



# Family Therapy Techniques

## Working with Challenging Families

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# Definition of Family Therapy

Family therapy is a type of psychotherapy that involves all members of a nuclear family or stepfamily and, in some cases, members of the extended family (e.g., grandparents).

A therapist or team of therapists conducts multiple sessions to help families deal with important issues that may interfere with the functioning of the family and the home environment.

# A Note on Families

- Families can differ in structure, make up and number
- Families have their own rules, values and language- and these matter when treating them
- The therapist needs to understand who is in the family as well as the rules, values and family language
- Cultural factors and multigenerational patterns have strong influences on families; what differs is how much and in what manner the therapist explores and addresses these



# Specific Goals of Family Therapy

- ❑ Facilitate and improve communication
- ❑ Shift and change inflexible roles, rules and coalitions
- ❑ Model, educate and myth dispelling
- ❑ Strengthen the family system
- ❑ Understand and handle challenging family situations
- ❑ Increase separation and individuation of family members
- ❑ Strengthen the relationship between parents
- ❑ Solve family problems and improve home environment







# Examples of When/How to Use Family Treatment

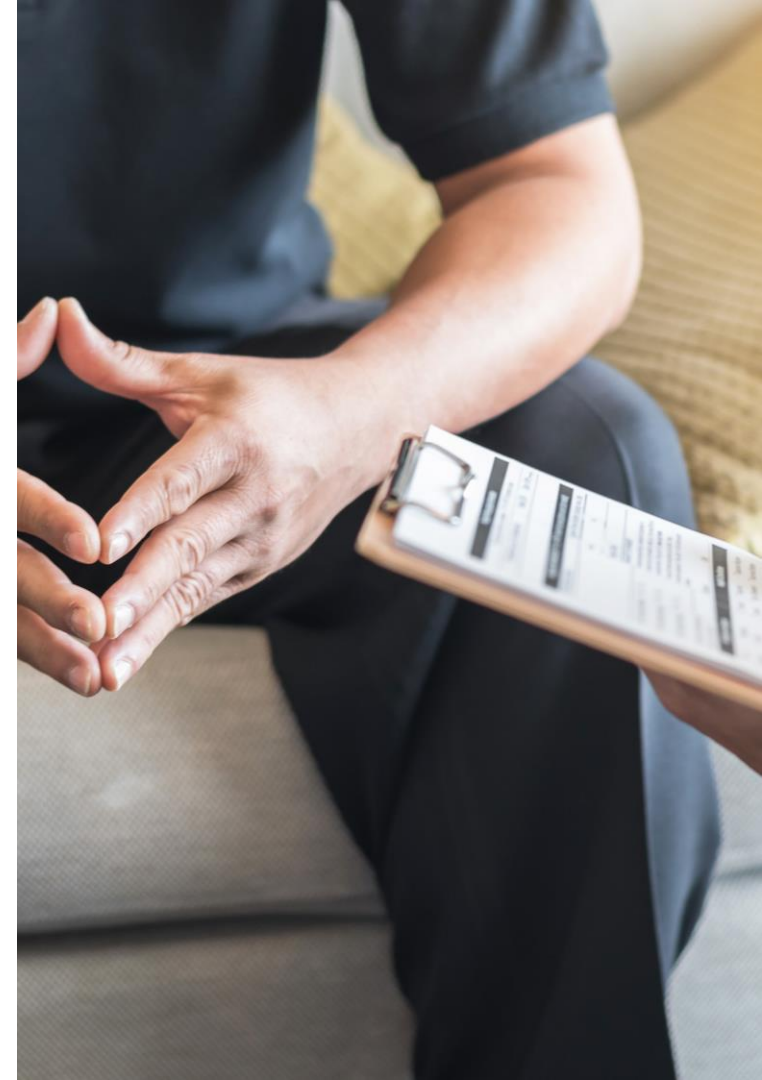
For families with one member who has a serious physical or mental illness, family therapy can educate families about the illness and work out problems associated with care of the family member.

For children and adolescents, family therapy most often is used when the child or adolescent has a personality, anxiety, or mood disorder that impairs their family and social functioning, and when a stepfamily is formed or begins having difficulties adjusting to new family life.

Families with members from a mixture of racial, cultural, and religious backgrounds, or with differing parenting styles and expectations may benefit from family therapy.

# Types of Family Therapy

- \*Bowenian
- \*Structural
- \*Strategic
- \*Brief Strategic
- \*Brief Solution Focused
- Narrative
- Systemic
- Transgenerational
- Communication
- Psychoeducation





# BOWENIAN FAMILY THERAPY





# Bowenian Family Therapy

Bowen's theory focuses on the balance of two forces. The first is togetherness and the second is individuality. Too much togetherness creates fusion and prevents individuality, or developing one's own sense of self. Too much individuality results in a distant and estranged family.

Bowen believed that optimal family development occurs when family members are differentiated, feel little anxiety regarding the family, and maintain a rewarding and healthy emotional contact with each other.

Bowen introduced eight interlocking concepts to explain family development and functioning.



# Bowen's Eight Concepts

1. \*Differentiation of Self
2. \*Triangulation
3. Nuclear Family Emotional Process
4. Family Projection Process
5. Multigenerational Transmission Process
6. Sibling Order
7. Emotional Cut Off
8. Societal Emotional Processes





# Differentiation of Self

Families and other social groups tremendously affect how people think, feel, and act, but individuals vary in their susceptibility to a “groupthink” and groups vary in the amount of pressure they exert for conformity.

These differences between individuals and between groups reflect differences in people’s levels of differentiation of self. The less developed a person’s “self,” the more impact others have on his functioning and the more he tries to control, actively or passively, the functioning of others. The basic building blocks of a “self” are inborn, but an individual’s family relationships during childhood and adolescence primarily determine how much “self” he develops.

Once established, the level of “self” rarely changes unless a person makes a structured and long-term effort to change it.



# Case Example #1

Mark is a 21 year old male who is currently attending a liberal arts college. He is completing his junior year and is in discussions with his family about his future plans.

Both of Mark's parents are doctors and they have encouraged Mark throughout his education to focus on math and sciences. Mark is aware of their expectations but has been procrastinating in taking the steps necessary to apply to medical school, including taking the MCAT, taking some required classes and looking into potential schools. Mark's parents are getting increasingly angry at him for his procrastination and family arguments have been increasing.

Mark is seeking treatment due to an increase in anxiety, poor sleep and decreased functioning in school, including missing classes, missing assignments and poor grades.



