Structural family therapy

Health & Medicine

StructuralFamilyTherapy (SFT) has a few interventions within the theoretical model that I could see myself using with clients (families) from diverse backgrounds with diverse presenting problems. I am in agreement with the way this model looks at the different types of families and the types of issues they present with such as the patterns common to troubled families; some being " enmeshed," chaotic and tightly interconnected, while others are " disengaged," isolated and seemingly unrelated.

This model also helped me understand that families are structured in " subsystems" with " boundaries," their members not seeing these complexities and problems that are going on between them. Compared to the four family and couple therapy models in this paper, I think this model fits the most with Adlerian assumptions for the following reasons. This model understands and speaks to the complexities in the family system, the roles that each member takes on how they relate to each other, of power, and hierarchy, thus treating the family system holistically.

This is also similar to the emphasis on democratic parenting skills that Adler focused on, with the aim to help families understand that relationships based on power and hierarchy are not effective in the long run. A few other similarities between SFT and Adlerian interventions are the use of reenactment, metaphors, and focusing on the family’s strengths to work toward a common goal of a changing the existing structure of the family to a healthier one. Role of the Therapist:

When using this model, I would be comfortable as the therapist as my goal would be to join the system using myself to transform it. In that role, I would

be active and directive, determining the structure of the therapy and facilitating the process. This model may work better with families from diverse background because frompersonal experienceand understanding, it may be easier for Asians to let the therapist take on the facilitator role, structuring and directing because most Eastern cultures and families are run that way.

I like the aspect of this model where the therapist seeks to change the maladaptive patterns by choreographing family interactions in session in order to create the opportunity for new, more functional interactions to emerge, using the major techniques of joining (engaging and entering the family system), diagnosing (identifying maladaptive interactions and family strengths), and restructuring (transforming maladaptive interactions). By learning how to use this model well, I could learn to assess and facilitate healthy family interactions based on cultural norms of the family being helped when using this theoretical model in practice.

Interventions: Most of Minuchin’s interventions under this model resonated with me, however it seems as if this model (and Minuchin himself) tends to be quite directive, I will have to keep in mind that for some families this may not be the best approach to take because they may find it offensive and crossing their (the family’s) boundaries. I also think that with the use of common sense and after building an alliance with the family, the direct approach can be a healthy no-nonsense way of helping the clients see the problem, and facilitating change may not be a process that gets dragged on for months.

I think practicing the intervention of joining could benefit me as a therapist because I as the therapist would support specific behaviors or verbalizations to increase the strength and independence of every member of the family, subsystems, and alliances. I could do this by adjusting to thecommunicationstyle and perceptions of the family members to “ join” the system, making the goal to establish an effective therapeutic relationship with the family. I can also resonate with using restructuring where I would be able to utilize therapeutic interventions that bring about change through modification in the family structure.

Functional Family Therapy Theory: Functional Family Therapy (FFT) is a theoretical model that fits with me for the following reasons. FFT’s three intervention phases- engagement andmotivation, behavior change, and generalization- are straight forward techniques for the therapist to follow and interventions that are interdependent. I like the systematic approach to understanding families in this model, and that it can be used as a prevention and intervention model when dealing with family systems. I think this model is quite similar ith Adlerian assumptions because the use of techniques such as engagement and motivation establishes a family-focused perception of the presenting problem that serves to increase the family members hope and expectation of change, decrease resistance, improve alliance with one another and create greater trust between family and therapist, reduce negativity within family, and assist in buildingrespectfor individual differences and values. Clinicians provide concrete behavioral intervention to guide and model specific behavior changes such as parenting, communication, and conflict management.

Role of the Therapist: As a future therapist whose goal is to practice with diverse populations, I would be comfortable using functional therapy because of the flexible integration of clinical theory as part of the model's design which offers an opportunity to meet families where they are most comfortable, understand and encourage their natural social networks and to provide culturally and linguistically responsive services as truly part of the treatment process.

I think this model has flexibility and extends to all family members and thereby results in effective moment-by-moment decisions in the intervention setting, thus being systemic and individualized. In my personal opinion and experience, I find that the field ofpsychologyis lacking in diverse cultural competencies as much as the society is diverse in its population.

I believethat as with using any theoretical model, the therapists' cultural knowledge needs to include understanding of the many cultural considerations influencing the effectiveness of treatment when dealing with clients from diverse backgrounds. When servicing the individuals in the family, care and attention needs to be directed towards family and community norms and values around help seeking, secrecy and confidentiality, family roles, child rearing and spiritual practices.
Interventions:

One of the main interventions of Functional Family Therapy that resonates with me is that one of the primegoalsof this model is to identify the primary focus of intervention (the family) and reflect an understanding that positive and negative behaviors both influence and are influenced by the

relationships each family member has with one another. Therefore, making functional therapy a multi systemic program, meaning that it focuses on the multiple domains and systems within which families live and interact with one another.

