

SECOND EDITION

Working With Families

Guidelines and Techniques



John T. Edwards

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Second Edition

John T. Edwards, PhD



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To Vishvamitra (Sid Jordan, PhD)

I honor the life you've led and your many gifts to me and others. Most of all, I honor you.

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PREFACE

This book is about applied family therapy. It is long on how-tos and short on theory and comes from my 30-plus years' experience as a practitioner and trainer in family therapy. I have field-tested virtually all the ideas and techniques in the book—many of which are original—and they rest on a systems-based foundation created by the Structural/Strategic schools of family therapy. All the ideas and techniques flow from the same theoretical foundation—a brief, systems-oriented, goal-directed, problem-solving approach to family counseling. I like this model because of its emphasis on results (rather than exploration) and practice (rather than theory) and because it has a time-proven track record in diverse settings with different problems and family types.

My intention is that both students and practicing therapists will find the book useful. Students should find a refreshing dose of practical knowledge in these pages to go with their voluminous dose of theory in their studies. Practicing therapists will find a wide assortment of interventions, ideas, procedures, and techniques to supplement their practice, something new to try when they are stalled in their therapeutic movement with a particular case. I have taught the contents of this book to many helping professionals in social work, mental health, substance abuse, education, child welfare, intensive in-home services, psychology, psychiatry, the ministry, hospitals, and private practice.

My suggestions to the reader for using the book, which grew from a series of handouts for my training workshops, are to browse through the book, reading here and there to get a feel for what it contains. Then use the contents as a guide for selecting topics that have relevance to the family work you are doing now or plan to do.

Brief and useful are the two criteria I used to include material in this book. Most of the content arose from experience in face-to-face encounters with families, so the book does not follow a neat beginning-middle-end format. In practice, experience and learning are not so easily organized in a linear fashion, nor are they readily categorized; they follow a more random path and have a variety of sources—family sessions, tapes of family sessions, discussions with colleagues, reading, workshop presentations (mine and others), and writing. Whatever their source, our experiences and learning must always, in my opinion, be grounded in actual encounters in the therapy room with families. It is only here that we can discover the value of what we know, or think we know.

The book is divided into six chapters:

- Chapter 1—Foundation Ideas—discusses an assortment of useful ideas, procedures, and tips for any professional who does family work in any setting.
- Chapter 2—Special Situations—addresses a variety of more specific conditions encountered by most counselors who work with families.
- Chapter 3—Counselor Ideas—is an exploration in raising our awareness of ourselves as professionals and how the “use of self” is a critical—and easily overlooked—factor in therapeutic outcomes.
- Chapter 4—Techniques—details some of the “tools of the trade,” including several old standbys that have been in use by family counselors for years. The major portion of this section consists of techniques that I created to manage particular problems that kept coming up in my family cases. (Note: Techniques are in *boldfaced italic* in the text of the book. If you want to read about the technique, please look it up in the index.)
- Chapter 5—Multiple Family Groups—is an introduction to a powerful group format of several families together who, with a therapist facilitator, learn from and support each other in the uphill climb toward family change. This group format, which is often referred to simply as MFG, includes the identified patients with their families.
- Chapter 6—Working With Chemical Dependency in Families—provides foundation knowledge for the single most frequently encountered dysfunction in a general caseload of

families. Substance abuse is often a “hidden” problem in distressed families and may not be part of the presenting problems. All family workers need to be alert for, and familiar with, this all-too-common disorder and its devastating impact on family life.

Appendix A is for the research-minded student or professional; it provides a current and comprehensive list of references for the research on marital and family therapy in the text. Appendix B matches presenting family problems with ideas and techniques presented in the book. This section should help to narrow your search for something useful for particular cases. The glossary defines some of the terms used in systems-based family therapy. (Incidentally, the terms “family therapy,” “family counseling,” and “family work” are used interchangeably throughout the text.)

And finally, the index is more helpful than the table of contents in terms of finding a specific topic or technique if you know the name of the item you’re looking for.

Some families are difficult to help. Even relatively well-functioning families lie in wait for anyone who sails in, flying the banners of change. I hope you will use this book to search for a specific technique to try with a particular family or to browse for general ideas to supplement your own approach to family work. Whatever your purpose, I wish you and the families you serve a productive and enriching voyage.

About the Second Edition

The original edition of this book was self-published from 1993 to 2010. About every three years during that period, I added new material from my experiences teaching and conducting family therapy. In this second edition, I have written an introduction to each chapter, added new material, removed dated or otherwise not useful topics, added a comprehensive and current research section, and made editorial changes throughout.

