

# Study guide assignment



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Be familiar with family coalitions -p. 284. Coalitions are alliances between specific family members against a third member. Stable coalition - a fixed and inflexible union that becomes a dominant part of the family everyday functioning. Detouring coalition - is one in which the pair hold a third family member responsible for their difficulties or conflicts with one another, thus decreasing the stress on themselves or their relationship. Understand the emphasis of structural therapists p. 93 Focuses on the active, organized wholeness of the family unit and the ways in which the family organizes itself through its transactional patterns. The family subsystems, boundaries, alignments, and coalitions are studied. It is geared to present day transactions and gives higher priority to action than to insight or understanding. All behavior, including symptoms in the identified patient, is viewed within the context of family structure. Interventions are active, carefully calculated, even manipulative efforts to alter rigid, outmoded, or unworkable structures.

To achieve such changes, families are helped to renegotiate outmoded rules and to seek greater boundary clarity. Know characteristics and interventions of psychosomatic families p. 276. Munich, Bernice Oarsman, Lester Baker. Families of children who manifest severe psychosomatic symptoms are characterized by certain transactional problems that encourage summarization. Enmeshment is common, subsystems function poorly, and boundaries between family members are too diffuse to allow for individual autonomy.

A psychosomatic family was found to be overprotective, inhibiting the child from developing a sense of independence, competence or interest in

activities outside the safety of the family. Symptoms have a regulating effect on the family system. Help family develop clearer boundaries, learn to negotiate for desired changes, and deal more directly with hidden, underlying conflicts. Know boundaries and characteristics of disengaged and enmeshed families p. 282. Enmeshment (diffuse boundaries).

Disengagement (rigid boundaries). Most families are not one or the other, but contain enmeshed or disengaged subsystems.

Enmeshed – Subsystem boundaries in enmeshed families are poor differentiated, weak, and easily crossed. Members of enmeshed families place too high a value on family cohesiveness, to the extent that they yield autonomy and have little inclination to explore and master problems outside the safety of the family. Disengaged – members of the family may function separately and autonomously but with little sense of family loyalty.

Communication in such families is strained and guarded, and the family protective functions are limited. Know information on monitoring family dysfunctional sets p. 294.

Dysfunctional sets are the family reactions, developed in response to stress, repeated without modification whenever there is a family conflict. All family members become involved, and various coalitions develop; but the family organization remains the same, and the dysfunctional sets will be repeated in the next trying situation. Have an understanding of family mapping and mimesis p. 289 Family mapping – organizing schema for understanding complex family interactive patterns. Has two purposes: it graphically describes how the family is organized, and it helps the therapist detect the family subunit requiring restructuring.

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P. 286 Mimesis- the process of joining the family by imitating the manner, style, affective range, or content of its communication in order to solidify the therapeutic alliance with them. Understand the focus of strategic therapies .

302. They look at what is occurring rather than why it is occurring. They are concerned with the ongoing process between and among people within a system and the ways in which they interact, define, and redefine their relationships, and not to drawing inferences about each participant's inner conflicts. Know information on developing a communication paradigm p. 04.

All behavior is communication at some level. Communication may occur simultaneously at many levels. Every communication has a content (report) and relationship (command) aspect. Relationships are defined by command messages. Relationships may be described as symmetrical or complementary. Symmetrical relationships run the risk of being competitive. Complimentary communication inevitably involves one person who assumes a superior position and another who assumes an inferior one. Each person punctuates a sequence of events in which he or she is engaged in different ways.

Problems develop and are maintained within the context of redundant interactive patterns and recursive feedback loops. Develop an understanding of reframing p. 324. Changes the perspective of the problem to make it more acceptable. Know about response of a person receiving a double-bind message p. 10. The person is caught in a trap. Since symptoms are beyond voluntary control, the person can no longer claim to be behaving symptomatically through no fault of his or her own. Either way, the person gains control over the symptom instead of being controlled by it.

Have a working knowledge of first-order and second-order changes p. 309. Introduced by Withdrawal, Weakened, and Fish. First-order changes – superficial behavioral changes within a system that do not change the structure of the system itself. They are short-lived. Second-order changes- a fundamental revision of the system's Truckee and function. Help the family alter its systemic interaction pattern to then reorganize the system so that it reaches a different level of functioning. Be familiar with 'prescribing the symptom' p. 310.

It is a form of therapeutic double blind in which strategic therapists try to produce a runaway system by urging or even coaching the client to engage in or practice his or her symptoms, at least for the present time. The therapist is essentially asking for no change at all. It undermines family members' fearful resistance to anticipated efforts to get them to change by rendering such opposition necessary. Know what Haley believes about every relationship p. 316. Implicit in every interpersonal transaction is a struggle for control of the definition of the relationship.

