

Instructor's Manual for

FAMILY THERAPY: AN OVERVIEW

Eighth Edition



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COURSE SYLLABUS SKELETON

Introduction to Marriage and Family Therapy

Fall/Spring 2007

Instructor:

Office:

Phone:

Office Hours:

Email:

Time:

Location:

Website:

Course Description:

This course is designed as an introduction to the field of Marriage and Family Therapy (MFT). As such, students who successfully complete the course should be well versed in the basics of both the founding and contemporary theories of the discipline. Further, students will be exposed to a number of clinical vignettes and case scenarios that demonstrate the application of the theories in a family therapy session. Through class assignments and discussions, students will be able to make a more informed decision as to whether or not family therapy is a field that holds potential for them in their own professional pursuits. Systems theory guides the majority of what will be discussed in class. Students deficient in this perspective will be responsible for completing appropriate readings to familiarize themselves with these concepts.

Students successfully completing the course will not be prepared to practice MFT. Additionally, students may derive some personal or family insights from the content of this class, but the course is not intended to be a personal therapeutic experience. MFTs are exposed to a wide variety of human behaviors and interactions; therefore, it is possible that vignettes of families in emotional and interpersonal turmoil will be depicted either in readings, video media, or lecture content. If these things make you uncomfortable, this field is probably not for you. It is never the instructor's intention to offend or shock the students, but experience has shown that for various reasons (typically the student's own life experiences) some students can be offended or experience discomfort during discussions of abuse or other forms of emotional or physical trauma.

Course Objectives:

1. To introduce students to the basics of foundational and contemporary MFT theories.
2. To help students understand the link between theory and practice in MFT.

3. To help students develop an awareness of contextual factors that affect the therapeutic relationship.
4. To develop an awareness of ethical principles relevant to therapy.
5. To develop an awareness of individual and family dynamics that affect the therapeutic relationship.

Course Requirements:

Attendance: Policy as dictated by professor and any institutional guidelines placed here.

Exams: Requirements as dictated by professor and any institutional guidelines placed here.

Reaction Papers: Requirements as dictated by professor and any institutional guidelines placed here

Theory of Change Paper: You will be required to write a 5 page double-spaced paper on your theory of change. In the paper you should address your beliefs on psychopathology, dysfunction, and relational distress. What brings people into therapy? How do people change? How would family therapy or psychotherapy figure into your views? Further, you should be prepared to propose a theory on how to help people move from dysfunctional states to states of more functionality.

1st Draft is due date in-class and will be worth 25 points. You should plan on handing in the best possible work you can do. You will not automatically receive full credit on this draft just because you did the assignment. The papers will be graded and you will be asked questions that you'll need to address in the next draft.

2nd Draft is due date in-class and will be worth 25 points. You must turn in the copy of your first draft, on which I made comments, with this copy.

Participation: If you do not contribute to in-class discussions you cannot receive full credit for participation. Participation includes: attending class, asking questions, answering questions, responding to in-class discussions, meeting with the instructor privately to discuss course content, or even emailing the instructor about topics you wish we could address, etc.

Late Work Policy:

Grading Scale:

Additional Considerations:

1. Academic integrity – Paragraph here to be dictated by institutional policy
2. Americans with Disabilities Act Statement – Paragraph here to be dictated by institutional policy
3. Important Academic Dates - Paragraph here to be dictated by institutional policy

Textbook:

Goldenberg, H., & Goldenberg, I. (2013). Family therapy: An Overview (Eighth Edition). Belmont, CA: Brooks/Cole.

