Family Therapy
Summer Didactics Lecture Series

Lecture 1:

INTRODUCTION TO FAMILY THERAPY

July 18th, 2022

What is unique about a family therapy approach?

- Family therapists look at the way a **family functions** as a *system*
- We view problems as a **systemic issue instead of individual challenge**
  - Takes the burden off the child being the "identified patient" and "the problem"
- We're looking at interactions between the family and asking ourselves, *"What transactions between family members maintain the symptoms?"*
- **Family is viewed as the <u>solution</u>, not the problem**

What makes an appropriate family therapy referral?

1. Families in which there is conflict related

   to generational differences; these

   generational differences may be

   magnified by cultural differences

      e.g. a child's/adolescent's need to fit in with their new peer group or project their identity

What makes an appropriate family therapy referral?

2. Families in which there is some rigidity in parental roles and both parents aren't able to cover the family tasks with/for each other

What makes an appropriate family therapy referral?

3. Functional Neurological Symptom Disorder, the DSM-V Diagnostic term for what was formally called Conversion Disorder (Gold standard treatment)

What makes an appropriate family therapy referral?

4. Families in which there is/are closely guarded secret(s) that require some exploration with a therapist as to reveal or not reveal the secret with the children/adolescents

(reference the amazing **Evan Imber-Black, PhD**)

What makes an appropriate family therapy referral?

5. Families that are adjusting to having a child with special needs and are having difficulty also meeting the needs of their typically developing children

What makes an appropriate family therapy referral?

6. Useful in families where children/adolescents have anxiety and family members engage in accommodations that may inadvertently enable the behaviors

What makes an appropriate family therapy referral?

7. Families with a lot of parental discord (fighting or parents who set widely different limits with their children) and consequently have symptomatic children/adolescents

What makes an appropriate family therapy referral?

8. Families going through a separation or divorce, or who are trying to co-parent with each other after a divorce/separation

What makes an appropriate family therapy referral?

9. Families in which children/adolescents function more like adults in their roles in the family

   (e.g. cook dinner, take care of other younger children, etc.)

➔ This may or may not be a pathological process- take another look if the reasons are economic or cultural.

(credit: Paul Ripke)

What makes an appropriate family therapy referral?

10. Supporting children/adolescents in their gender, sexual orientation, identity explorations, and the coming out process

    ➔ Helping families stay consistent in their support over time

What makes an appropriate family therapy referral?

11. Families in which the process by which a child/adolescent strives to be an individual or an adult is disrupted; when there is enmeshment with both or either parent(s)

    e.g. parent wants to be friends, not a parent -> challenges with limit setting

What makes an appropriate family therapy referral?

12. When there have been losses (e.g. death, illness, employment) in the family and there has been trauma related to those losses and the new roles that family members (need to) take on

What makes an appropriate family therapy referral?

13. When a child/children have been adopted and there are attachment needs that must be met, which may conflict with an older child's growing need for individuation

- ➔ When the adoption of a new sibling brings up jealousy, etc. in other children in the family
- ➔ Sharing their adoption story

What makes an appropriate family therapy referral?

14. Family in DBT and needing *in vivo* reinforcement of validation/attunement of feelings/experiences amongst sub-systems

*Ackerman recommends family chain analysis

What makes an appropriate family therapy referral?

15. **Trauma** when it impacts not just the individual but also the family system that the individual lives in

Related to sexual abuse or physical abuse, either occurring within the family or outside of the family, alcohol or drug abuse, jailing of a family member, immigration traumas, foster care or severance of parental rights, re-unification, severe mental illness/ suicide attempts/ death by suicide of a family member

What makes an appropriate family therapy referral?

16. Families in which interventions done with children in individual therapy are not being reinforced by parents at home (e.g. the skills being taught are not generalizing anywhere else)

➔ Also, families in which the “oppositional child” is not getting “better” in individual treatment

Family Therapy Over Telehealth

Areas of Consideration in remote work:

- **Engagement**
- **Safety**
- **Telehealth Considerations**

Family Therapy Engagement

How do you “join” a family virtually?

- Essentially the same way that you would connect with a family during non-remote times.

  - ex: Mention the band on a family member’s shirt, compliment their shoes, etc…

What do we say in our first phone call?

We will go step-by-step through how sessions will run.

We encourage you to call your family that you have been assigned to:

- Introduce yourselves

- Schedule the first meeting

- Explain the unique format that family sessions and our team's "live" sessions will take

Family Therapy Engagement

Acknowledge the "**Elephant in the Zoom**"

- Remote family therapy is a work in progress, but here we are, so let's make the most of it!
- Remind families that this is fairly new territory for therapists as well
- Share that we are learning and adapting as we go, and their input is so important to improve the patient experience

Family Therapy Remote Tips

How do you actually run a family therapy session remotely and simulate the "behind the mirror" experience?

- Using your chosen remote platform (typically **Zoom**), have the family join from home or multiple homes if that is the case.

  - They have their **camera** and **volume ON**.

  - We have them in the waiting room while we first meet as a team, then we bring them in.

- The therapist or co-therapists have their **cameras** and **volume ON**.

- The "behind the mirror" team signs on, but keeps their **cameras** and **volume OFF**

  - The family just sees black screens with their names, so they are aware the team is there, but are not seen just as in a live mirror session.