# Case Example Treatment

- How would a therapist address this case in terms of Bowen's theory and the focus on differentiation of self?
- What could be potential issues underlying Mark's symptoms from Bowen's perspective?
- What interventions would be most effective?



# Triangulation

Triangulation is a process that occurs when a third person is introduced into a dyadic relationship to balance either excessive intimacy, conflict, or distance and provide stability in the system.

Bowen saw triangulation as a way to reduce anxiety in a dyadic relationship.



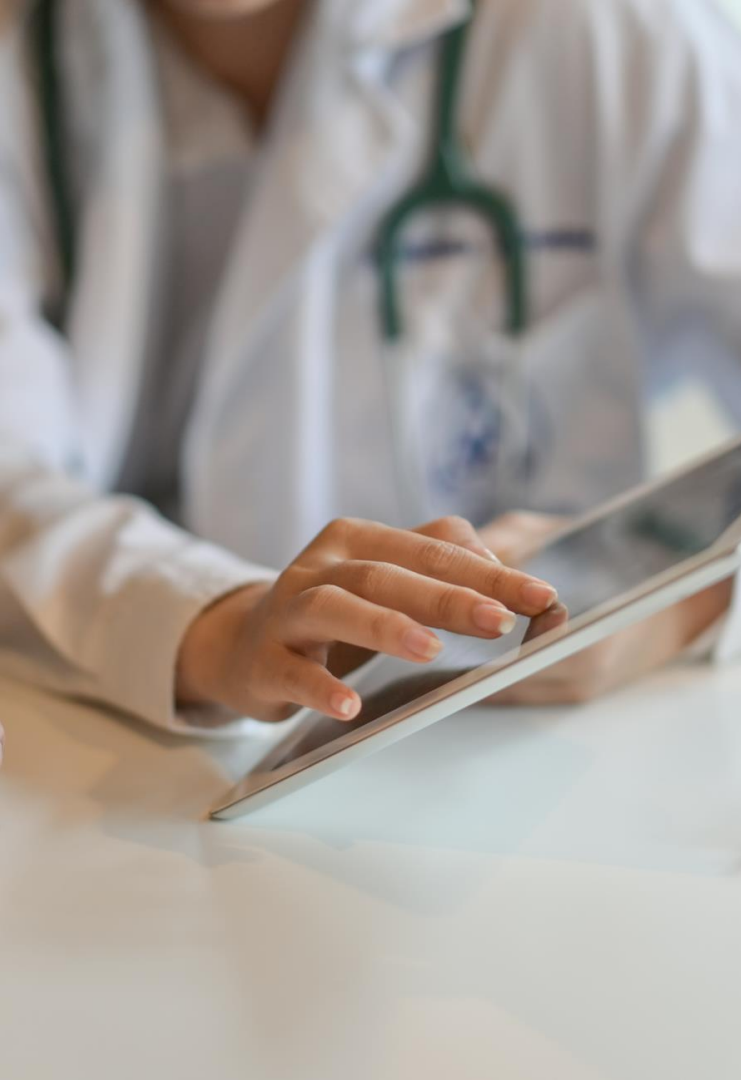
## Case Example #2



Jeanette and Tim have been married for seven years when they seek couples counseling. Tim complains to the therapist that each time the couple argues, Jeanette phones her mother, Barbara, to vent.

Tim has become uncomfortable around his mother-in-law, feeling as though Barbara has formed a negative opinion of him as a result of these conversations. Tim also feels that the involvement of Barbara makes it more difficult for him and his wife to work on their marriage together.

Jeanette insists that she has tried and failed to talk things out with her husband and that she needs her mother's input in order to resolve her feelings. Jeanette has shared her concerns that if she does not speak to her mother, she will become more depressed and it will negatively affect the marriage.



# Case Example Treatment

From a Bowenian therapist perspective, this case is an example of triangulation.

What interventions would Bowen recommend to help this couple?

**Note:** *It is typical for families to attempt to involve the therapist in the triangulation by trying to get them to agree with one side. It is the therapist's job to ensure that they are NOT pulled into a triangulation as this will prevent the family members from being able to address and resolve their conflicts.*



# Treatment:

## *Moving Theory to Practice*

The main goal of Bowenian therapy is to reduce chronic anxiety by:

- Facilitating awareness of how the emotional system functions
- Increasing levels of differentiation, where the focus is on making changes for the self rather than on trying to change others



# Stages of Treatment

1. Stage one aims to reduce clients' anxiety about the symptom by encouraging them to learn how the symptom is part of their pattern of relating.
2. Stage two focuses adult clients on 'self' issues so as to increase their levels of differentiation. Clients are helped to resist the pull of what Bowen termed the 'togetherness force' in the family.
3. In the latter phases of therapy, adult clients are coached in differentiating themselves from their family of origin, the assumption being that gains in differentiation will automatically flow over into decreased anxiety and greater self-responsibility within the nuclear family system.



## Techniques

- *Genograms*
- *Process Questions*
- *Relationship Experiments/Role Play*
- *“I” Statements*

## Role of Therapist

- *Neutral Party*
- *Coach*
- *Educator*

## Therapy Goals

- *Increase Differentiation*
- *Reduce Emotional Reactivity*
- *Help Detriangulate from Family of Origin*
- *Reframe Presenting Problem as Multigenerational*
- *Opening Closed Ties*
- *Education*

## Case Example #4

The Smith family were referred for family therapy by the individual therapist of the sixteen year old daughter, Tanya.

Tanya had been hospitalized by her doctor the previous month due to self injurious behavior and suicidal thoughts with a plan to overdose.

To date, the family had been only peripherally involved in her treatment but were now feeling that they could no longer remain on the sidelines when the risk levels were so high.

Hospitalization had also intensified family reactivity, with Tanya blaming her father for allowing her freedom to be taken away, both parents feeling angry about her lack of progress and ongoing self injurious behavior, and her nineteen year old sister questioning how Tanya could put her family through so much worry.



# Treating the Family from Bowen POV

1. Focus on the family and the anxiety felt by each member. Allow the individual therapist to focus on keeping Tanya safe, but explore the fear and anxiety of each family member and the system as a whole using “I” sentences.
2. Explore nuclear family issues: have there been recent changes to family structure?
3. Explore triangulations that exist in the family dynamic as well as how fused and differentiated family members were from each other with process questions.
  - a. **To Tanya:** *“I know you’ve become an expert at being the emotional voice for your parents, but what would you say, just this once, if you could speak for your own needs?”*
  - b. **To the parents:** *“Do you have any sense of when you first started to take Tanya’s symptoms so personally, as if they were directed at hurting you?”*
4. Expand view to previous generations by connecting current issues to multigenerational themes of how things were handled in family of origins.
5. Assist them in understanding the family system through role plays and asking members to act “as if.”
6. Help Tanya to differentiate her sense of self, reduce negative triangles and educate family on how their patterns have contributed to the issues and what changes are needed to reduce anxiety and improve family health.