Chapter Objectives



Key Words/Fill in the Blank



Essay Questions



Group/Discussion Questions
for each chapter

CHAPTER 1

Adopting a Family Relationship Framework

CHAPTER OBJECTIVES

1. Understand “family” as a social system each with its unique rules, roles, structures of power, covert and overt forms of communication, and means of negotiating problems.
2. Illustrate the differences between social groups (a collection of individuals) and families (a particular type of social group).
3. Underscore the importance of adopting a family relationship framework in a counseling environment.
4. Define “family” as a social system and provide key dimensions that are included in this approach— such as the multigenerational nature of families, displaying a recurring pattern of interactional sequences (including rules and roles unique to family life), and noting the balancing of needs of members and the family system as a whole.
5. Evaluate the appropriateness of defining “family” as consisting of a mother, father, and biologically created children. Understand that families come in many forms and fashions and labeling one form of family “pathological” and another “optimal” or “healthy” can inhibit a clinician from working with a family’s strengths to effect change.
6. Identify the differences between an enabling and a disabling family system and how the family system adapts, or fails to adapt, to each member’s needs and their external network. Understand the role that stress and poverty can play in disabling a family system.
7. Understand the “pluralistic” nature of today’s families.
8. Understand that families are organizationally complex emotional systems. Implicit and explicit rules define appropriate and inappropriate behaviors in the family. Once interactional patterns are established it is difficult to make changes in them without significant effort. Families tend to be resistant to change. Nodal life-cycle events promote change as members come and go.
9. Consider gender and cultural factors that contribute to the distinct features of the family’s developmental pattern (this includes the role of sexual orientation, social class, and immigration status).
10. Discuss the importance of cultural factors in influencing what we believe are static gender roles. Also, highlight the fact that in addition to racial or ethnic identities that

contribute to family and individual identity formation, each family develops its own cultural identity as typified by communication and other transactional patterns.

11. Learn to identify the family's narratives and assumptions that help shape a "world view" thereby understanding the family social constructions about reality.
12. Recognize the fact that families evolve a developmental resiliency in spite of the fact that dysfunctional patterns may occur during times of stress, and, therefore, it is useful to adopt a resiliency-based approach. Help the class articulate the family strengths on which they see people needing to call in cases of extreme emergency.
13. Define the role of spirituality in family resiliency.
14. Contrast the perspective of family therapy (including the importance of an interpersonal and interrelation approach) to the traditional intrapersonal approach based on Freudian (psychoanalytic) theories.
15. Assist learners to make a paradigm shift in their overall way of thinking about human behavior within the family and its interaction with internal reality.
16. Provide definitions such as "paradigm" and "epistemology" and help the class connect with their understanding of how they see the world. Encourage discussion on a variety of different epistemological positions within the class.
17. Facilitate the adoption of a "cybernetic epistemology" which is a way of incorporating information processing and feedback mechanisms to control simple and complex systems especially as applied to the family system.
18. Clearly delineate the differences between first order (system can be observed from an objective position) and second order (including the observer and his or her influence in the system) cybernetics.
19. Introduce the concept of the double-bind theory of schizophrenia.
20. Recognize the importance of reciprocal determinism which shifts perspective from the "content" of linear causality to the "process" of circular causality.
21. Define and explore the related terms "postmodernism," "second order cybernetics," and "constructivism."
22. Highlight the significance of the "identified patient" (IP) and the appearance of symptoms.

KEYWORDS/FILL IN THE BLANK

1. _____ A set of interacting units or component parts that together make up a whole arrangement or organization.
2. _____ A set of assumptions, delimiting an area to be investigated scientifically and specifying the methods to be used to collect and interpret the forthcoming data.

3. _____ The study of the origin, nature, and methods, as well as the limits, of knowledge; thus, a framework for describing and conceptualizing what is being observed and experienced.
4. _____ A view of an observing system in which the therapist, rather than attempting to describe the system by being an outside observer, is part of what is being observed and treated.
5. _____ A view from outside the system of the feedback loops and homeostatic mechanisms that transpire within a system.

ESSAY QUESTIONS

1. Discuss the importance of adopting a family relationship framework when working with individuals and families. Identify the differences between an intrapersonal and an interpersonal approach. Evaluate the advantages and disadvantages of both.
2. Identify and describe 1st order cybernetics and 2nd order cybernetics. What do they have in common and how are they different? Note the importance of reciprocal determinism and explain how it impacts the family.
3. Describe the role of culture on a family and explain how families from similar cultural backgrounds can have unique family cultures. What role do rules play in families (in regard to family culture)?
4. Define how one's epistemological perspective determines how one sees the world and consequently how one is likely to view families.
5. Define the role of family strengths and resiliency. Do all families have strengths? How can a helping professional increase the strengths within a family?

GROUP/DISCUSSION ACTIVITIES

1. In small groups discuss the differences between families and other social groups. What is unique about the family? What would be included in adopting a family relationship framework?
2. Identify any obstacles the class might see in taking this perspective. Are there benefits?
3. Have class members highlight something from their own family that they had not noticed before reading the chapter.
4. Have class members talk about their cultural identity (race, ethnicity, gender, or religion) and how their family life (individual family culture) either confirms or challenges stereotypes associated with their culture. Support anyone who chooses to discuss their sexual orientation and gender identity for the same purpose.
5. Sentence Stems: Write the following sentence stems on the board and have class members fill in the blanks with a variety of responses. Then, discuss the responses and

help the class understand how the manner in which they have completed the sentence stems speaks to their own epistemological positions.

