

# Techniques in structural family therapy essay examples

[Psychology](#), [Success](#)



## **Techniques in Structural Family Therapy**

Mrs. Mary Turner is a 37-year-old woman with a history of depression. She is married to Tim Turner, a 40 year old jobless man who is battling alcoholism. Mr. Turner was laid off from his employment in 2008 due to his addiction to alcohol. His job as a long distance truck driver required him to be sober at all times. After several warnings, his employer dismissed him on disciplinary grounds. His wife Mrs. Turner is now the sole bread winner. She is employed as a clerk in a local supermarket chain where she takes overtime and night duty just to make ends meet.

The couple has three children Tim Junior 19, Maria 17, and Trina 14. Tim has been expelled from two schools because of violence and drugs. Currently he is serving 10 weeks of community service for gang related violence. Maria is currently expectant and has refused to tell her parents the person responsible for her pregnancy. This revelation pushed Mary into depression. Their youngest daughter is extremely bright and is doing well in school. However, Mary has noticed that she prefers to stay at her maternal grandmother's two blocks away. When she asked her mother why Trina always goes there, she told her that her daughter was running away from the constant arguments and fighting that happened at home. This is the reason why Mary decided to seek help from family therapists. She wants to make her house a home for her youngest daughter and save her family from destruction.

The therapy process generally involves gathering information on the problem, managing expectations, setting goals and reviewing the entire process (Hanna and Brown, 1999). Family therapy involves similar steps but with more attention to the various persons involved in the process (Nichols, and Schwartz, 2006).

A family in the traditional sense is made up of a father, mother, and children. In recent times families have changed tremendously in terms of composition. Some families are now made up of same sex couples with children. Single parent families have also become common place. Divorce rates are also very high with statistics standing as high as 30% of all new marriages and as high as 80% for subsequent marriages. Due to the pressures of life, many families now prefer to put their elderly parents in elderly homes where they are better taken care of. Immigrant families especially Asians prefer to live with their parents in old age. Such families are therefore often composed of 3 or 4 generations living together.

In recent times, family conflicts have increased leading to many broken families. Several reasons can be attributed to this. Societal values on family have gone down. Divorce has become common because couples are no longer willing to find solutions for their differences. Harsh economic times have also been blamed for many conflicts within families. Job loss and financial constraints bring frustration and even desperation into the home (Hanna and Brown, 1999). Parents and even children have to spend more time working to be able to meet their needs. This reduces the time devoted to building stronger family relations and ties. This lack of family time has led

to a host of other problems especially among the children. Teenage pregnancy, drug use and gang violence are some of the vices children engage in the absence of parental supervision.

Family therapists have to acknowledge all the dynamics of family life in current times. This is because each case is as unique as each family is. Traditional family structures are quickly changing. The distinction between the roles of the mother and father are becoming blurred because of the advent of gay unions. A therapist can no longer guide a family based on what should be but on what is appropriate for the specific client. In the process of helping a family, a therapist has to ensure that they empathize, analyze and give appropriate solutions.

The initial interview session is done to give structure to the entire process. It can be described as the most critical encounter because during this meeting, the therapist has to create rapport with the family. If the therapist fails to make a good first impression, the entire process may be jeopardized. Family members may choose to become uncooperative especially if they feel invaded, insecure or judged. The therapist should avoid coming across as overbearing at all costs. He or she should help the family to feel at ease and comfortable. The clients should also be made to understand that the therapy process is dependent on their willingness to cooperate and that its success is entirely in their hands.

During the first interview, the clients and the therapy sit down together for a session of exchanging information to determine exactly what needs to be

done during the entire therapy session. There are several key elements involved in the process. The first step is usually to getting to know the members of the family and building rapport.

The second key element is examining the referral process. The therapist identifies the role of each member of family in the case and how pivotal they are to the therapeutic process. The next element is deciding who to involve in the process by identifying those who should be involved and finding ways to solve any problems that may arise due to their involvement. The next step is identifying the problems from the clients' point of view and by using other standards. From there, the therapist then helps the family to set goals and finally to develop therapeutic contacts.

## **The Initial Interview Process**

### The Joining Process

I would start by getting to know each member of the family by asking their name and age. This will be done in a hierarchical manner starting with Mr. Turner and young all the way down to the youngest daughter Trina. I would allow them to tell me more about themselves such as what they do, where they live and some of the things they enjoy.

During the joining process, I will put the family at ease by helping them understand that their situation is common and not unique to their family. This helps to normalize the problem and help the family to become more open and accepting of their situation. I will also help them to identify their strengths which they may have overlooked in the face of all the problems

they have been facing. A good example is that they are still living together as a unit while most families are breaking down.

