

# [Marriage and family counseling essay examples](https://assignbuster.com/marriage-and-family-counseling-essay-examples/)

[](https://assignbuster.com/)[Family](https://assignbuster.com/essay-subjects/family/), [Parents](https://assignbuster.com/essay-subjects/family/parents/)

\n[toc title="Table of Contents"]\n

\n \t

1. [Theory for treatment plan](#theory-for-treatment-plan) \n \t
2. [Introduction to the client](#introduction-to-the-client) \n \t
3. [Presenting concern](#presenting-concern) \n \t
4. [Background information](#background-information) \n \t
5. [Systemic assessment](#systemic-assessment) \n \t
6. [The Genogram](#the-genogram) \n \t
7. [Proposed treatment plan](#proposed-treatment-plan) \n \t
8. [References](#references) \n

\n[/toc]\n \n

The case concerns an African American woman, 26 years old who is working but has no kids. She was the only child in the family who was brought up by her mother since her father died while she was 3 years old. The woman had a problem of expressing herself to her mother, so she could tell her grandmother the love feelings she had towards her mother. The three lived together.

## Theory for treatment plan

Understanding an individual’s behavior is a complicated task, which requires a learning experience. Human behavior is unpredictable and complex and trying to understand it requires a high degree of accuracy. Different people have varying characteristic behaviors, and psychologists have come up with different theories to explain why people behave in certain ways. Even when the psychologists put more effort in explaining these theories, people are still not enlightened on their behaviors. According to American Psychological Association (2011), people have difficulties in distinguishing between good and evil since the judgment depends on the individual’s perception on the action. The person’s ego determines their actions, which are affected by the environment, the childhood life, and the individual thinking capacity.

Human behavior takes many forms, and depending on the peoples’ culture some behaviors might be acceptable in one society but opposite in another culture. The problem of misunderstanding creates many issues in the current society where every individual strives to win others even if it means taking their life in order to gain something. Understanding our behavior is very important since is the only way that people can live in peace and minimize the cases of crime, which occur almost daily (Gehart & McCollum, 2008).

Most families are affected by the characteristics of either one or many of their family members behaving in a different manner suggesting a treatment plan. Family therapists play a great role in offering guidance and counseling to such family members and even couples who find difficulties in their relationships. The woman referred in the case needs a theory based treatment in order to overcome her problems. Psychologists have discovered several theories that are useful in dealing with various illnesses found in human beings (Furmark et al, 2002). The American Association for Marriage and Family Therapy (AAMFT) has come up with a dialogue whereby family therapists discuss their experiences on conducting an effective therapy. This led the team developing core competencies whereby therapists are capable of identifying their patients’ problems and deal with it until the client is healed (Nelson, et al, 2007).

After clear assessment of the above case, the best applicable theory for the case above is the solution based therapy. The client had two major issues at hand. To start with in her earlier days she feared her mother and could not express her feeling towards her. This is a clear indication that the patient suffers from inborn fear. Looking at her past life, she lost her father, and this could have contributed to the fear she had. Secondly, the client is working and earning a good salary but has no kids. The solution focused therapy lays more emphasize on; the causes of the problem; how these causes came to be; the means in which they make an individual act abnormally; and come up with a solution based therapy for the problem. The therapist has the following roles; act as a consultant, asking the patient scaling questions, paraphrasing the answers, searching for resources, and giving treatment ideas (Gingerich & Eisengart 2000).

According to Bertram, although people have the necessary strengths in solving their problems their abilities are outworked since most of these problems are too huge for an individual to withstand. The solution based therapy assists clients in changing their attitude from speaking about the problems they experience to looking for the necessary solutions (2010). The solution based therapy is applicable in solving family issues where people are afraid of talking to other family members. The therapy was developed to cater for the need of mental health issues within communities. It also assists in treatment of cognitive behavior that makes an individual behave in a strange manner due to past events (Falk & Leibing, 2003).

## Introduction to the client

The case concerns an African American woman, 26 years old who is working but has no kids. She was the only child in the family who was brought up by her mother since her father died while she was 3 years old. The woman had a problem of expressing herself to her mother, so she could tell her grandmother the love feelings she had towards her mother. The three lived together.

## Presenting concern

The woman represented on the case experienced many problems especially during her earlier ages. The main concern is the fear she had towards her mother after the father’ death when she was 3 years old. The lady has no kids although; at the age of 26, she is still young to have a kid. The client is employed, which brings about confusion since at her age and with a staple job she is supposed to be married. This is a clear indication that the lady still has the childhood fear for her mother. The girl is more open to her grandmother than her mother suggesting that she grew up getting advices from her grandmother. This shows that the lady should be well disciplined and is principled.