Families are _____

Healthy families have _____

When a family is dysfunctional the cause is most likely related to _____

Most families need _____

Family therapists can be most helpful to a family by _____

GLOSSARY TERMS

circular causality: The view that causality is nonlinear, occurring instead within a relationship context and through a network of interacting loops; any cause is thus seen as an effect of a prior cause, as in the interactions within families.

constructivism: The belief that an individual's knowledge of reality results from his or her subjective perceiving and subsequent constructing or inventing of the world, rather than resulting from how the world objectively exists.

cybernetics: The study of methods of feedback control within a system, especially the flow of information through feedback loops.

double-bind concept: The view that an individual who receives important contradictory injunctions at different levels of abstraction—about which he or she is unable to comment or escape—is in a no-win, conflict producing situation.

dyad: A liaison, temporary or permanent, between two persons.

ecosystemic approach: A perspective that goes beyond intrafamilial relationships to attend to the family's relationships with larger systems (schools, courts, health care).

epistemology: The study of the origin, nature, and methods, as well as the limits, of knowledge; thus, a framework for describing and conceptualizing what is being observed and experienced.

ethnicity: The defining characteristics of a social grouping sharing cultural traditions, transmitted over generations and reinforced by the expectations of the subgroup in which the individual or family maintains membership.

feedback: The reinsertion into a system of the results of its past performance, as a method of controlling the system.

first-order cybernetics: A view from outside of the system of the feedback loops and homeostatic mechanisms that transpire within a system.

identified patient (IP): The family member with the presenting symptom; thus, the person who initially seeks treatment or for whom treatment is sought.

interpersonal: Interactional, as between persons.

intrapsychic: Within the mind or psyche; used especially in regard to conflicting forces.

linear causality: The view that a nonreciprocal relationship exists between events in a sequence, so that one event causes the next event, but not vice versa.

monad: Properties or characteristics of a single individual.

narrative therapy: A postmodern therapeutic approach in which the therapist and family members co-construct new stories about their lives that encourage the possibility of new experiences.

nuclear family: A family composed of a husband, wife, and their offspring, living together as a family unit.

paradigm: A set of assumptions, delimiting an area to be investigated scientifically and specifying the methods to be used to collect and interpret the forthcoming data.

postmodern: A philosophical outlook rejecting the notion that there exists an objectively knowable universe discoverable by impartial science, and instead arguing that there are multiple views of reality ungoverned by universal laws.

psychoanalysis: A comprehensive theory of personality development and set of therapeutic techniques developed by Sigmund Freud in the early 1900s.

psychopathology: A disease concept derived from medicine, referring to the origins of abnormal behavior.

resilience: The ability to maintain stability and rebound in response to loss or trauma.

second-order cybernetics: A view of an observing system in which the therapist, rather than attempting to describe the system by being an outside observer, is part of what is being observed and treated.

stepfamily: A linked family system created by the marriage of two persons, one or both of whom has been previously married, in which one or more children from the earlier marriage(s) live with the remarried couple.

system: A set of interacting units or component parts that together make up a whole arrangement or organization.

triad: A three-person set of relationships.

CHAPTER 2

Family Development: Continuity and Change

CHAPTER OBJECTIVES

1. Become aware of how a family moves through family life cycle stages.
2. Learn about the mastery of developmental tasks for individuals and families. Understand that family life cycle transitions often are defined by the addition or subtraction of family members (birth, marriage, and death).
3. Normalize the fact that moving from one stage to another within the family life cycle is rarely a smooth process.
4. Understand that changing demographics and family types have called for a greater understanding of the complexities of applying the family life cycle to all families.
5. Become familiar with how individual developmental processes interact with the family life cycle.
6. Learn the family stage markers for forming and nesting of the gestational stage of family development.
7. Know the middle stages of the family-separation processes—entrances, expansion, and exits.
8. Learn the finishing stages of the Family Life Cycle.
9. Become familiar with family transitions and symptomatic behavior such as anxiety and stress.
10. Learn about Evelyn Duvall's classic eight stages of family development and Barnhill and Longs' transition points through the life cycle. Explain how these were pivotal theoretical advances in understand family stage theory.
11. Appreciate what horizontal and vertical stressors are and how they differ from each other. Understand that therapists will work with stressors on both axes.
12. Be able to objectively critique the family life cycle model and understand its limitations.
13. Clarify the concept of discontinuous change between stages and underscore Breunlin's ideas of oscillation between stages, including the vacillation between more and less competent behaviors.
14. Explain Laszloffy's critique about the specific generational limitations of the family life cycle model.
15. Recognize the developmental sequences of intact families as a starting point. Realize that other family types will also have specific phases that need to be attended to by

helping professionals.

