Case Studies in FAMILY THERAPY

An Integrative Approach

William M. Walsh

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Without a family, man, alone in the world,
trembles in the cold.
Andre Maurois

Happiness is having a large, loving, caring,
close-knit family in another city.
George Burns

Introduction

As the field of family therapy has evolved from its most famous beginnings in the work of both Murray Bowen and the Palo Alto Group, it has developed and expanded in an attempt to discover new ways of describing and treating human problems. The first seminal theories were developed by pioneer thinkers working on the theoretical edge of the helping professions. At first not widely accepted, their work has now become mainstream in the literature of the helping professions. These early thinkers are often referred to as the first generation of family therapy theorists. Their ranks are peopled by the likes of Gregory Bateson, Donald Jackson, Jay Haley, Virginia Satir, Murray Bowen, and Gerald Patterson. Today, their ideas and techniques are widely used in therapy and research. However, new models have appeared on the scene to rival the effectiveness of the original theories. Some of these models are modifications of the seminal theories, while others are a blending of their most popular concepts. These modified or blended models are often referred to as second generation models. Articles relating to their continued development and refinement now pepper the professional literature. The remainder of this book is devoted to one of these blended models.

Integrative Family Therapy is a second-generation theoretical model of family therapy. It is a blending of several major interpersonal models with an intrapsychic component. The theory of therapy is described in Part I, and includes a theory of personality for family assessment and a counseling process for treatment. This theory provides the basis for the ten cases that are presented in the remaining sections of the book.

Each case is presented in a standardized format. The intent is to present Integrative Family Therapy as a working model in full-length

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treatment processes. The cases can be approached in three ways. One way is to read each case for its informational value, or, in other words, how people enter, proceed through, and terminate therapy. This might be considered a more recreational or superficial approach to the material. A second way is to look at each case as through the eyes of a particular school of therapy, and to use the case material as data to test the efficacy of that particular model. The third method is to apply the principles of the Integrative Model as both assessment and treatment, and then to see how the case was actually treated in practice. This last approach is the primary intention of the author and is the reason that the text is organized in a standardized manner. When using Integrative Family Therapy, the counselor proceeds in the structured fashion presented in each case. From the initial phone contact to the final follow-up phone interview, the therapist moves from one stage of therapy to another in a relatively prescribed fashion. The theory and process are described in Part I. Parts II through IV demonstrate its application with families.

Each case is divided into eleven sections. The first three sections provide all of the information that is used for the family assessment. Section I, Identifying Data, consists of the basic information such as names, ages, schools attended, and the like. It is the type of information that a therapist receives from a data intake sheet or from several questions during the initial phone call. Section II, Introductory Material, is essentially a statement of the presenting problem or the reason for the referral. Section III is a description of the first two therapy sessions. In most cases, the material is presented in the same order as it occurred in the sessions. The intention is that the reader will get the feeling of being in the therapy room and receiving the data as it is occurring. Occasionally, conversations are summarized for brevity. The material is not presented as a case transcript but rather as a detailed summary of the personal interactions. All of the material presented in these three sections is later organized on an assessment sheet for the complete assessment of the family.

Part IV is a blank evaluation sheet. This is similar to the sheet that the Integrative Family Therapist uses to organize the data that has been culled from the initial contacts and the first two sessions. Generally, two sessions are sufficient to gather the essential data. The reader may fill out the evaluation sheet based on an understanding of the model and the information that has been presented thus far. It is the same material that the therapists used in the assessment of the case. A blank assessment card is presented in Section V. This is to be completed by the reader using the information that was organized on the evaluation sheet. Again, this is the process used by the therapist who treated the case.

Sections VI and VII contain the completed evaluation sheet and as-

sessment card that were prepared by the therapists prior to the third session. This is an opportunity for the readers to check their own work against the Integrative Family Therapists' conclusions and to plan the future sessions in the counseling process. Session three, the feedback session, is described in Section VIII. Section IX contains a discussion of all other sessions, and gives the reader the opportunity to observe the interventions by the therapists and the changes that resulted in the families. Readers can decide how they would have treated each case and can speculate on the effectiveness of their own ideas for that particular situation. Section X describes the termination and follow-up phase, and Section XI contains the reactions and evaluation of the therapists and their supervisors. Hopefully, the evaluations are objective and accurate. Some admittedly are anguished, and others express the joy of assisting people to grow and problem-solve. Each process is rated on a goal attainment scale by the therapy supervisors. The scale is not a measurement instrument but rather a visual representation on a brief continuum of the achievement of the goals presented on the assessment card. The reader is invited to rate the therapeutic process also.