Since the girl is very open to her grandmother, she has the responsibility of describing her childhood life (Bitter, 2009). According to Anderson & Gehart, a unique method for case conceptualization should focus on giving problems in a general language system that ensures that a person talking about the problem is also part of that problem. Each individual has his or her different way of defining the problem whereby the difference may be small or sometimes very big (2006).

## Background information

On this section, the therapist should be careful to write information that will be easily understood by anyone who reads the report. Moreover, the client should appreciate the report since it gives true information that has no exaggeration (Lambert & Ogles, 2004). The client was brought up by her mother and grandmother thus missed the father’s care and advice. The client experienced no health problems while growing since the grandmother never reported any incident. On the other hand, the client seems to have experienced childhood abuse and trauma that made her fear her mother. Consequently, the client is afraid of falling in love with any man due to the fear she has been having. Looking at the client’s family, the father died while she was 3 years old. There is a possibility that the client was afraid of both parents since.

## Systemic assessment

According to Rivert (2012), Systemic assessment relates to the client’s interaction with the family and the social network. In assessing the client and rational strengths, she had less individual strengths as seen from her relationship with the mother. She feared her mother so much, which is an indicator of weakness in her life. On the other hand, the client had poor family relationship that could have contributed to her whole life fear. In addition, the girl had no capability of bearing a child, which made her even more stressed since she was becoming old.

Another reason why the girl had no child was because of the fear that her child would also fail to tell her some secrets like she did to her mother. Systemic assessment also deals with interaction pattern problems in a family. The most challenging aspect in solution based therapy is establishing the problems related to family interaction patterns. All what a therapist assumes is that whatever problem a client reveals is always related to the whole family and the solution should come from one of the family members (Gehart, 2006). The client for this case claimed to love her mother so much but feared to tell her. This clearly shows that the mother had the solution to her daughter’s problem but could not speak it out.

Systemic assessment also uses systemic hypothesis in analyzing how symptoms contribute to maintaining good family relationships. On this issue, the client is analyzed the abuse of substance like alcohol. Being under her grandmother the client had no chance of using drugs, which is a clear indication that her problems are family rooted. The poor parent-child relationship contributed to her problems. The girl might have been traumatized by her father’s death making her fear the mother with a belief that she might also die.

## The Genogram

This is therapy assessment instrument used in conceptualizing family problems. It is a model constructed for a family in question with columns containing; ages, names, relational patterns, occupations, medical history, psychiatric disorders, and abuse history (Rubalcava & Waldman, 2004). After getting the clients information in relation to the above, the therapist is able to determine the main cause of the problem and administer the required treatments. According to Catherall and Pinsof, therapeutic alliance concept has proven to work well in family therapy whereby individuals are subjected to keen observant while associating with their family members until they become used to each other (2007). Genogram model slowly assesses and evaluates the problem putting in mind the client’s social-cultural beliefs and norms. The therapist should approach the client gently and with great care not to make her get more stressed.

After assessing the client, the therapist should summarize the findings to the client and ask for her comments. The client’s perspectives matters a lot in conducting a therapy because if the client is not comfortable on information given she will resist treatment. The client should provide the client an opportunity to highlight areas where she disagrees and also give a recommendation on how the work should be planned.

## Proposed treatment plan

The treatment plan will make use of the solution based theory. The therapist should prepare a list of question to ask the client focusing on the current issues faced by the client, but reflect more on past life. Below are sample questions that would help the understanding client’s problems. In the scale of ten, the therapist should administer these questions.   
1. Has this problem happened again in the past? If yes, when?   
2. What differences do you fill if the problem does not happen?   
3. What makes you fear to tell your mother you love her but you tell your grandmother?   
4. What have you tried to do in case you are faced with such circumstances?   
5. What measures do you take to avoid these problems stressing you?   
6. Do you happen to have a boyfriend, either now or sometimes back?   
7. Have you ever gone for a medical checkup?

While administering the therapy the following factors should be put into consideration. To start with, clients have their own social systems that give them go ahead on the changes expected. The therapist has the responsibility of going through these systems and resources thus; assists the clients in making proper use of them during the therapy. Secondly, the therapist should have positive expectations that the client will recover from her illness. Positive expectation is preferred to psychological perspective since the therapist is in a position to discover, and explore all the patient’s problems. Lastly, the therapy requires the psychologist to use indirect modes of communication while addressing the client. The therapist should be broad enough to ask all questions of whichever nature that would assist in quick recovery of the patient (Franklin, 2011).