16. Become familiar with the phases of divorce and the families that are led by a single-parent.
17. Learn to understand the dynamics and processes involved in the remarried or blended family.
18. Gain awareness about gay and lesbian families in order to have a more informed understanding of gay and lesbian parenting.
19. Understand the oppressive cultural influences that affect the way in which gay and lesbian families negotiate nodal family life cycle transition points.

KEYWORDS/FILL IN THE BLANK

1. _____ The series of longitudinal stages or events that mark a family's life, offering an organizing schema for viewing the family as a system proceeding through time.
2. _____ A higher-level system in which other systems represent component parts and play subsystem roles.
3. _____ Problems to be overcome and conflicts to be mastered at various stages of the life cycle, enabling movement to the next developmental stage.
4. _____ A three-person system, the smallest stable emotional system; according to Bowen, a two-person emotional system, under stress, will recruit a third person into the system to lower the intensity and anxiety and gain stability.
5. _____ A post divorced family structure in which the former spouses reside in separate households and function as two separate units; although living separately, their nuclear family is thus restructured but remains intact.

ESSAY QUESTIONS

1. Critique the stage model by identifying some of the strengths and potential weaknesses of looking at a family with this particular framework.
2. Define the role of culture in the family life cycle. How does it strengthen or weaken a family's resources through transition periods.
3. Do you agree that all families go through a family life cycle? Should family scientists try to understand the observable and definable transition periods that all families go through? Why or why not?
4. As a helping professional what do you anticipate are the most difficult family life cycle stages? Why? How do you anticipate drawing attention to life cycle issues in the therapy room?

5. Discuss how gay and lesbian families are the same and potentially different than heterosexual families. How might a family therapist approach do therapy with such a family? Give an example.

GROUP/DISCUSSION ACTIVITIES

1. Have random students identify the stage of development their own family is currently at. Ask, “Is it possible that one member of your family sees themselves as being in a very different stage than you? How?”
2. Play: Name that stressor. Prepare on cue cards (or write on the board) a random list of stressors, both vertical and horizontal. Have the students identify the stressor as either vertical or horizontal according to the reading in the chapter. Throw in some trick questions (stressors that might be both) for the purpose of discussion. Wrap up by facilitating a discussion on the topic of, “How helpful is it to classify these stressors as either vertical or horizontal?”
3. Invite a panel of gay and/or lesbian adults to the class to discuss the family life cycle and how “coming out” and subsequently living openly has affected the life cycle. (You will need to prepare the guests and familiarize them with the life cycle stages prior to the activity.)
4. Discuss the impact of natural disasters on family development (i.e., hurricanes, tornadoes). Then, contrast natural disasters with man-made trauma, sexual assault, war, mugging, etc. to see how the family life cycle is impacted differently.
5. Briefly have pairs of students discuss the developmental sequence of their family of origin, noting how their family moved through the transition points.

GLOSSARY TERMS

binuclear family: A post-divorced family structure in which the former spouses reside in separate households and function as two separate units; in living separately, their nuclear family is thus restructured but remains intact.

developmental tasks: Problems to be overcome and conflicts to be mastered at various stages of the life cycle, enabling movement to the next developmental stage.

family life cycle: The series of longitudinal stages or events that mark a family’s life, offering an organizing schema for viewing the family as a system proceeding through time.

joint legal custody: A term used in the law to denote the rights of divorced parents to share in certain major decisions (e.g., religious upbringing or choice of schools) regarding their children.

strategic: A therapeutic approach in which the therapist develops a specific plan or strategy and designs interventions aimed at solving the presenting problem.

structural: A therapeutic approach directed at changing or realigning the family organization or

structure in order to alter dysfunctional transactions and clarify subsystem boundaries.

suprasystem: A higher level system in which other systems represent component parts and play subsystem roles.