (one of which was a multisite trial) and one prevention study. Investigators have also conducted a series of treatment development and process studies illuminating core mechanisms of change.

### ***Techniques and strategies***

Targeted outcomes in MDFT include reducing the impact of negative factors as well as promoting protective processes in as many areas of the teen's life as possible. Some of these risk and protective factors include improved overall family functioning and a healthy interdependence among family members, as well as a 1. Reduction in substance abuse, 2. Drastically reduced delinquency and 3. Involvement with antisocial peers, and 4. Improved school performance.

Objectives for the adolescent include transformation of a drug using lifestyle into a developmentally



normative lifestyle and improved functioning in several developmental domains, including positive peer relations, healthy identity formation, bonding to school and other prosocial institutions, and autonomy within the parent adolescent relationship. For the parent(s), objectives include increasing parental commitment and preventing parental abdication, improved relationship and communication between parent and adolescent, and increased knowledge about parenting practices.

### ***Core components***

MDFT is an outpatient family-based drug abuse treatment for teenagers who abuse substances (Liddle 2002). From the perspective of MDFT, adolescent drug use is understood in terms of a network of influences (i.e., individual, family, peer, community). This multidimensional approach suggests that reductions in target symptoms and increases in prosocial target behaviors occur via multiple pathways, in differing contexts, and through different mechanisms. The therapeutic process is thought of as retracking the adolescent's development in the multiple ecologies of his or her life. The therapy is organized according to stage of treatment, and it relies on success in one phase of the therapy before moving on to the next. Knowledge of normal development and developmental psychopathology guides the overall therapeutic strategy and specific interventions.

The MDFT treatment format includes individual and family sessions, sessions with various family members, and extrafamilial sessions. Sessions are held in the clinic, in the home, or with family members at the court, school, or other relevant community locations. Change for the adolescents and parents is intrapersonal and interpersonal, with neither more important than the other. The therapist helps to organize treatment by introducing several generic themes. These are different for the parents (e.g., feeling abused and without ways to influence their child) and adolescents (e.g., feeling disconnected and angry with their parents). The therapist uses these themes of parent child conflict as assessment tools and to identify workable content in the sessions.

The format of MDFT has been modified to suit the clinical needs of different clinical populations. A full course of MDFT ranges between 16 and 25 sessions over 4 to 6 months, depending on the target population and individual needs of the adolescent and family. Sessions may occur multiple times during the week in a variety of contexts including in home, in clinic, or by phone.

The MDFT approach is organized according to five assessment and intervention modules, and the content and focused sessions vary by the stage of treatment.

### **III. Structural/Strategic Family Therapy**

#### **Theoretical basis**

Structural/strategic family therapy assumes that (1) family structure—meaning repeated, predictable patterns of interaction—determines individual behavior to a great extent, and

(2) the power of the system is greater than the ability of the individual to resist. The system can often override any family member's attempt at nonengagement (Stanton 1981a; Stanton et al. 1978).

Among the models in the above list, several have demonstrated effectiveness in treating substance use disorders: structural/strategic family therapy, multidimensional family therapy, multisystemic therapy, and

behavioral and cognitive-behavioral family therapy. The others have not demonstrated research-based outcomes for substance abuse treatment at this point but appear to have made inroads into the substance abuse treatment field.

Roles, boundaries, and power establish the order of a family and determine whether the family system works. For example, a child may assume a parental role because a parent is too impaired to fulfill that role. In this situation, the boundary that ought to exist between children and parents is violated. Structural/strategic family therapy would attempt to decrease the impaired parent's substance abuse and return that person to a parenting role.

Whenever family structure is improperly balanced with respect to hierarchy, power, boundaries, and family rules and roles, structural/strategic family therapy can be used to realign the family's structural relationships. This type of treatment is often used to reduce or eliminate substance abuse problems. As McCrady and Epstein (1996) explain, the family systems model can be used to (1) identify the function that substance abuse serves in maintaining family stability and (2) guide appropriate changes in family structure.

### **Techniques and strategies**

In this treatment model, the counselor uses structural/strategic family therapy to help families change behavior patterns that support substance abuse and other family problems. Because these patterns in dysfunctional families are typically rigid, the counselor must take a directive role and have family members develop, then practice, different patterns of interaction. Counselors using this treatment model require extensive training and supervision to direct families effectively.

One modification that flows from structural/strategic family therapy is strategic/structural systems engagement (SSSE). In SSSE, the family is helped to exchange one set of interactions that maintains drug use for another set of interactions that reduces it. SSSE targets the interactions linked to specific behaviors that, if changed, will no longer support the presenting problem behavior. Once the family, including the person with a substance use disorder, agrees to participate in therapy, the counselor can refocus the intervention on removing problem behaviors and substance abuse.

Another modification, brief strategic family therapy (BSFT), also flows from structural/strategic family therapy. In BSFT, structural family therapy "has evolved into a time limited, family-based approach that combines both structural and strategic [problem focused and pragmatic] interventions" (Robbins and Szapocznik 2000). BSFT is known to be effective among youth with behavioral problems and is commonly for Hispanic families (Robbins and Szapocznik 2000).