Goal Attainment Scale

1	*2*	*3*	*4*	*5*
no goals attained 0%	few goals attained 25%	half of goals attained 50%	most goals attained 75%	all goals attained 100%

The cases are all taken from a university-based metropolitan treatment clinic that served a community consisting of varied ethnic, racial, and socioeconomic groups. The families were referred by school counselors and community mental health workers to the training component of the clinic. As part of a postgraduate family therapy program, the counselors worked in pairs under supervision. All of the sessions were videotaped. They were also viewed by supervisors through a one-way mirror. The ten cases were selected to represent different family developmental levels, ethnic groups, socioeconomic strata, and presenting problems.

The cases are presented in three parts organized by the developmental level of the family. Part II focuses on two families that contain preadolescent children. The first is a stepfamily with three children, and

case two involves a single parent with two boys. Part III addresses the needs and concerns of six families with adolescent children. They cover the spectrum of intact, single-parent, and stepfamilies, as well as a variety of presenting problems and family dynamics. Part IV contains two cases that deal with the problems of two families with adult children. Altogether, they represent a panorama of concerns that permeate our society, and demonstrate the often different styles of therapists working in the same theoretical model. All of the cases do not represent successful treatment outcomes. What they do show is the real-life struggle of people in pain and the attempts of professionals to alleviate the dysfunction in the systems.

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As always, a loving thank you to my wife, Kathleen.

SUBJECT AREA GRID: A Guide to Using This Casebook

TOPIC AREAS	*CASES*									
	1	2	3	4	5	6	7	8	9	10
Adult Children				X					X	X
Alcoholism	X	X	X			X	X		X	
Blended Families	X				X	X			X	
Co-dependency	X	X					X		X	
Dating		X								
Divorce Conflicts		X			X			X		
Drug Abuse				X			X		X	
Extended Family							X	X	X	X
Family Violence			X							
Financial Stress	X	X							X	
Grief								X		X
Homosexuality									X	
Infidelity			X							
Irresponsibility	X	X	X	X	X	X	X		X	
Legal Conflicts				X				X		
Marital Break-up			X							
Marital Conflict			X			X				
Mental Illness		X								
Non-custodial Parent		X			X		X	X		
Parent/child Conflict	X		X	X	X	X	X	X	X	X
Parental Conflict	X		X		X	X			X	X
Peer Relationships				X				X		
Physical Abuse		X	X							
School Problems			X	X		X	X	X	X	X
Sexual Abuse	X									
Sibling Conflict	X	X				X	X			
Single Parent		X		X			X	X	X	
Suicide			X		X					X
Teenage Pregnancy				X						
Work/school Stress	X									

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- Specific Personality Concepts

Therapeutic Process
- Stages in Therapy

THEORY OF PERSONALITY

Therapy begins with a search for the meaning of human behavior. The therapist asks: "Why is this individual (or family) experiencing enough anxiety or dysfunction to cause him or her (them) to seek help or to be compelled by others to ask for assistance?" All therapists who develop therapy models have beliefs or concepts that explain the human condition. Whether these are cognitive, affective, historical, or systems based on some combination of these, they all attempt to understand behavior so that appropriate interventions can be developed.

Most therapy models focus on abnormal, deviant, or dysfunctional behavior. The concepts of these theories are developed to describe and treat undesirable behavior. Little if any space is allotted for discussion of healthy functioning. Thus, this type of system is particularly well-suited for therapists who work primarily with clinical or psychiatric populations. These systems are less appropriate for those of us who work mainly with the less deviant "normal" range of problems. In fact, most nonpsychiatric outpatient therapy is conducted with clients whose functioning in society ranges from marginal to very good. This "normal" client population does not need periodic hospitalization. These clients do not need major personality change. Instead, they wish to change aspects of themselves that are limiting their functioning or making them unhappy. Since most marriage and family therapy fall into this category, it is helpful to begin by describing healthy functioning. Once the primary aspects of a well-functioning family are identified, deviations from that norm can be isolated and treated.

