

STRATEGIC FAMILY THERAPY

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A Brief History

- Strategic Therapy grew out of communications theory which evolved into three distinct models:
 - MRI's Brief Therapy
 - Haley and Madanes Strategic Therapy
 - Milan Systemic Model
- Birthplace of all three was the Mental Research Institute (MRI) where Strategic Therapy was inspired by Gregory Bateson and Milton Erickson

Theoretical Formulations

- People are always communicating
 - One cannot not communicate
 - Communication can also take place when it isn't intentional, conscious, or successful
- All messages have report and command functions
 - The report conveys information
 - The command is a statement about the relationship
- Command messages are patterned as *family rules*
 - Term refers to a description of redundant behavioral patterns (not regulation)
 - Families are generally unaware of them

Theoretical Formulations

- *Family homeostasis* – tendency of families to resist change in order to maintain a steady state
- Significant emphasis is placed on feedback loops (chains of stimulus and response)
 - Positive feedback loop – information that confirms and reinforces the direction a system is taking
 - Negative feedback – information that signals a system to correct a deviation and restore the status quo
- Whether a difficulty becomes a problem depends on how family members respond to it

Theoretical Formulations

First-Order Change (temporary or superficial changes that don't alter the organization of the system)	Second-Order Change (basic change in the structure and functioning of a system)
Mother starts using gold stars to reward son for doing his chores	Mother and father work together as a team to address son's behavior
Parents try several strategies to get daughter to come home by curfew	Parents start negotiating rules for daughter in recognition that she is grown up
Father takes a second job to keep up with growing family expenses	Mother takes a full-time job and father assumes a greater share of household duties

Process of treatment

1. **Intro. To the treatment set up:**
 - Obtaining basic information
 - Explain the sessions
2. **Inquiry into and definition of the problem:**
 - Therapist asks family about the problem
 - Problem is something that can be defined
 - “We just don’t get a long” is not a good reason

Process of Treatment

3. **Estimation of the behaviors maintaining the problem:**
 - Think of loops here
 - What behaviors are maintaining the problem?
 - What behaviors are reinforcing the problem?
4. **Setting the Goals for Treatment:**
 - Family & therapist negotiate goals
 - Goals are measureable and observable
 - “What will be the first sign that things are getting better?”
 - Exploration of previous attempts
 - Denial of a problem - - intervention promotes family to act
 - Trying to solve the problem - - intervention that stops the acting
 - Taking the wrong approach - - needing a different action

Process of Treatment

5. Selecting & making behavioral interventions:
 - ❑ Reframing – Use language to give new meaning
 - ❑ Looking at second-order change
 - ❑ Symptom Prescription: perform or expand the sx (compliance vs. defiance)
 - ❑ Positioning: amplify or exaggerate the problem to the point where the family disagrees
6. Termination:
 - ❑ Review of treatment
 - ❑ Anticipation for possible future events
 - ❑ Provide a starting point from which the family can build

Theoretical Formulations

- MRI approach involves the following:
 - 1. Identify feedback loops that maintain problems
 - 2. Determine the rules that support these interactions
 - 3. Find a way to change the rules in order to interrupt problem-maintaining behavior
- Strategic therapists:
 - Do not offer comprehensive evaluations of family development
 - Aim to solve familial problems
 - Refute the idea that any particular way of functioning, relating, or living is a problem if the client is not expressing discontent with it

Development of Behavior Disorders

- Three explanations of how problems develop:
 - 1. *Cybernetic* – difficulties are turned into chronic problems by misguided solutions that form positive feedback escalations
 - 2. *Structural* – problems are the result of incongruous hierarchies
 - 3. *Functioning* – problems result when people try to protect or control one another covertly

Goals of Therapy

MRI	<ul style="list-style-type: none">• Primary goal is behavior change• Once the presenting problem is resolved therapy is concluded
Haley and Madanes	<ul style="list-style-type: none">• Primary goal is structural reorganization of the family• Similar to MRI model but even further downplays the importance of insight
Milan	<ul style="list-style-type: none">• Direct offshoot of the MRI model• Less problem focused and more interested in changing family member's beliefs about collusions and the motivates for strange behavior

Assessment

- MRI:
 - Define a reasonable complaint
 - Get a very specific behavioral picture of the complaint, who sees it as a problem, and why it's a problem now
 - Useful device is to ask, "If we had a videotape of this, what would it look like?"
 - Identify attempted solutions that maintain that complaint
 - Sometimes attempted solutions make things worse
 - Understand the clients' unique language for describing the problem
 - Important in framing suggestions in ways they will accept