(Can also select "hide non-video participants" if seeing the above is too anxiety provoking)

Family Therapy Remote Work

- The “behind the mirror” team sets up a secure text chat (usually through NYP phones) including the therapist(s) and live chats as the session is ongoing, sharing ideas and hypotheses that can help drive the session
  - The “behind the mirror” team decides together on sending private Zoom chat messages to the therapists during the session
- These practices are the telehealth adaptations of texting or calling in as is done in non-remote family therapy
- With <u>10 minutes left</u> in the session, the family members are placed back in the waiting room and therapy team meets with the “behind the mirror” team to develop a **final message** for the family
- The therapy team then brings the family back from the waiting room to deliver this message

Family Therapy Remote Safety

- It is a major plus that you can see the home environment and actively see safety related things (e.g. condition of the home)

- Also it is a positive that you can plan with families *strategies for de-escalation* ahead of time that utilize the home environment

- **"Show me your room!"** "Let's see if we can get a self-soothe kit ready if a session gets tough and you need a break in your room"

Family Therapy Remote Safety

- As with live sessions, you can ask certain family members to take a break and step into another room while you focus on one individual in the family

- **PLAN AHEAD!** Have someone from the "behind the mirror" team designated during sessions with high conflict families as the go-to person to assist in calling 911 if needed

Remote Family Therapy Unique Considerations

Can we access more families or are we losing families?

- More flexibility than ever! A parent/spouse can sign on from work. A child can sign on from another device. A grandparent can join from a different state.

- However, there are disparities in care for families without devices or poor internet connection.

Family Therapy Unique Considerations

- ➔ Plan for the unplanned. Screens will freeze, internet connection will drop.
  - ◆ It is okay and expected!

- ➔ Let's turn annoying glitches into meaningful family transactions!

"Hey Dad, Jake just got bumped off the video.
Could you fill him in on what we are talking about?"

Remote Family Therapy Unique Considerations

- Virtual genograms can be interactive and enjoyable for the entire family! Take advantage of telehealth features like screensharing the whiteboard.

- How do we see multiple family members on one screen? Sharing a screen gives a glimpse into some family dynamics.

- Get creative! A teen may have more independence and control by signing in separately from their own iPhone in their bedroom.

Ideas on how to work with this family?

How do I actually run the first session, what do I say?

HELP!!!

Ackerman Quick Tips -

Please note: what follows are very loose guidelines

The specifics and order will relate to your personal style and will likely change as you become more confident.

That's ok and great, there is not one way to do this.

Ackerman-based First Session Tips

Absolutes:

- ➔ Safety
- ➔ Emergency contact
- ➔ Establishing understanding for weekly sessions/frame
- ➔ If you're sick/emergency, please give me at least 24 hour notice when you can
- ➔ If you miss two sessions in a row, I will be under pressure to close your case

Ackerman-based First Session Tips

- ➔ Within a complaint is the desire for change
- ➔ The family system wants something to be different

Ackerman-based First Session Tips

- ➔ Relieve yourself of responsibility to get agreement in the first session
- ➔ It's ok if family members disagree with one another
- ➔ Your initial role is to just hear what it's like for everybody

Ackerman-based First Session Tips

First session: Get a sequential telling of the "incident"

Example:

Parent: "He hasn't been getting up and going to school."

You: "OK, can you tell me what happens when you try to wake him up in the morning? Who else tries? Give me the movie, I want the play by play."

Ackerman-based First Session Tips

First Session Goals:

- ➔ Have them define the problem(s)
  - ◆ Remember: the stated problem is often not the actual problem
- ➔ Find out how *each* family member is impacted
- ➔ How have they tried to solve it?
- ➔ Bring it to behavioral, interactional, relational language & sequencing
- ➔ What are the actual actions that happen between family members and what makes them problematic?
- ➔ Whose feelings are getting hurt and how?
- ➔ How are those with hurt feelings reacting?

Ackerman-based First Session Tips

First Session Goals:

- Get a flavor for *power dynamics*:
  - Who commands the most attention?
  - Who has the biggest/loudest voice?
  - Who is reactive to whom?
  - Who is emotionally attuned to whom, is it imbalanced?
  - Who is relating to whom and how?
  - Management of the kids - who is more reactive and involved?
  - What are the communication styles?
    - Who is critical, exaggerating?

Ackerman-based First Session Tips

There will likely be attempts to have you take sides and cure everything.

REMEMBER, you are not yet weighing in on any change!

<u>You can say</u>: "Frankly, if I gave you advice or a suggestion it would be irresponsible and could make things worse. I don't know enough information yet and I need to make sure I understand all the issues."

Ackerman-based First Session Tips

By end of the first session have a "*working contract*":

Example: "I want to make sure what I heard today is X Y Z…"

(Mom you have been super frustrated with Johnny staying in his room and being grumpy, fights are getting out of hand; Dad you seem more worried about his health and want him to get on top of his learning; Johnny you want mom off your back and these conflicts about homework are stressing you out)

Then, set a *generic goal*:

Example: "You want my help in getting a hold of this homework situation so you're all less stressed, Johnny finishes the school year, and have less fighting at home"

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