Within this context, FFT works first to develop family members’ inner strengths and sense of being able to improve their situations by using skill building techniques. These characteristics provide the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems. As hopeful as it may sound, when using this theoretical model, I as the therapist could lead the family to greater self sufficiency that work for them as a team, and not against each other. Solution-Focused Therapy Theory:

The way the Solution-Focused Therapy (SFT) theoretical model fits me is that it focuses on exceptions to the family’s problem, working towards a change in behavior which can naturally develop through this process. I think this model is similar to the Adlerian assumptions where it is future oriented and personally, I think it is quite an insight-oriented model, not getting too deep into one particular family member's " pathology," but rather focusing on what the system can do to adapt to it, and allows the family decide if that " pathology" is a problem or not.

Like the Adlerian model, SFT looks at the family system holistically, taking every member into account yet working as a whole towards a common goal of having a healthier relationship with one another. I think this is an essential aspect in family therapy because he therapist is not only dealing with one

individual, but a few, with differentpersonalitytypes and world views. Role of the Therapist:

The aspects of this theory that I like is that it differs from some traditional therapy models and does not focus on the cause of the family’s problems nor dictated the way the family is supposed to work, but focuses more on a better approach that moves the family focus off of what is wrong and onto what is right, stresses the resources and skills clients already have and bring into therapy, and helps the family members take on the role of the experts (which they hold anyway) and takeresponsibilityfor setting their own goals and reaching them.

Putting this into practice, I would see the family not become stuck in a passive and helpless role as a family unit, locked into a problem narrative they rehearse over and over again, but more active participants in the therapeutic process. From the South-East Asian perspective, this model could be effective working with multi-cultural families because the therapists maintain a future more directed focus, with language like " as things get better... " " lets work on positive reinforcement with the kids this week... ".

From my personal experiences and observations, because the idea of therapy is still a very new, almost unpopular concept, it is difficult for South East Asians to do too much ‘ processing’ of a negative situation, and would rather prefer to focus on the positive, which in turn may give them insight into the negative, leading to a positive change. Interventions: The intervention that resonated with me in this model is that solution building is the goal, and as the family changes the language that shapes how they think

about the problem, they change the language that shapes how they think about the solution.

This model does not put too much emphasis on what is missing and that which causes woe for the family, but what is positive and present and that which can lead to a healthier relationship amongst the family members. From my viewpoint, there are quite a few similarities between SFT and the interventions used in the Adlerian model that resonate with me personally and I will use as part of my interventions in the future. For example, asking each member the ‘ miracle question’ such as “ if one night you were sleeping and a miracle happened and fixed this (the presenting problem) problem, what would that look like? As it is the goal from the Adlerian perspective, the key with this question from the SFT perspective is not to immediately " find the cure", but rather to refocus their attention on the elements they need to construct a new and positive story of how their life is going to be. I also like the intervention in this theory that rather than summing up what the therapist thinks the client is saying, the therapist asks questions to focus and direct the client's thinking and view; which in turn gives the other family members a chance to listen and understand where the family member is coming from as well.

The solution may not even look like it will fit or resolve the problem, however a small enough change will nudge the system in a different direction and that may be all that is needed for the family to move towards a positive change. Integrative Behavioral Therapy Theory: Integrative Behavioral Therapy (IBT) is a newer model based on traditional models of behavioral couples therapy. In this particular model, one of the goals of therapy is to

help the couple understand that some problems can be resolved by compromise, but realistically some likely can not.

Also, the aim for this model is to help the couple see that it is not the incompatibilities, but the rigid, negative, and excessive emotional responses that can develop from these unresolved issues that creates the problems and misunderstandings between them. I do believe the models of this theory because it is helping the couple realize that talking about how they feel and think about problems sometimes is necessary before they go on to accept them.

Also, I like the approach of the theory that most partners can learn ways to alter the negative emotional responses they have to problems, responses that make them, as well as their partners, unhappy. However, on the other hand, this theory tends to have an optimistic approach that most partners can learn new ways to resolve relational problems, but realistically human behavior is not as easy to change as this theory predicts it can. Role of the Therapist:

I can see myself using parts of this theoretical model for the following reasons. I think this model has somewhat of a no-nonsense approach and suggests that simply talking about how one feels and thinks about a problem is not very helpful; rather, teaching the couple to do something about it is what can really help them. However, for the partners to learn ways to break bad patterns of behavior that cause problems in their relationship, as this model suggests, is easier said than done in some relationships.