Assessment

- **Haley:**
 - Collect a careful definition of the problem expressed by every family member
 - Explore the possibility that structural arrangements of the family may be contributing to their problem – especially pathological triangles, or *cross-generational coalitions*
 - Consider the interpersonal payoff of problem behavior
- **Milan:**
 - Confirm or deny preliminary hypothesis (usually based on the assumption that the problems of the identified patient serve a protective function for the family)
 - Achieve a systemic perspective on the problem

Therapeutic Techniques

- MRI:
 - Paradoxical directives are often used to discover what families are doing to perpetuate their problems and then get them to try something different
 - *Symptom prescriptions* – family is told to continue or embellish the behavior they complain about
 - In response to self-destructive behavior a therapist might instruct a client to make a list of all of the things he or she might do to sabotage their life
 - Therapists avoid an authoritarian posture to avoid power struggles via a *one-down approach*

Therapeutic Techniques

- **Haley and Madanes:**
 - Currently referred to as *strategic humanism*
 - Definitive technique is the use of directives
 - Openly addresses the issue of interpersonal power in families
 - Metaphor is another significant theme
 - Four stages include:
 - 1. *Social* – used to help everyone relax and feel comfortable
 - 2. *Problem* – asked each person for their perspective
 - 3. *Interaction* – encouraged family members to discuss the problem themselves
 - 4. *Goal-setting* – determine treatment goals

Therapeutic Techniques

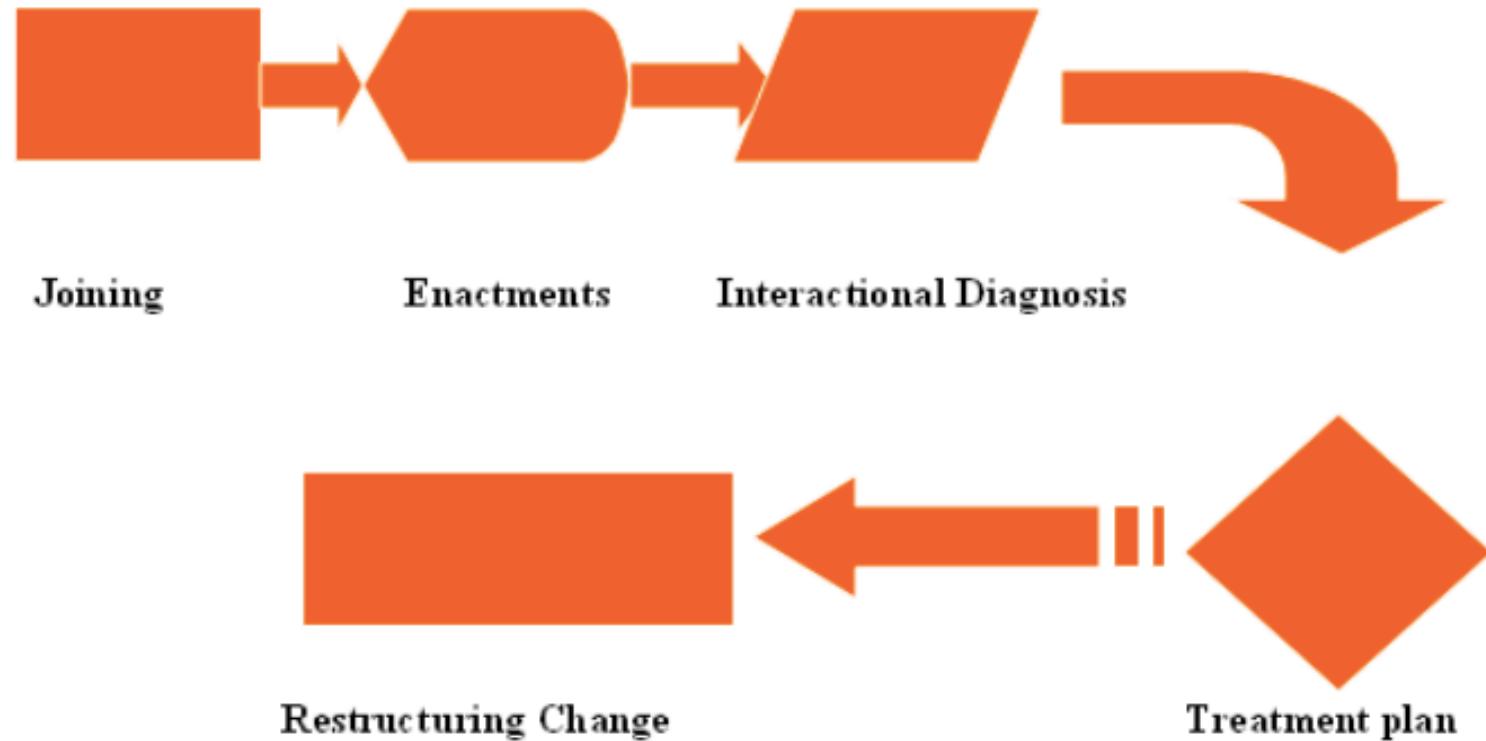
- Milan:
 - Primary intervention was either a positive connotation or ritual
 - *Positive connotation* – ascribing positive motives to family behavior in order to promote family cohesion and avoid resistance to therapy
 - Ex: “You two are very generous. Leon, you keep secrets so Marta won’t worry. Marta, you question Leon about his comings and goings so he’ll know that you care”
 - *Ritual* – a set of prescribed actions designed to change a family’s system rules
 - Ex: Each family member was instructed to express his or her gratitude each night to the patient for having the problem