## **Examining the Referral Process**

This process identifies the interactions that may exist within the family or with other external entities. At the end of this process, I will be able to understand the nature of the relationships within the family. I will be able to understand how Mrs. Turner has taken over the role of family bread winner and how her husband allowed alcoholism to hamper his ability to secure employment and provide for his family. I will also be able to understand the parent with the most authority in disciplining the children and who they listen to when reprimanded. I will also be able to identify any other outside parties whose intervention the family members sought and whether or not they were effective. I will then examine past therapies if any attempt to understand why they failed so that I can avoid the same mistakes (Dallos, and Draper, 2007).

Additionally, the process will help me to examine the commitment of the family members to the therapy process. Mrs. Turner was the one who decided to bring her family for therapy. Her husband who is battling alcoholism may not be very cooperative. Her two eldest children may also fail to cooperate because of the rebellious attitude they have adopted towards their parents. The youngest daughter may not have a problem with the process because she needs the quarrelling to end so that she can go back home.

## **Deciding the People to Involve**

Before the therapy process can commence, I will have to ensure that all those who are part of the family and are affected by the problems are present. This is because it is important to solve the problem in its entirety without leaving out any significant members of the family (Hanna and Brown, 1999). I will also consult the family members present on whether there are certain people they would want to be part of the process. I would also ask them to identify individuals they would not want to be present and the reasons why they feel so. If these individuals are very significant, I may have to request the family member who is not comfortable to consider their position. In this case, it may be important to invite the maternal grandmother who may have more authority and respect and therefore the ability to counsel the two elder children.

## **Defining the Problem**

This is the most important stage because problem definition guides the therapy process. The goals and objectives of the sessions will be based on the problems that have to be solved (Dallos, and Draper, 2007). During this stage, I will ask each member of the family what they think the problem is. I will also ask them how long they think the problem has been in existence and how it has affected them.

Another aspect of defining the problem will be helping the family members to identify and acknowledge their contribution to the problem. This will help them to take ownership of the situation and acknowledge that they may have contributed to the problem by either adding to it or failing to do

anything (Simon, 1995). This will help the family to face all the problems that the family is going through.

In the brief of the case, the first problem is neglect of financial responsibility by Mr. Turner. The second problem is caused by his alcoholism which caused constant fighting within the home which has made it inhabitable for their youngest child. The third identifiable issue is the lack of parental control over the children. Tim Junior is suspected of using drugs and having gang affiliations while Maria is going to be a teenage mother. The youngest daughter is avoiding home while Mrs. Turner is battling depression alone without the help and support of her family.

## **Setting Goals**

Goal setting is done based on the problems already identified in the previous stage. It is important to allow the family to come up with their own goals. This helps them to become more committed to the therapy process. The participants can set individual goals which they have to achieve in order to help the rest of the family in the therapeutic process. In the case above, Mr. Turner can set a personal goal to seek treatment for his alcoholism. The entire family can also resolve to have mature conversations instead of shouting at each other.

The goals in this case would be to help Mr. Turner get help and take up more financial responsibility for his family. The other goal is to equip the family with better conflict resolution skills and build the family bond. Finally I will help the parents acquire the skills they need to handle their teenagers. Now,



the children seem to be out of control and the parents do not seem to have any authority over them.

## **Developing the Therapeutic contracts**

In the final part of the first interview session, I will develop a therapy contract with the family. This is a basic agreement between me and the family members what will be done during the course of the treatment. The contract determines the length of the treatment, the number of sessions needed and the individuals who can be allowed during the sessions (Pope, and Vasquez, 2010). The contract also identifies any financial implications that come with the therapeutic process. The contract basically helps the therapist and the client to meet their expectations during the entire process of the therapy.

## **Conclusion**

After creating the contract, I will then wrap up the session by thanking each member for coming for the first step. This is usually the hardest step to take and they should commend themselves for having the courage to take it. I will also appreciate their cooperation and contribution during the session. Finally, I will give them an appointment of the next session based on their schedules and what is convenient for them. When this has been agreed on, I will close the session.

**Dallos, R., and Draper, R. (2007). An introduction to Family therapy. Maidenhead, Open University Press**

Hanna S. M and Brown J. H. (1999). The Practice of Family Therapy.

Brooks/Cole and

Wadworth, Belmont

Nichols, M. P., and Schwartz, R. C. (2006). Recent Developments in Family

Therapy:

Integrative

Models; in Family therapy: concepts and methods. 7th ed. Boston:

Pearson/Allyn & Bacon.

**Pope, S. K., and Vasquez, M. J. (2010). Ethics in Psychotherapy and Counseling: A Practical Guide (4th Edition). Paperback**

Simon, G. M. (1995). “ A revisionist rendering of structural family therapy.”

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