Wearing Different Hats as a Family Therapist:

An Integrated Four-Phase Training Model

Roy O. Resnikoff, M.D.
Deborah R. Lapidus, Ph.D.

A current dilemma facing teachers and supervisors of family therapy trainees concerns how to provide a broadly based, eclectic approach that integrates circular/systems thinking with linear/developmental thinking. This article presents an integrated four-phase training model that attempts to integrate the four main types of family therapy (process, form, historical, and evolutionary) into an eclectic but organized training format. A detailed case history illustrates the use of the training model in actual practice.

Teachers of family therapy are currently faced with the dilemma of providing therapists in training with a broadly based, eclectic approach to working with families without encouraging chaos. The challenge for family therapy trainees is to integrate circular/systems thinking with linear/developmental historical concepts in family therapy in order to better address the complexity of family systems and the process of change. Integrating a systemic orientation which looks at the family as defined by the current dysfunctional interactional sequence, and a linear/developmental orientation which looks at the family as formed by past experience, has always been problematic. In the face of these integrative problems, students and their teachers often tend to focus on either process or form, depending on their orientation (1). This article briefly reviews the four main types of family therapy (process, form, historical, and evolutionary) described by Hoffman in her book Foundations of Family Therapy (2) and presents an organized teaching plan that provides training in all these major areas.

The process school of family therapy follows a Batesonian-cybernetic model of family functioning and intervention. This school, best characterized by Palazzoli and the Milan school (3,4), requires that the therapist identify interactional sequences and determine how these sequences become redundant. The therapist then finds positive reasons why the sequences exist and recommends that the sequences continue. In this way the therapist defines what is going on in the family and indirectly de-stabilizes the system.

Form-oriented family therapy involves changing the family hierarchy so that parents are put in charge of children, and relationships can be flexibly close or distant, rather than rigidly overly close or disengaged. The therapy is addressed to issues of
family organization, proximity boundaries (i.e. enmeshed vs. disengaged), and hierarchy boundaries (i.e. diffuse vs. clear; rigid vs. flexible). Ackerman (5) is acknowledged as the founder of form or “structural” family therapy, and Minuchin (6,7) and Haley (8–10) use both form and process therapies in combination.

Historical family therapists use a three-generational model to help people “work through” old issues or to make “redécisions” regarding old interactions. The goal is to help people emancipate more successfully from their family of origin and develop a higher functioning personality. Therapists such as Framo (11) and Bowen (12) have been especially identified with the historically oriented family therapies, although many process therapists use some historical information to positively connote or reframe a here-and-now interactional sequence.

Evolutionary life-stage family therapy is the basis for the fourth main family therapy orientation. In this orientation the ecological context of the family is explored. Issues of family adaptation and adjustment to life-cycle stresses are examined. Families are helped through developmental transition periods by destabilizing rigid redundancies and allowing the family to find new solutions. Sluzki and Ransom (13) point out that after dealing with form and process issues, families will frequently deal “spontaneously” with issues concerning the current developmental tasks of the family, for example, a teenager’s leaving home or the parents’ aging. Similarly, family therapists such as Minuchin have a strong sense of the particular behaviors and family structures that are appropriate for the current life stage of the family.

TEACHING THE FOUR MODELS OF FAMILY THERAPY: AN INTEGRATED APPROACH

We have developed a model in which family therapy trainees are taught to utilize the four major family therapy orientations in an integrated approach that provides eclectic flexibility without disintegrating into chaos. The training therapist is taught to follow each of the four family therapy models in the sequence of phases presented below.

Phase One: Process Therapy

In this initial phase of therapy, therapists are concerned with joining the family by accommodating the family and at the same time slowly earning the right to lead, direct, and change. The therapist also reframes the family’s presentation of reality. Therapists in training are asked to identify with the family while they search for reasons and justifications why the current situation is “just right” for the family at the time, even though the form of the family may be dysfunctional. For instance, it may be overly close, overly distant, or hierarchically inverted. The therapist is directed to delineate the process whereby the family entered therapy and to be aware that this process often duplicates redundancies around other family issues. For example, one parent may take an active, enthusiastic role in therapy, the other parent may take a more cautious, pessimistic approach, while their teenage child may refuse to come to therapy at all. The therapist is encouraged to justify and defend how the presenting symptom has a restorative effect or intent and to examine previously attempted solutions to determine their efficacy.

In summary, the first phase of therapy requires therapists to take a paradoxical stance by acknowledging that changes are required, but by urging that no direct changes be made. Therapists in training present themselves as supportive researchers who help the family become more aware of their current state. In the process of joining the family, they indirectly destabilize the dysfunctional family situation. The therapist also plants seeds for future alternatives that might be available to the family.