Therapeutic Techniques

- Milan:
 - *Invariant prescription* – parents are directed to mysteriously sneak away together to strengthen their alliance and reinforce the boundary between generations
 - *Circular questioning* – method of interviewing in which questions are asked that highlight differences among family members
 - “Who is most upset by Carlo’s depression?”
 - “How does your mother try to help?”
 - “Who agrees with your father?”

Brief Strategic Family Therapy

Fig 1. BSFT Change Sequence



Joining

- Est. working therapeutic relationship with clear rules
- Therapist sets up a “new system”
- At the individual level
 - Each participating member of the family is respected and recognized
 - Attending to each client’s experience
- At the family level
 - Recognition of the interactional patterns
 - Validating family members
 - How is the family organized
 - Challenging structure too early may hinder therapy

Enactments

- Allowing the therapist to directly observe interactions
- Showing patterns of interactions
- Crucial for diagnosis
- Not interested in why problems got started
- Concern with present observable interactions

Interactional Diagnosis

- Strategically identify interactional patterns
- Find behaviors which represent best points of entry
- Formulate treatment to change maladaptive patterns

Organization:

- Powerlessness in parent figures
- Unbalance in the parental or executive subsystem
- Powerful adolescents (drug user)
- Ineffective parenting
- Disrespect of parents
- Triangulated interactional sequences
- Coalitions between one parental figure and the identified patient against all other parental figure(s).
- Lack of participation of the identified patient (drug user) in the sibling subsystem.

Resonance:

- User (Identified patient) and his/her “protector” are enmeshed
- “Other” parent is distant, disengaged from both the user (adolescent) and the “protecting” parent.
- Close and enmeshed relationships are often very conflictive, but not truly intimate. Lots of arguments.
- No intimacy with the disengaged family members (often a spouse).

Conflict-Resolution:

- High levels of conflict, a pattern of non-resolution.
- Inability for constructive confrontation and negotiation.

Identified Patienthood:

- The “drug user” or “identified patient” is very centralized by virtue of high levels of negativity or being a constant topic of conversation.
- Identified patient is viewed as the source of most of the family pain and unhappiness.

Developmental Stage:

- The user is infantilized in that s/he functions at a lower level of roles and responsibilities within the home than expected for his/her age.
- Other siblings “pick up the slack” or “compensate for the family” by assuming roles and responsibilities beyond their age.

Life Context:

- The family is typically isolated from pro-social, well-functioning systems.
- The family is intensely involved with other dysfunctional systems such as gangs, and systems that control or treat dysfunctions such as the legal system, the mental health system and schools for troubled youth

Treatment Plan

- Goal = changing maladaptive interactional patterns
- Movement away from present
- Improving behavior
- Creating adaptive and successful methods of interaction

Restructuring Change

□ Process vs. Content

- Working in the present
- Therapist more concerned with process
 - Process is the “how” or the “what happens” during the interactions
 - Repetitive actions & reactions
 - Content is the reasons families have
 - Families that are unaware will try to engulf therapist
- Working to get behaviors during therapy to be similar if not exactly how behaviors are at home is key
- Creating here & now in therapy

Restructuring Change

- Working with Boundaries & Alliances
 - Establish adaptive alliances to meet the needs of the family
 - Shifting Boundaries = shifts the boundaries that connect certain family members together
 - Mother-Daughter Subsystem
 - Opening up lines of communication
 - Creating more flexibility in the family

Restructuring Change

- Assignment of Tasks
 - Tasks used in and out of therapy
 - Way in which therapist creates opportunities for the family to behave differently in situations
 - Tasks would be done within therapy first
 - Easy tasks - - - - - Difficult tasks
 - Inside session - - - - - Outside session
 - If there is a failure in the tasks, look at the obstacles

Summary

- Strategic approaches vary in the specifics of theory and technique but share a problem-centered, pragmatic focus on changing behavioral sequences in which therapists take responsibility for the outcome of therapy
- Insight and understanding are key
- MRI is strictly interactional
- Haley and Madanes are interested in motives
- Milan attempted to understand multigenerational interactions that surrounded symptoms