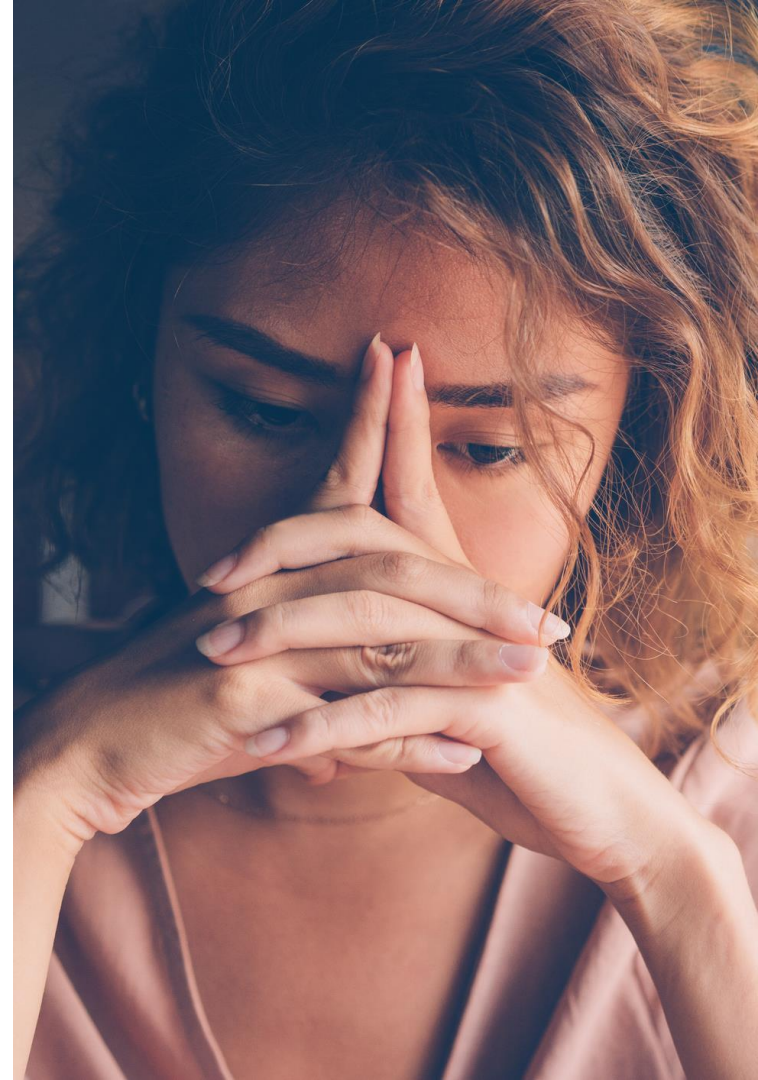


# Criticisms of Bowenian Model

The wider focus of Bowen's model can be a drawback in that many clients want only to address symptom relief in the nuclear family.

It has also received its share of criticism from a feminist perspective as Bowen, along with other male family therapy pioneers, has been thought to have paid rather too much attention to the mother's contribution to symptom development in the child.

It is asserted that Bowen's therapy focuses on being rational and objective in relation to emotional processes, which relegates to a low priority the expression of emotions in therapy.





# STRUCTURAL FAMILY THERAPY

# Structural Family Therapy

The name associated with SFT is Salvador Minuchin.

Structural therapy focuses on adjusting and strengthening the family system to ensure that the parents are in control and that both children and adults set appropriate boundaries.

In this form of therapy, the therapist “joins” the family in order to observe, learn, and enhance their ability to help the family strengthen their relationships.

Focus is on boundaries.



## Three Axioms – *Salvador Minuchin*

1. The individual's emotional functioning is not entirely an internal process. The individual influences their context and is influenced by it in constantly recurring sequences of interaction. The individual who lives within a family is a member of a social system to which adaptation must happen.
2. Changes in family structure contribute to changes in behavior and the inner psychic processes of the members of that system.
3. When a therapist joins with a client or a client's family, a new therapeutic system is formed that has a greater capacity to make change.

**Keys: Family structure, family subsystems and boundaries**



# Boundaries in Structural Family Therapy

\_\_\_\_\_ Rigid Boundary (Disengagement)

----- Clear Boundary (Healthy Range)

. . . ..... Diffuse Boundary (Enmeshment)

Boundaries range from rigid to diffuse.

- Rigid boundaries lead to disengagement.
- Diffuse boundaries lead to enmeshment.

A combination of the features of rigid and diffuse is considered as healthy (clear) boundaries.