My active training practice in family therapy constantly teaches me that busy counselors value brief and useful chunks of field-tested ideas and interventions rather than long narratives on particular topics. They want a manual of practical ideas and techniques, something they can apply immediately to their caseloads or to a particular family. Hopefully, this second edition satisfies that need.

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As in most enterprises, a completed project is a team effort. I am grateful to the hundreds of colleague trainees who over the years discovered with me how to approach the case in front of us and whose perceptions and insights always improved my own. A very partial list in this category would include Bev Kovach, Katherine Townsend, Larry Sharpe, Michael Budlong, Rob Young, Richard Martin, Michael McGuire, and Susan Mattox. I also want to acknowledge the invaluable guidance of Marquita Flemming, my Wiley editor, and Sherry Cormier, my developmental editor, who patiently guided me in the tedious process of making a book out of diverse ideas and experiences.

A special thanks also goes to Daphne S. Cain, PhD, LCSW, Chairperson, Department of Social Work, Louisiana State University, for her thorough work in assembling the latest research in family therapy. To Paul Nagy, Clinical Associate, Duke University Department of Psychiatry, a talented trainer and networker, I owe a debt of gratitude for putting the Wiley editors and myself in touch. And finally, my thanks go to my dear friend Mattie M. Decker, EdD, of Morehead State University, Morehead, Kentucky, who had the enthusiasm and patience to review parts of the manuscript and take the trouble to gently nudge me to consider certain ideas in another way.

It was never difficult to find someone who knew as much or more than I did about working with families. To the many unnamed sources in books, articles, workshop presentations, video sessions with families, and conversations about the topic, I offer my appreciation.

CHAPTER I

FOUNDATION IDEAS

Introduction

This chapter presents some of the foundation ideas upon which the systems approach rests. It is divided into two parts: Part 1 is **Concepts** and Part 2 is **Procedures and Processes**. It is a potpourri of theory and guidelines, with a heavy sprinkling of practical tips and suggestions.

I like to think that theory develops as much from the feet up as it does from the head down. Theory and practice is a two-way exchange: theory provides a framework for thinking, a direction to go and what to look for, while face-to-face experience with families builds up our own personal knowledge about what works and what doesn't. Theoretical constructs are the most helpful in the early stages of learning family work, a period when we need guidance. Over time, however, our practice experience becomes primary and is likely to guide our actions more than textbook theory.

I've always believed that it is the application of our ideas that determines our effectiveness in helping families through their difficult periods. What we know—our body of knowledge, theoretical and otherwise—does not help families. The most knowledgeable person on the methods and theory of all the schools of family therapy will not necessarily be an effective family therapist. How the knowledge is *applied* in face-to-face interactions with families is the critical test.

The content described in this section gives us a place to start—how to convene a family for counseling and have an organized first session, the systems orientation, the assumptions and rationales behind the systems approach, various uses of family work, and a few guiding suggestions and tips about how to apply these ideas in interactions with families. Other ideas and issues in this section are included because they need a prominent place in our thinking about family counseling. Included in this category are ethics and cultural sensitivity, both of which can be overlooked in the myriad details of managing a particular case. Recent research on family therapy is presented for students and professionals who want to dig deeper into the empirical and evidenced-based underpinnings of the family approach to helping.

My suggestion to the reader is to peruse these foundation ideas to see which of them might appeal to you. Then read these topics more thoroughly. The next step is to try them out in family sessions. Some ideas may be selected and become part of your ongoing work while others will simply fade out. Applying them in your practice makes this selection possible.

Part I: Concepts

Learning Family Counseling

In my training and supervision with colleagues, the most frequent question I am asked is, “What do I do with *this* family?” It’s a good and important question, and I try to give my best suggestions. It conceals, however, an even more important question: “How do I acquire the knowledge and skills to do counseling with *any* family? I wish my colleagues would ask this second question more often.

1. Why should I learn to do counseling with families?

Because significant human relationships are a central part of most people’s problems. Our longing for love, our hopes, frustrations, sense of security, fears, and happiness are closely linked to our relationships with our families and significant others.

2. What should I do to learn family counseling?

Get supervision from a colleague who is more experienced in family work, use video- or audiotaped sessions of yourself, watch other counselors do it, go to workshops, get lots of experience working with families, and find a colleague with whom you can process your sessions. At appropriate times, share with your colleagues what you are learning.

3. How long does it take to learn?

The learning never stops. To start, you need a setting in which you can acquire experience. You can expect one to two years of practice before you begin to feel competent doing this type of counseling. As a foundation, you need 50–100 hours of supervised experience with families, 20–30 hours of watching a more experienced counselor do his or her thing with families, and 4–6 days of workshop training. Read at least three books on the subject.