Family Tasks

In order to be considered well-functioning, there are a number of tasks that a family must fulfill. The following is a list of those that Integrative Family Therapy (IFT) considers to be most critical for the healthy development of the family. The reader may wish to add more tasks, as appropriate.

1. Teaching.
2. Support.
3. Stability.
4. Mutuality/privacy.

5. Independence/dependence.
6. Defining expectations.
7. Problem solving.

One of the most important human tasks is teaching/learning. Traditionally, the family has been the major vehicle for communicating forms of knowledge and skills. The parents or grandparents are the first teachers a child encounters. The learning process begins in early infancy.

This may seem like a simple concept. However, in our society, we increasingly find that parents are doing less teaching. Instead, they are relying on other societal institutions to relay critical knowledge. When faced with the task of influencing their children, parents are often confused about what they should be saying or doing. Such parents are easily swayed by new trends or pseudo experts.

After the learning process has been (hopefully) established, the teaching/learning continues. As children mature in a healthy way, they teach their parents new ideas and new ways of behaving. In this manner, a growth-producing teaching/learning process develops among all family members. The openness and mutuality of this process can be a barometer of a family's health.

A second task of the family unit is to provide support for its individual members. Steady financial support is basic to the continuing growth of all members, but emotional support and encouragement are equally important. An absence of either can promote insecurity and can become a source of debilitating anxiety for adults and children.

A closely related yet separate task is that of the provision of stability in family relationships. Set patterns of behavior for all family members can give structure in a confusing and changeable world. Children like to know when their father or mother will be away or at home. Thus, regular routines for parents are a source of security for kids. A permanent living arrangement, set times for going to bed and rising, consistent mealtimes, and seasonal traditions are all ways of providing stability in families.

Two other closely related tasks are the promotion of mutuality/privacy and the development of independence. Mutuality refers to the process of a family's working together for common goals. Each member knows that he or she can depend on others for help in time of need. However, each member also needs private time and space to grow as an individual, apart from the family unit. In particular, adolescents need mutuality/privacy. But all family members need a place and time to call their own.

The encouragement of independence is crucial for the gradual devel-

opment of a healthy self-concept for each family member. Children must be taught and encouraged to function on their own in some situations, dependent only on themselves. This process should begin in early childhood with age-appropriate behaviors. A child can be given increasingly difficult chores that must be completed alone. For example, a child of four might be expected to dress himself or herself every day. At six years, a child should be expected to take reasonable care of toys. By ten, a child could be expected to make a contribution to the care and maintenance of the home. Chores that are geared to the child's age can give the child a feeling of self-importance and self-worth. As the child matures, he or she should be given more responsibilities and decisions. This process results in the gradual development of independent behaviors and adultlike reactions. The overall goal is the development of an independently functioning person.

The sixth task, defining expectations, appears to be one of the most common problems in all families. Setting unrealistic expectations for individuals or for the family unit is often a source of conflict and unhappiness. However, the establishment of reasonable short- and long-term goals is essential for orderly development. The emphasis in this task is on "reasonable." What can people reasonably expect from themselves and from others on a daily and yearly basis? Is there a good chance that goals will be reached? In this context, "reasonable expectations" refer to those that are acceptable to all concerned. In addition, they must have a good chance of being accomplished. This is more likely to occur in a family atmosphere of open discussion and mutual decision-making. All family members should feel free to affirm or negate, accept or reject, and to establish or change personal and family expectations. This, of course, is a continuous process that requires considerable commitment from all family members involved.

The final task relates specifically to the problem-solving process, which is present in every family member and every family unit. The key question for this task is: "How are problems defined and resolved in the immediate present?" Is a rigid process used, which tolerates little or no new input? Or is a flexible process used, which seeks out new data in an attempt to find new solutions or alternatives? The way a family handles insignificant daily problems is a key to how its members attempt to deal with important conflicts. Flexibility and openness are the prime ingredients in a satisfying problem-solving process. Much of what happens in family therapy revolves around helping people to establish and maintain rewarding problem-solving approaches to living. The remainder of this section will be devoted to this topic.

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