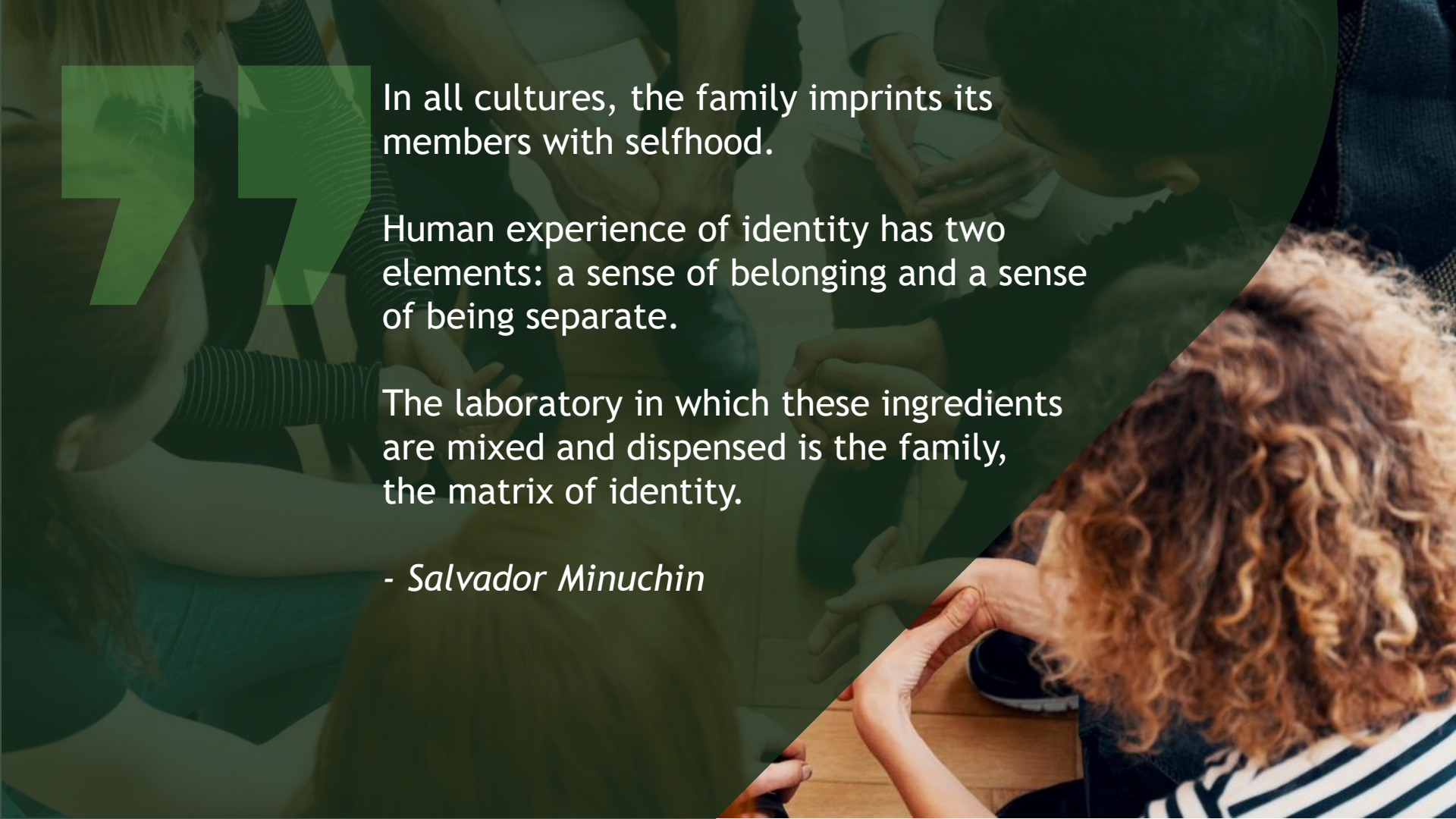


# Identity Within Family

To have a healthy sense of identity, people need to have two experiences provided by their family:

1. Sense of Belonging
2. Sense of Being Different

This can only happen with defined, healthy and flexible boundaries.



In all cultures, the family imprints its members with selfhood.

Human experience of identity has two elements: a sense of belonging and a sense of being separate.

The laboratory in which these ingredients are mixed and dispensed is the family, the matrix of identity.

- *Salvador Minuchin*

# Structural Family Therapy

A Therapy of ACTION.

The identified goal of structural family therapy is to make the family more adaptive. In contrast to many other therapeutic approaches, insight is not viewed as essential for change to occur.

Emphasis is placed on modifying the present, not exploring or interpreting the past.

Your target of intervention in the present is the family system, which you join and use yourself to transform it.





# Three Steps of Structural Family Therapy

1. The therapist joins with the family. You will know that you have successfully joined with the family when members interact freely, allowing you to see how they interact in their daily lives.
2. The therapist unearths, evaluates, or diagnoses the underlying family structure.
3. The therapist creates circumstances that will restructure the family system - this may require unbalancing, raising intensity, and disorganization and reorganization.

One key is that the focus is on modifying the family structure **WITHIN** the immediate context of the family session.

# Step One:

## *Joining the Family System*

Establish a connection, make family members feel comfortable, respected, and heard.

You need to accommodate your own behavior to adapt to a style that is more closely matched to the family.

Rather than being a neutral and an unbiased observer, the therapist must adapt to relate to the family's style, hierarchy and rules.

There are two main goals, and the balance of them is crucial.

1. Accommodate to the family.
2. Maintain yourself in a position of leadership within the therapeutic unit.





# Case Study

Sally is a middle-aged Caucasian therapist. She tends to be soft spoken and speaks in a professional manner. Her style typically is to remain calm, neutral and to avoid strong emotional expressions.

She is referred a young Hispanic family who enter into the session. This family's style of communication is loud and brash; they tend to speak with their hands, curse a lot and tease each other mercilessly.

Sally's goal is to join with this family in a manner typical of structural family therapists.

What behaviors could she engage in to assist with this process?

How difficult may this be for her?



# Specific Techniques for Step One

## - Joining

- **MAINTENANCE:** Giving support for the family structure that currently exists, acknowledging and maintaining it temporarily to reduce anxiety
- **TRACKING:** Monitoring content by asking clarifying questions and encouraging communication
- **MIMESIS:** Copying or mimicking a family's style of communication and their specific behaviors, including body positions, movements, and verbal styles
- Openly enjoying family humor
- Expressing affection for the family
- Confirming, supporting and providing praise - strengths based approach



## Step Two:

### *Conceptualizing the Family - Diagnosis*

In individual therapy, the diagnosis refers to the intrapsychic condition of the identified client.

In contrast, in family therapy the diagnosis refers to the process or pattern that gives rise to the symptomatic behavior.

Four key elements to be considered in a SFT diagnosis:

1. Organization
2. Resonance
3. Life Context
4. Identified Client





# Organization –

## *The Three Key Aspects*

1. **Leadership:** The distribution of authority and responsibility. Is it adaptive? What is the hierarchy? Who has the most behavioral control? Who provides guidance to the rest of the family?
2. **Subsystems:** Small groups within the family that are made up of members with shared characteristics (age, gender, role, interests, abilities, etc.). Are these subsystems appropriate? How are the boundaries within and between them?
3. **Communication Flow:** Healthy communication is defined as direct and specific. Indirect communication is seen as leading to role confusion and poor boundaries.

# Resonance

The degree of emotional closeness between family members:

- High Resonance Families: Very permeable boundaries, can lead to difficulty with becoming an individual and emotional spillage (i.e. enmeshment).
- Low Resonance Families: Boundaries are extremely rigid and people may be more emotionally distant, lack support and have difficulty communicating.

Note on Resonance: There can be significant cultural influences on resonance, so this must be considered; however, it is also necessary to determine if a particular way of interacting is causing problems for a family (even if it is typical of their culture), and to explore and address it as needed.