BSFT is used to help counselors attract families that are difficult to engage in substance abuse treatment (Szapocznik and Williams 2000). In Hispanic families with adolescents using drugs, Szapocznik and colleagues reported that 93 percent of families were brought into treatment using standard BSFT, versus 42 percent in a control group. Treatment completion rates were higher among those receiving BSFT (Szapocznik et al. 1988). To achieve this improvement, BSFT was modified to a one-person family technique. The technique is based on the idea of complementarity (Minuchin and Fishman 1981), that is, when one family member changes, the rest of the family system will respond. Szapocznik and Williams (2000) used the one-person family technique with the first person in the family to request help. Once the whole family was engaged, they refocused attention on problem behavior and drug abuse.

While structural/strategic family therapy has been shown to be effective for substance abuse treatment, counselors must carefully consider using this approach with multi-problem families and families from cultures. Some points to consider are

- Culture. Counselors should become familiar with the roles, boundaries, and power of families from cultures different from their own. These will influence the techniques and strategies that will be most effective in therapy.
- Age and gender. Cultural attitudes toward younger people and women can affect how the counselor can best assume the directive role that structural/strategic family therapy requires.
- Hierarchies. certain cultures are very attuned to relative positions in the family hierarchy. Sometimes, children may not ask questions of the parent. Other children will remove themselves from the situation until the parent notices they are not there.

The professional needs to be attentive to who is who in the family. Who is revered? Who are friends? What is its history? Place of origin? All these are clues to understanding a family's hierarchy.

Counselors who use structural/strategic family therapy need to appreciate how a particular intervention might be experienced by family members.

If family members experience the intervention as duplicitous, manipulative, or deceitful, the counselor may have broached a possible ethical line. As discussed in the section on informed consent in chapter 6, family therapists or substance abuse counselors might wish to explain in advance that such interventions could be part of the therapeutic process and obtain the client's informed consent for their possible inclusion. If you have questions about the use of such interventions, they should be answered ahead of time and included as part of the informed consent. For more detailed information about structural/strategic family therapy, refer to Charles Fishman's manual *Intensive Structural Therapy: Treating Families in Their Social Context* (1993) and Szapocznik and colleagues' *Brief Strategic Family Therapy* (in press). The case study on p. 89 demonstrates how structural/strategic family therapy might work with a client from the criminal justice system.

---

***Practical Exercise Two: Different Types of Family Therapy***

---

In what way is MDFT Different from Structural Family Therapy?

---

---

---

In Multisystemic Family Therapy, describe the approach in how the therapist focuses on the family needs.

---

---

---

Which of the three types of family therapy presented here, are a good place to discuss with a Family Therapist as where to start, and Why?

**The Story**

ASSIGNMENT VIDEO: [www.youtube.com/](http://www.youtube.com/)



Title/Search: Multidimensional Family Therapy, An Introduction (1 of 2) - See [www.mdft.org](http://www.mdft.org)

Duration: 10:16 min

ASSIGNMENT VIDEO: [www.youtube.com/](http://www.youtube.com/)



Title/Search: Structural Family Therapy

---

***Practical Exercise Three: Difference of MDFT to Other Therapy Models***

---

Which is not a foundational structure of Multidimensional Family Therapy?

1. Reduction in substance abuse
2. Drastically reduced delinquency
3. Involvement with antisocial peers
4. Improved school performance
5. Improved skills for sports

Family/Group Discussion: What is the objective in Structural Family Therapy? How can it help?

***EXTRA LEARNING:*** This video could be its own session, or as homework.

ASSIGNMENT VIDEO: [www.youtube.com/](http://www.youtube.com/)



Title/Search: MDFT Illustrated: Evidence-Based Treatment for Youth Substance Abuse and Delinquency

Duration: 59:53 min

*This video gives a living example of how the therapy works. Note: the different areas that the therapist includes to each therapy session. Group discussion is encouraged. Because this is a long video it may be best to split this topic into its own sessions one following the other.*

Family/Group Discussion: How is using a multi-level approach more inclusive to the world of the family and the one who is a substance abuser.

---

*Family or Group Discussions (Ref: Study Guide & Workbook)*

---

1. How would you describe the obstacles created by not seeking family therapy?
2. Which are the two most likely best choices for your family? State Why?
3. Given the family is a system, each member plays a role, there may be childhood trauma can you list three more reasons that family therapy will benefit the family members going forward?
4. In what way can family therapy for the family members help to identify other types of mental health conditions in each family member, as the family tries to work together.

---

***MASTER FAMILY PLAN OF ACTION FOR: "FAMILY IS A SYSTEM"***

---

**Complete answers and move to "Master Family Plan of Action" found in the back of this workbook.**

1. Our family considers the family system to be complex and family therapy is likely the best path to take. State how each member will assist in bringing this forward.