4. What do I read?

That depends on what model of family counseling you want to learn. I started with the Structural-Strategic model, which gave me the foundation concepts and skills to learn on my own. I read *Family Therapy Techniques* by Minuchin and Fishman and *Foundations of Family Therapy* by Lynn Hoffman and studied *Problem Solving Therapy* and *Leaving Home* by Jay Haley (see Recommended Readings at the end of this book) plus many articles and handouts.

5. What is some basic information I need to know before starting?

How to view a family as a system, how to get the family members to come for a meeting, how to conduct a first interview with them, and how to initiate family change while resolving the presenting problem. You can get the foundation knowledge from this book.

6. Should I choose parts from various approaches and put them together?

Trying to integrate different approaches too early in your learning can create confusion and result in mishmash, scattered therapy. It’s like a mechanic taking parts from different automobile models and putting them together to make one car. The thing will run poorly, if at all. Each model has components designed to function together. If you become eclectic too early, taking a little from each “school” of family therapy, you will not learn one model well enough to understand it. Stick with one model until you know how its rationale, procedures, and techniques form a unified whole, until you learn its integrity. Then you can select pieces from other approaches and make informed decisions about how they fit into the one you have learned. With experience, you can determine an approach that works well for you. Develop your own model.



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Why Family Work?

I suspect that most professionals who work conjointly with families have their list of reasons for choosing this therapeutic mode. Here is my list.

1. With a symptomatic member (the “identified patient”), everyone in the family is affected. All must accommodate to the problem of one member, whether that member is a child or adult. If the problem is long-standing, the members can develop habitual and unhealthy ways of responding to the problem, causing the problem to intensify, leading to more family dysfunction.*
2. By the time a family reaches the treatment stage, the whole family has been emotionally damaged by the ordeal. All members need support, validation, and a new look at the problem on a family level.
3. How the family members react to the symptomatic member can determine whether the symptoms get worse, stay the same, or get better. In one sense, the family is part of the treatment team for the identified patient.
4. The family’s reaction to the problem could be helping to maintain it. This phenomenon, known as “enabling,” is the family’s unwitting protection of a member from the consequences of his or her behavior. It was brought into focus and named by counselors working with chemically dependent families, but it also happens with problems other than substance abuse. A teenager’s irresponsible behavior at home and at school, for example, can be enabled by parents who react to it ineffectively.
5. Family work helps the family view the problem in a different way. The all-important mind-set toward the symptomatic member, or toward the nature of the problem, can be altered with exploration and understanding. A different mind-set, in itself, can lead to family change.
6. Family counseling can have prevention benefits. If current problems are managed more effectively, it can prevent other problems from cropping up in the future. Or if they do appear, the family in counseling has learned better coping strategies to deal with them.
7. Paradoxically, when symptoms subside, the family needs to learn how to live without the problems. Removal of the problems may leave a void to be filled since the symptoms could be serving an important function in the family.
8. Having the family meet together around a problem can be a new and unbalancing experience in itself. Counseling provides a structure for the family to sit down and focus, something they are not always able to do at home. Once they cross the threshold into “treatment,” family members cannot deal with their problem in quite the same way. Examples: the “family secret” is out; shame and guilt may diminish; new understanding points to new behaviors.

* **dysfunctional:** This is an often-misused word as it applies to families. It doesn’t mean “not functional”; it means impaired, incomplete, or painful functioning, but functioning nonetheless. The confusion lies in the prefix “dys-,” meaning “bad, ill, or difficult,” which sounds identical to “dis-,” meaning “not.”

Assumptions of a Family Systems Model

The systemic approaches to family counseling in this book rest on these assumptions.

1. Individual problems express themselves in the person's family and social relationships, which, in turn, make the individual's problems better or worse. Most problems are the individual's attempt to adapt to his or her social world and are expressed in relationships with other people.
2. A family is an interacting system.
 - a. Family members are *interdependent* in their behavior. What one member does depends on what others do. Members react as much as they act.
 - b. Cause and effect are circular: person A acts; person B responds, which affects A's next move and B's next response, etc. More than two people can be involved in repetitive patterns.
 - c. To some degree, what happens within an individual or in part of a family affects the whole family.
 - d. A family household is part of a larger system: extended family, friends, work, school, church, neighborhood, community, culture.
3. A well-functioning family has a structure in place, a hierarchy. The parenting adults have more power, influence, and responsibility than the children; older children have more influence than younger children. Different degrees of closeness and conflict exist between different members.
4. The *family* is the unit of change: family relationships, patterns, and structure are the primary focus. The feelings and behavior of each individual are important to the degree they affect family functioning. Family functioning, in turn, affects the way individuals feel and behave.
5. Brief interventions (5–10 contacts) are enough to begin a positive change process. Additional sessions may occur weeks or months later if the need arises.