# Life Context

Life context includes the sources of support and stress for the family. This can include such things as:

- Extended family
- Community where the family resides
- Work and employment
- Peers, schools, courts, and other institutions involved with the family

Assess family developmental stage:

- Are parents/guardians able to act as caregivers at a level appropriate to children?
- How well do partners cooperate and share parenting functions?
- Are children acting in an age appropriate manner?
- Is there support- either healthy or intrusive- from extended family?



# Identified Client

The therapist needs to explore and determine the ways in which the identified client's symptoms are used for the maintenance of the family's recurring patterns of interaction.

How much do they blame the identified client for? The family that blames one person for most of their troubles will struggle more in accepting that change needs to involve the whole family.

Your job as family therapist is to alter not only the person who displays the problem behavior but also the manner in which all family members relate to each other.

Examine any unidentified issues in other family members. The family may disregard any problems or symptoms in family members who are NOT the identified client.



# Diagnosis

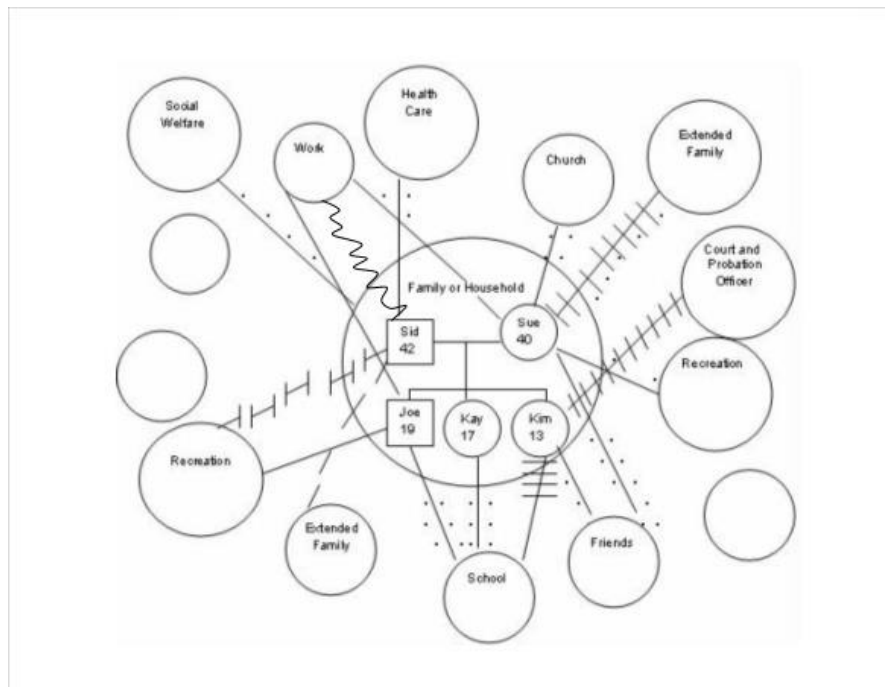
## Using a Family Map.

Once you have all of the information, you can use that to map the family.

Mapping is a very specific technique and requires specific training.

It differs from a genogram in that it incorporates the intrafamily dynamics as well as the social and life context stressors.

# Example of a Family Therapy Map





## Step Three:

### *Restructuring the Family System*

Restructuring operations are designed to encourage a family to challenge themselves to make changes by shifting the ways in which they respond to each other.

- **Enacting Transactional Patterns:** Have the family ENACT not describe. Decentralize the therapist and have the family interact with each other.
- **Recreating Communication Channels:** Have them talk to each other, not to the therapist and not to another family member about them.
- **Manipulating Space:** Pay attention to who sits where in sessions, then move them.
- **Marking Boundaries:** Actively work to shift the boundaries between and within subsystems.



## Step Three:

### *Restructuring Techniques Continued*

- **Escalating Stress:** At times, you will need to encourage the family to experience stress at an enhanced degree, both to experience how they manage stress and to encourage them to restructure that coping style.
- **Blocking Transactional Patterns:** The therapist will respectfully discourage or block the usual family process and actively encourage a different process.
- **Developing Implicit Conflict:** You can allow conflict to continue by interrupting the family's typical way of diffusing conflict but instead let it play out.



# Step Three:

## *Restructuring Techniques Continued*

- **Assigning tasks:** This can be done in session (move seats, change communication patterns) or in homework (change how the family sits at dinner, set up check-in meetings, set up ways to disrupt unhealthy subsystems, etc.).
- **Reframing:** Help the family shift the definition of a problem. The most effective reframes are stated respectfully and honestly.
- **Unbalancing:** The therapist briefly joins one subgroup or individual in order to use authority to break an impasse or change relationships.
- **Psychoeducation:** It may be necessary to more directly teach communication, anger management, and/or conflict resolution skills. These should be taught to family as a whole, not only the identified client.





## Case Study #4

### *Using a Structural Family Therapy Approach*

The Smith family were referred for family therapy by the individual therapist of the sixteen year old daughter, Tanya.

Tanya had been hospitalized by her doctor the previous month due to self injurious behavior and suicidal thoughts with a plan to overdose.

To date, the family had been only peripherally involved in her treatment but were now feeling that they could no longer remain on the sidelines when the risk levels were so high.

Hospitalization had also intensified family reactivity, with Tanya blaming her father for allowing her freedom to be taken away, both parents feeling angry about her lack of progress and ongoing self injurious behavior, and her nineteen year old sister questioning how Tanya could put her family through so much worry.



# Case Study Techniques

Work to shift the boundaries; try to have the parents sit together, ensure that the sisters sit next to each other, and work to help them develop a supportive subsystem.

Have each family member discuss with each other what their experience of the hospitalization was. Shift from telling the therapist to describing it to each other.

Reframe the hospitalization as a way for the parents to take care of Tanya and show their love and desire to keep her safe.

Use psychoeducation to discuss appropriate care for these types of behaviors.

Assign specific homework to increase at home communication.



# Critiques of Structural Family Therapy

- Some therapists are uncomfortable with the joining stage and it may at times feel not authentic to family and clinician
- Belief that it focuses too much on generational differences and not enough on challenges within the same generation (i.e. sibling struggles or spousal abuse)
- Belief that it may focus too much on boundaries at the expense of emotions and emotional lives
- Some evidence that it may be biased towards western ideals of nuclear family and lacks cross cultural considerations
- Concern about how confrontation is used and how it impacts the therapeutic alliance



# Strategic Family Therapy

Haley and Mandanes.