Be familiar with the use of directives in strategic therapy p. 321. Directives are assignments of tasks to be performed outside of the therapeutic session. Given to: (a) get people to behave differently so they will have different subjective experiences; (b) to misidentify the therapeutic relationship by involving the therapist in the family action during the time between sessions; and (c) to gather info, by their reactions, as to how the family members will respond to the suggested changes. Straightforward directives: advice, direct suggestions, coaching, homework. Develop an understanding of paradoxical interventions p. 323.

Paradoxical interventions are a way of maneuvering a person or family into abandoning dysfunctional behavior. Be familiar with techniques introduced by Milan systemic therapists p. 326. They began by prescribing no change (invariant prescription) in the behavior because they assumed that symptomatic behavior in a family member helped maintain the system's homeostasis balance. Counterexamples- the family was warned against premature change, allowing the members to feel more acceptable and unblended for how they were, as the team attempted to discover and counter the family paradoxical patterns to disrupt repetitive, unproductive games.

Positive connotation – airframes the family problem-maintaining behavior so that symptoms are seen as positive or good because they help maintain the system's balance and thus facilitate family cohesion and well-being. Rituals – ceremonial acts proposed by the therapist as suggestions or family experiments that are not expected to become a permanent part of family life. Develop an understanding of “ paradoxical letter” Be familiar with ‘ rules of the game’ Have a working knowledge of the Milan techniques p. 328.

Hypothesizing – a continual interactive process of speculating and making assumptions about the family situation.

The goal of therapeutic hypotheses is change, not truth. Neutrality – the therapist accepts without challenge, each members' unique perception of the problem. Circular questioning – below. Know information on circular questioning p. 329 Circular questioning involves asking each family members questions that dress a difference or define a relationship between two other members of the family. The focus is on family connections rather than

individual symptomatically. Have a working knowledge of behavior therapy p. 335. Know information on Albert Ellis p. 337.

Albert Ellis was a New York psychologist and along with Aaron Beck, he is considered to have provided the earliest cognitive framework for couple's work. Ellis (1979) A-B-C theory of dysfunctional behavior: it is not the activating events (A) of people's lives that have disturbing consequences (C), but the unrealistic interpretation they give to the events, or the irrational beliefs (B) about what has taken place that cause them trouble. Have a working knowledge of cognitive-behavioral therapist assessment purposes and working levels p. 342. Include a functional analysis of inner experiences.

Three forms of clinical assessment: self-report questionnaires, individual and joint interviews, and direct behavioral observations of family interaction.

Understand 'cognitive restructuring' p. 338. Cognitive restructuring – an intervention procedure whereby the therapist attempts to modify client thoughts, perceptions, and attributions about an event. Be familiar with therapeutic contracts p. 345. Therapeutic contracts – written agreements between spouses stipulating specific behavioral changes. Each spouse explicitly states what behavior he or she wants increased.

Know information on Stamen's research p. 351. Attempted to develop a scientific basis for helping couples in conflict. Studied body movements, facial expressions, gestures, even the couple's heart rates during conflict with one another, attempting to identify those behavioral and physiological responses essential to a stable marriage as well as those that predict the couple is headed for divorce. Know information about family management

skills p. 353. By changing parental responses, the therapist hopes to produce a corresponding change in the child's behavior.

They teach parents how to reduce and control disruptive behavior in children. Along with educating parents, they now attempt to resolve parental resistance, recognizing that both factors are prime determinants of successful intervention. Be familiar with 'contingency contracting' p. 357.

Contingency contract – a contract is negotiated wherein each participant specifies who is to do what for whom, under which circumstances, times, and places. A formally written agreement that spells out the exchange of positively rewarding behaviors between the relevant parties.

The goal here is to acknowledge the power of both sets of participants to reverse this persistent negative exchange by means of a mutual exchange of positive and cooperative giving of pleasurable behavior. Know the beliefs of functional family therapists and their approaches p. 358. Aims at creating an inflaming relationship focus that seeks to explain the causes of all members behaviors without imputing motives to anyone. They try to modify attitudes, assumptions, expectations, labels, and emotions of the entire family. All behavior is adaptive.

They look at interpersonal payoffs or functions of behavior and help the family to find more effective ways to accomplish the same result. Know information on 'sensate focus' p. 364. Sensate focus – learning to touch and explore each others bodies to discover more about each other's sensate areas, but without feeling any pressure for sexual performance or orgasm. Understand the constructivist perspective in cognitive therapy p. 366.



Constructivist argue that reality is invented and that it is a product of the personal meanings each individual creates.