As this model suggests, most partners can learn new ways to compromise and resolve problems, making each other happier, it is a concept that may be quite challenging for couples to put into practice outside of the therapeutic setting, where they have the therapist to play the role of the coach in their relationship. Therefore, as much as I love the idea of a couple not only talking the talk, but walking the walk, this may be a struggle with most couples who are stagnant in their ways and thoughts, it would certainly take it’s time (as well asmoney) in putting this theory into practice.

Interventions: While I could see the interventions in this model being a little easier to work with when working with an individual, it would be difficult with a couple because I would not only be dealing with one personality type, but two different one’s, sometimes very different. Further, at the end of therapy, it is hard to know if the couple will recover from their problems well enough to have a healthier relationship. Thus, not knowing that the initial improvements that the couple works on during therapy even appear to last as the couple goes onto being and making it on their own.

The addition of a " communication skills" to this therapy may be able to help improve the lasting effect of treatment to some extent for the couple. Emotion-Focused Therapy Theory: The theoretical model of Emotion-Focused Therapy (EFT) would be a good fit for me for the following reasons. The speaking and understanding of emotions is a huge part of any/every relationship, and this theory views both partners as lacking in some skills in misunderstanding such emotions; men need to expand their emotional repertoire and women need to feel powerful enough to express their needs.

Also, validation of one’s feelings, i. . fear, sadness, hurt, anger, is an important part of growth, intimacy and understanding between a couple. It is when emotions are not heard or misunderstood that couple’s begin holding grudges and the relationship undoubtedly suffers. That is why this model of therapy is so important, is because it focuses on an individuals emotions, which is one of the most salient parts of change in human behavior, in turn validating the partners' emotions and attachment needs, responding genuinely to the partners individually, and try to stir the two partners' own ability to heal themselves and their relationship.

In my opinion, EFT is humanistic based, and believes the couple can heal itself. This way, I as the therapist should not be doing more work than the couple, rather leading them in a direction that does not shows a patriarchal pathologization of connection and attachment (women's ways of relating), and idealization of separation and individuation (men's ways of relating).
Role of the Therapist:

I would be comfortable using this theoretical model in the future for the following reasons. I believe that in this model the therapy session is used as a healing time where a corrective emotional experience between partners happens, and it is that process that leads to the method of therapeutic change. EFT has the unique factors of seeing change in therapy where there is focus on the partners emotions, in turn leading the therapist to empower the clients.

When used in a clinical setting, I believe I would benefit from using this model because I would be able to help my clients understand that when one

partner expresses their underlying feelings, the other should change their perceptions in an understanding way after hearing their feelings. Also, with this model I would be able to teach my clients to learn to understand their underlying emotions and to productively express their emotional needs to their partner. Foremost, pointing out to my clients that they both need to take responsibility for their emotional needs and to be able to receive validation from the other partner for those needs.

Being from a South-East Asian background, I have noticed that I am pulled towards therapy models that are culturally sensitive. EFT is culturally sensitive as universal emotions between the couple are examined, but placed in a personal cultural context. For example, shame is universal, but shame takes on an additional role in the Pakistaniculture. Anger is universal, but often takes different forms when men and women express it. Responsibility is universal, but what's " a man's responsibility" and " a woman's responsibility" is determined but the culture's views of marriage.

Interventions: One of the interventions in this model that resonated with me is that I, as the therapist, have to seek out vulnerable emotions in my clients, and very slowly build the awareness of them, an example can be of moving from " uncomfortable" to " upset" to " hurt" eventually. On the other hand, this may be difficult to do in some clients with a South-East Asian and/or Asian and/or Middle Eastern descent because most individuals from that region find it difficult to face their emotions or being vulnerable in front of a ‘ stranger’ (the therapist) because of cultural upbringing.

Hence, it may be a challenging concept to bring into practice when dealing with population from the East because most people from that part of the world are raised and taught to conceal their emotions and not expose them to show one’s vulnerability, which in turn means being afailurefor individuals. This means, I as the therapist will probably need to take more time building a relationship alliance with my clients so we can make use of the valuable interventions that this model provides.

Another salient part of this model I can see myself using in practice is when I am uncovering the “ primary” or underlying emotions, I notice the language the partners use. For instance, the partner's may say things like " I feel like I'm drowning,” it may seem dramatic, but it captures an intense, painful, and powerful emotional experience of the individual. I can point out to my clients that the “ secondary” emotions of anger and resentment are far easier to show and talk about which many couples end up doing.