- More brief and directive
- Therapist as position of power
- Involves homework
- Communication as key
- Therapist is more active, inquiring and problem solving

# An Overview of Strategic Family Therapy

Haley called the therapy “strategic” because *“it is a therapy where the therapist initiates what happens during therapy, designs a specific approach for each person’s presenting problem, and where the therapist takes responsibility for directly influencing people.”*

It has roots in structural family therapy and builds on concepts from communication theory.

## What does Strategic Family Therapy look like?

- Active
- Brief
- Directive
- Therapist-Centered
- Task-Oriented

[http://www.mri.org/strategic\\_family\\_therapy.html](http://www.mri.org/strategic_family_therapy.html)

# Similarities between Structural and Strategic

- Family members seen as acting in a context - being affected by things in the larger community as well as family dynamics
- Family life cycle and developmental stage are important to diagnosis
- Focus is on the present, not the past
- System-oriented
- Active therapist with a plan
- Process-focused, not content-focused
- Diagnosis is obtained through intervention
- Interpretation designed to re-label not produce insight
- Contracts and behavioral tasks can be frequently used



# Differences between Structural and Strategic

In strategic family therapy there is much less focus on boundaries. The structural therapist will focus more directly on helping family leadership establish stronger boundaries - family makes the changes encouraged by therapist.

In strategic therapy, the focus is on influencing the family to move out of recurring and circular patterns of communication or interactions that are not working for them through direct and active problem solving. The therapist orchestrates change more directly and strategic therapists may use more unconventional strategies and techniques.





# Keys to Strategic Family Therapy

- Can be brief, often in as little as 8-16 sessions
- Therapist must be active; all decisions about therapy, goals and interventions are decided upon by therapist
- Be specific and focused; it is the therapist's job to reduce distractions and focus only on the key approaches
- Follows the same overall pattern as structural family therapy
  - Joining
  - Assessments
  - Restructuring through Therapeutic Interventions

# Assumptions of Strategic Family Therapy

- People resist change
- People are ALWAYS communicating
- All messages have report and command functions; focus on process not content
- Symptoms are messages
- Symptoms help the system survive
- It is only a problem if the family defines it as such
- Family members often perpetuate problems by their own actions (solutions)
- The problem is the maintenance of that problem
- Directives that are specific and directed to the family can bring about sudden and decisive change
- Key motivations for family members are often power or love



# Diagnosis within Strategic Family Therapy

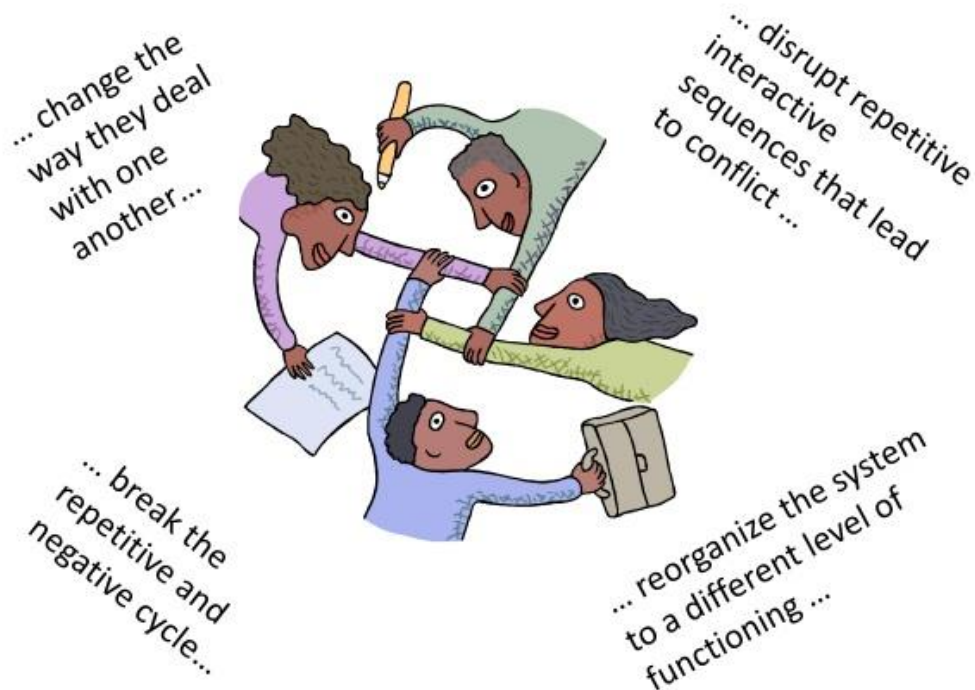
The view in this style is that the individual problems are representative of a dysfunction system. Symptoms are interpreted as forms of communication, which convey a specific message and can function as a contract between family members.

Strategic family therapists have a developmental perspective, in that it is believed that the family is struggling because the family is not adequately adapting to their appropriate developmental stage.

Your goal is not to try to make a “healthy” family but rather to design interventions to assist the family in handling current development tasks effectively.



# Goals of Strategic Family Therapy





# Stages of Strategic Family Therapy

- **SOCIAL STAGE:** Develop rapport.
- **INQUIRE AND SOLICIT INFORMATION:** Gather information about the problem and its contributing factors.
- **ASK FAMILY TO TALK TO EACH OTHER:** Be an active observer and gather information needed to move to the final stage.
- **SET GOALS AND CLARIFY CHANGES:** Goals need to be objective, specific and measurable; SMART goals.

# Strategic Family Therapy Techniques

- **Positive Connotation:** Similar to reframing, alters view on behavior.
- **Directives:** Direct instructions on how/what to change (homework).
- **Covert Change:** Provide more subtle suggestions or indirect feedback to encourage change within the family session (praising desired behavior, ignoring non-desired behavior).
- **Paradoxical Interventions:** Prescribe the symptom, double bind; this is designed to reduce resistance - must be done carefully with supervision.
- **Pretend techniques/Reversals:** Act “as if” - in manner different from usual.
- **Hypothesizing:** What would happen if.
- **Neutrality:** Do not align with any specific family member or behavior.

# Case Study



John is a therapist who is working with a family including a mother and her 10 year old son, Landon. Landon has been avoiding school and spending his time almost exclusively with his mother, who has medical issues.

John has assessed that the boundaries in this family are poor and his goal is to assist Landon in approving his boundaries in a more age appropriate manner. His technique includes encouraging the mom to spend time with adults and to enroll Landon in after school and recreational activities with peers his own age.

What type of intervention is this?

If he encouraged them to spend ALL of their time together and increase this behavior, what type of intervention would that be and how could it potentially help?



