

Evaluation of structural family theory



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Structural Family Theory

Introduction

“ Is primarily associated with the work of Salvador Minuchin” (Gehard, 2014, p. 125). Salvador Minuchin was trained as a pediatrician and child psychology and is the originator of Structural Family Therapy. Minuchin was born and raised in Argentina and lived in Israel for two years. In 1954, Minuchin accepted a position working with delinquent boys and their families. Minuchin and the team did not have a specific model to follow and constructed one as they went along. In 1967 the book “ Family of the Slums”, written by Minuchin and his colleagues, was published as the first book describing Structural family therapy. Other books have been written describing the updates and refinement to the theory including family diversity (Gerhard, 2014).

“ It maps family structure – boundaries, hierarchies and, subsystems- to help the client resolve individual mental health system and relational problems (Gehart, 2014, p. 125). There are common terms used in the implementation of structural family therapy. These terms define the different aspects the therapist will focus to create the case conceptualization and implementation. The following terms will be described in this assignment: Boundaries, hierarchies, coalition, and enactments.

Focusing on the implementation of this theory, Minuchin identifies three main phases of structural family therapy:

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- Joining and accommodation: This is the initial part of the process when the therapist makes a connection with the individual or the family.

 - Map the family structure: where the therapist begins the process of creating case conceptualization and assessment. The therapist will evaluate the symptoms, roles in the family system including subsystems, boundaries, and family strengths. Case goals will be developed after conceptualizing the case. In this process, the therapist's helpful opening questioning will create a trustful environment where the clients feel their opinions and points of view, in regards to the problem, are taken into consideration (Nichols & Tafuri, 2013).

 - Intervention: the therapist will use different strategies to implement the intervention. Boundary making actively creates boundaries interrupting the homeostasis and allowing members of the family to use different skills that they probably never use before. The family members will change the roles of authority. This intervention will include the challenging of family assumptions or worldview. The therapist may use crisis induction, unbalancing and expanding family trust and realities. The role of the therapist during the intervention is not only as a director of the movie, but it is also an actor's role when the members of the family stop responding (Colapinto, 2019).
- Minuchin and his colleagues redefined the implementation of this theory by creating techniques to work with cultural diversity. The structural family therapist actively engages taking an expert stance and implements an approach that fits with the diverse family traditions including different culture, education, gender, religion, socioeconomic, etc.

1. Structural Family Therapy Terms.

- Boundaries
- Hierarchies
- Coalition
- Enactment

2. Therapy Phases.

- Join the family and accommodate to its style.
- Map the family structure boundaries, and hierarchy (evaluate and assess).
- Intervene to transform the structure to diminish symptoms (address the problem identified in the assessment).
- Family Assumption's Challenge.
- Crisis Induction
- Unbalancing
- Expanding Family trust and Realities
- Structural Closing Phase

3. Working with a diverse population.

Conclusion

Focusing on the individual's family instead of the individual will illuminate the root of the problem. Identifying the root of the problem and creating strategies to change the behavior dynamic will, as a consequence, eliminate the problem. The Structural family therapist will conceptualize the case by finding the root of the problem with active interaction with the family and creating a set of goals to change the family dynamic or homeostasis. To implement these changes a series of techniques will be used to trigger the behavior changes established in the goal plan. Assessing every change result will guide the therapist to continue to the next step.

Structural Family Therapy should demonstrate that his theories, methods and, techniques are compatible with the existing and growing cultural complex diversity in the 21s Century (McAdams et al., 2016). It is a priority for the therapist to consider family diversity while conceptualizing a case. Case conceptualizations are designed by the development of effective communication while enhancing the therapist-client relationship. While exchanging information, the therapist will identify the family diversity giving him a clear perspective of cultural traditions, genre preferences, socioeconomic background and religion or spirituality. This information will help the therapist create a more effective intervention plan.

The National Exam Preparation text describes Structural Family therapy indicating that symptoms can be identified through assessment of the family structure. Implementing changes to reorganize the family structure will help the family to gain or re-gain the most effective homeostasis patterns.

Reference

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