The following assumptions are made while administering the theory. Firstly the therapist should assume the client has not experienced the stated problem by focusing on the time when the patient has less complains. The competencies developed by AAMFT requires those offering guidance and counseling to ensure they do not cause a patient have flashback memories that might disrupt her healing process (Gehart, 2009). Secondly even if the therapist knows about the client’s problems from another source, there is no need of stressing on more issues as this might make the client lose hope on the treatment. Thirdly the therapist should assume the patient has the necessary resources, and in order to change her a little encouragement is necessary. Finally, the client should assume her future life full of joy and take her problems as a past thing as this assists in quick recovery (Anderson & Gehart, 2007).

The proposed treatment for the above client should not take less than two years. The patient requires a lot of attention especially while relating to her mother. According to Goldpple et al (2004) a psychiatrist would be more appropriate in monitoring her daily moves and reporting the progress to the therapist. On the other hand, the therapist should enquire from the family members when they had a handled a given problem successfully and what contributed to their success. Through this, the therapist grants the opportunity and view problems in a different perspective with an aim of offering the best treatment.

## References

American Psychological Association. (2011). Psychology Is a Behavioral and Mental

Profession. Washington, DC. Retrieved from:   
http://www. apa. org/about/gr/issues/health-care/profession. aspx   
Anderson, H., & Gehart, D. R. (2007). Collaborative Therapy: Relationships and Conversations that make a Difference. New York: Brunner/ Routledge.   
Anderson, H., & Gehart, D. R. (ed). (2006). Collaborative Therapy: Relationships and

Conversations that make a Difference. New York: Brunner-Routledge   
Bitter, J. (2009). Theory and practice of family therapy and counseling. Belmont, CA: Brooks/Cole Pub Co.   
Catherall, D. R., & Pinsof, W. M. (2007). The Integrative Psychotherapy Alliance: Family,   
Couple and Individual Therapy Scales. Journal of Marital and Family Therapy, Volume 12, issue No. 22. pp. 138-142   
Falk, L, & Leibing, E. (2003). The Effectiveness of psychodynamic therapy and cognitive

behavioral therapy in the treatment of personality disorders: a meta-analysis. AM J Psychiatry, 16(1), pp. New York: Wiley pp. 139-144   
Furmark, T, Tillfors, M, Martinsdottir, I, Fisher, H, & Pissiot, A. (2002). Common changes in the cerebral blood flow in patients with social phobia treated with Citalopram or cbt. Archives of General Psychology, 59(5), 425-433.

Gehart, D. (2009). Mastering Competencies in Family Therapy: A Practical Approach to

Theories and Clinical Case Documentation. Canada: Brooks/Cole Cengage Learning. pp. 4-6   
Gehart, D., & McCollum, E. (2008). Teaching therapeutic presence: A mindfulness-based   
approach. In S. Hicks and T. Bien (Eds.) Mindfulness and the healing relationship New York: Guilford. pp. 176-194.   
Gehart, D. (2006). Creating space for children’s voices: A collaborative and playful approach to   
working with children and families. In H. Anderson & D. Gehart (Eds.)Collaborative therapy: Conversations and relationships that make a difference. New York, NY: Brunner-Routledge

Gingerich, W. J. & Eisengart, S, (2000). Solution-Focused Brief Therapy: A Review of the

Outcome Research. Family Process, 39(4), pp. 477-498.   
Goldapple, K, Segal, Z, Garson, C, Lau, M, & Bieling, P. (2004). Modulation of cortical limbic pathways of major depression. Archives of General Psychiatry, 61(1),

Nelson, T. S., Chenail, R. J., Alexander, J. F., Crane, D. R., Johnson, S. M., & Schwallie, L.

(2007). “ The Development of Core Competencies for the Practice of Marriage and Family Therapy”. Journal of Marital and Family Therapy, 33 (4), pp. 417-420

Rivett, M. (2012). Journal of Family Therapy. Association for Family Therapy and Systemic

Practice in UK. Volume 34, issue 4.   
Rubalcava, L. A., & Waldman, K. M. (2004). Working with Intercultural Couples: An   
Intersubjective-Constructivist perspective. Journal of Progress in Self psychology. 20, pp. 127-149