# Potential Strategic Interventions for Landon

- **Paradoxical:** Have Landon and mom spend more time together to recognize how unhealthy this can be, and then explore the impact of this behavior on family.\*\*
- **Covert Change:** Encourage extended family members to spend time with mom; have friends reach out to mom to try to make her stronger and model behavior.
- **Directive:** Have dad bring Landon to school and put mom in charge of siblings.
- **Positive Connotation/Hypothetical:** “It is great that you and Landon are so close. What would happen if there was more balance in closeness in family?”
- **Goal:** Unbalance the family so they are no longer stuck; either have others help mom change or have mom force herself to change.
- **Circular Questioning:** Ask the same question to multiple family members to illustrate various perspectives of the same issue or problem.

# Criticisms

Due to the nature of many of these interventions, the therapist needs to be VERY careful about the ethics of his/her actions.

Some of the interventions can be very manipulative and can actually be harmful if not done carefully, professionally and with proper supervision.





# BRIEF STRATEGIC FAMILY THERAPY



# Differences between Strategic and Brief

In brief strategic family therapy, the therapist is not as central to the solution as the focus shifts to working directly with the communication patterns of the family members. The main skills used are:

- **Tracking:** Identifying family strengths and maladaptive patterns.
- **Highlighting:** Focus on patterns you want to encourage.
- **Blocking:** Block those patterns you want to change.
- **Reframing**

Videotaping of sessions is also frequently used to review and for supervision, as well as for planning the next session.

# Strategic Family Therapy and Reframing

**ROLE OF REFRAMING:** Change the perception.

Then, let the changed perception change the action.

**A quick example:**

Once the reframing occurs, it is important to check and evaluate if the reframing held true for the family.

Did it make sense to them?

Do they buy into it?

Does it help change perception?

I.e. Does Tanya believe that her parents hospitalizing her was done out of love and care for her?







# **SOLUTION FOCUSED BRIEF THERAPY**

# Assumptions of Solution Focused Brief Treatment

- Clients want to change
- There is no such thing as resistance; rather clients are telling us HOW they will cooperate
- Focus on present and future except for the past in terms of exceptions; not focused on the past in terms of cause of changing the past
- Change the way people talk about their problems from problem talk to solution talk
- Language creates reality
- Therapist and client relationship is key
- Not interested in pathology or dysfunction
- Don't focus on the etiology of the problem: Solutions are not necessarily related to problems
- The client has strengths and resources
- The therapist is to provide a sense of hope; cheerleader effect
- Only need a small change, which can snowball into a bigger change
- The problem is not occurring all the time

# Goals of Solution Focused Brief Treatment

- Help clients to think or do things differently in order to increase their satisfaction with their lives
- Reach clients' goals; "good enough"
- Modest goals (clear and specific)
- Help translate the goal into something more specific (clarify)
- Change language from problem to solution talk

## Major Tenets of Solution-Focused Coaching

If it isn't broken,  
don't fix it.

If it works,  
do more of it.

If it's not working do  
something different.

Small steps can lead to  
big changes.

The solution is not  
necessarily directly  
related to the problem.

The language for  
solution development  
is different from that  
needed to describe a  
problem.

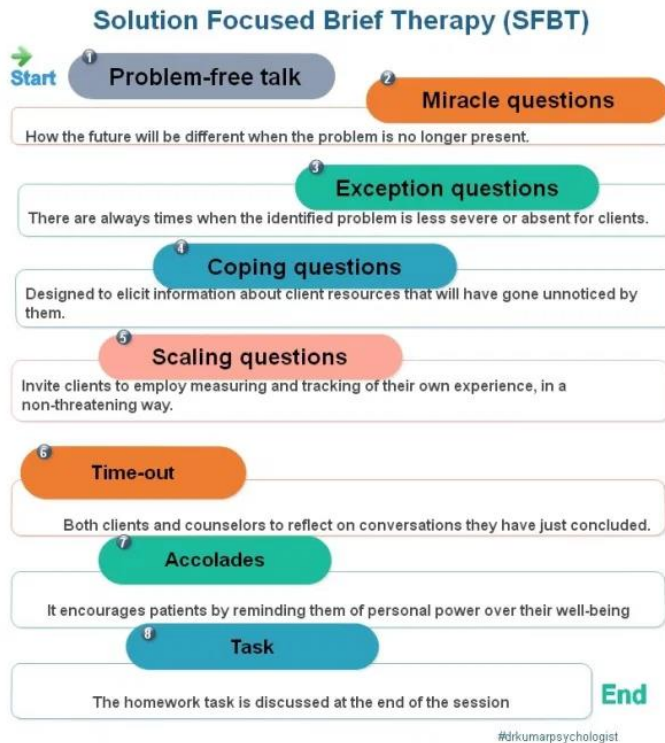
No problem happens  
all the time; there is  
always an exception  
that can be utilized.

The future is both  
created and  
negotiable.

Michael Cardus - [www.create-learning.com](http://www.create-learning.com)

# Interventions

- Problem-Free Talk
- Miracle Question
- Exception Questions
- Coping Questions
- Scaling Questions 1 - 10
- Time Out
- Accolades
- Task







# Criticisms of Solution Focused Brief Treatment

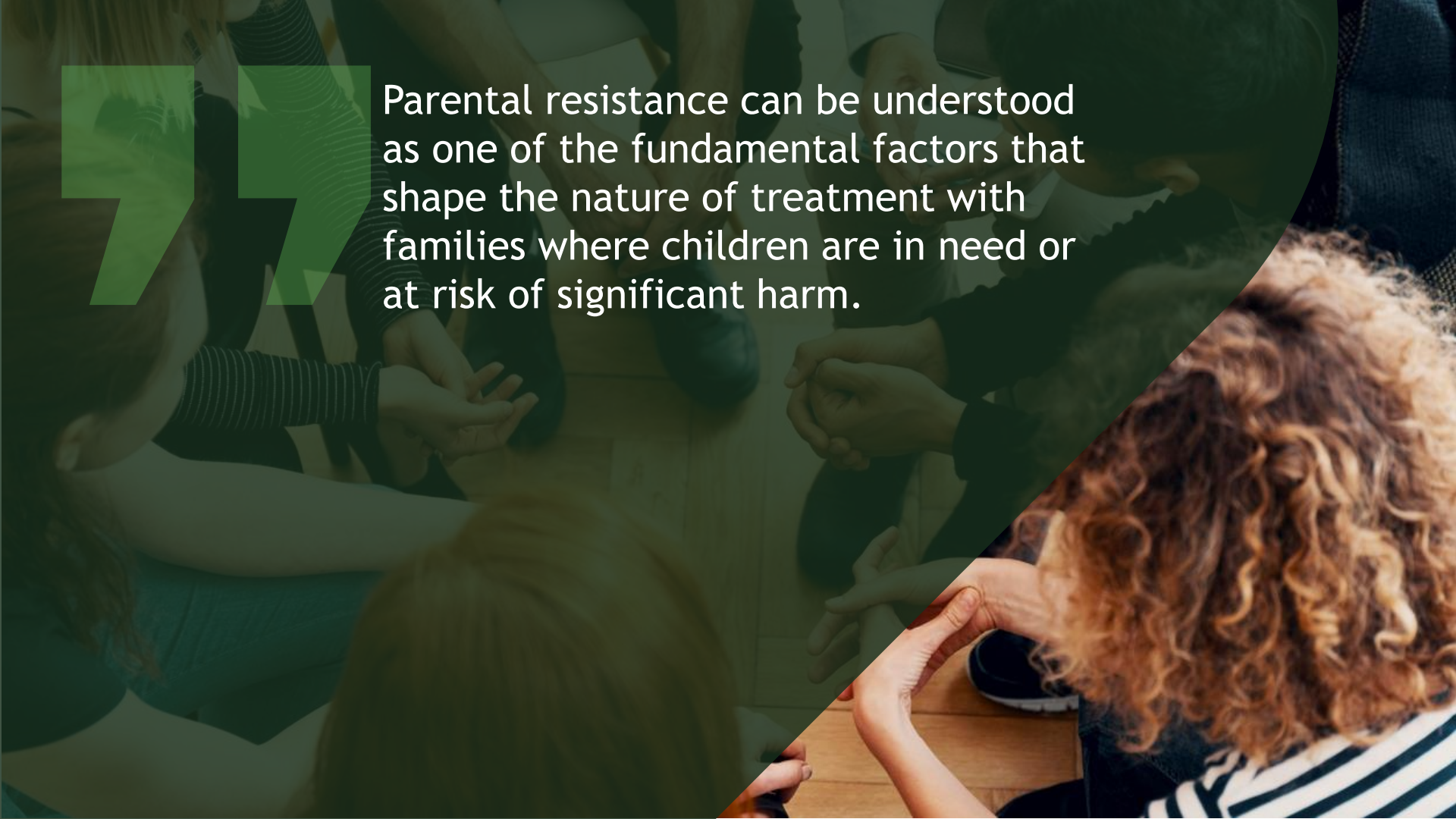
It has been stated as since there is such a focus on problem and solution, and such a minimization of discussion of emotions, it can be perceived by the client that the therapist is insensitive.

This style also can be counterintuitive to many providers as it requires you to focus on specific problems and may prevent an exploration of other contributing factors.

The need to be strength based and provision of accolades needs to be authentic to be felt and at times this can be difficult, especially as you may not know clients well.



# **DEALING WITH NON-COMPLIANT, RESISTANT & DIFFICULT FAMILIES**

A group of people, including children and adults, are sitting around a wooden table. Some are looking at papers, others are looking at each other. A large, stylized green quotation mark is overlaid on the left side of the image. The text is white and positioned in the upper right quadrant.

Parental resistance can be understood as one of the fundamental factors that shape the nature of treatment with families where children are in need or at risk of significant harm.





# The Key is Understanding the “Why”

There are MANY reasons why families do not want to enter therapy, or why individuals in families do not want to engage in treatment. The reasons are vast and can be very individualized.

Spending time to understand the concerns makes a huge difference.

Rather than becoming engaged in debate or negotiation, the practitioner takes the statements or signs of resistance as an indicator to change their approach. This may involve focusing the discussion on different aspects of the behavior or reframing the service user’s resistance.

The practitioner may simply reflect back the resistance, or use double-sided reflection to highlight other areas of concern.



# Case Study

AJ is a 15 year old male. You have been working with AJ and his mother. His father has not been involved in treatment.

AJ and his mother continue to discuss how his father, Arthur, is a problem due to his anger and his belief that therapy is useless.

After reaching out, you are able to get Arthur to agree to come to a session. He presents with irritable mood, poor eye contact, is non-responsive to many questions and presents as hostile to questions.

Where do we start with Arthur?



# Case Study Techniques

Acknowledge that Arthur has not been involved until now. Question if this was his choice and acknowledge that it may be difficult to join at a later point.

Be careful of unconscious support of traditional gender roles or of allowing the mother to play the role of gatekeeper, the keeper of information. Arthur's perspective is just as valid and his role in helping AJ develop is key. Who does he want his son to be? Does he have concerns about how therapy might interfere with these goals?

Do not defend treatment, your organization or your prior work and decisions. Being the target of anger and remaining calm can be necessary for alliance.

# Some Specific Recommendations

- Communicate respectfully: trust, honesty, feeling safe and professionalism is important.
- Share mutually agreed upon goals with family members.
- Understand parents needs and provide practical assistance if needed.
- Be reliable and available; Returning phone calls is important.
- Be clear about your role, as well as legal and ethical responsibilities.
- Be clear about boundaries and what behavior you will and will not accept. It is okay to stop conversations when feeling unsafe and then modeling how anger can safely be expressed within the treatment.

# Understanding Hostile Responses

- Be prepared that the response from the family may be angry or hostile.
- Recognize that the therapist might have aggravated the situation by becoming angry or acting in a way that could be construed as being patronizing or dismissive.
- Accept that the hostility is a response to frustration, either related or unrelated to the professional visit.
- Acknowledge that the parent needs to complain, possibly with reason.
- Monitor to see if parent's behavior is deliberately threatening, obstructive, abusive or violent and set clear limits on what will/will not be accepted.
- Check to see if the parent is aware of the impact they are having on the professional.
- Consider that it is possible that they are so used to aggression, they do not appreciate the impact of their behavior.
- Recognize that this behavior is normal for this person (which nevertheless does not make it acceptable).
- Check in to see if it is possible that the professional's discomfort is disproportionate to what has been said or done.
- Ensure that the professional is not taking this personally in a situation where hostility is aimed at the agency.



# Fair Fighting Rules

- Ask yourself why you feel upset before talking.
- Discuss one topic at a time.
- Be thoughtful about language; no degrading or name calling.
- Express feelings with words and take responsibility for them.
- Take turns talking.
- Time outs are useful techniques; use them when needed.
- Attempt to come to a compromise or understanding; agreeing to disagree can be a resolution when needed.



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