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<td><strong>PEOPLE:</strong></td>
<td>From pragmatics of human communication. Watzlawick, Beavin, and Jackson---&gt;HUMAN COMMUNICATION</td>
<td>Founder: Salvador Minuchin, born and raised in Argentina. -Started seeing families at school of delinquent boys in the 50s. -Self-taught, collaborated with Haley in 60s -Started his own center in NY in 1981. -Retired in 1996.</td>
<td>Carl Whitaker (co-author of &quot;The Family Crucible&quot;) who described change as the result of experience. Virginia Satir who combined communication theory with a humanistic approach to therapy. Walter Kempler who applied gestalt techniques to family therapy. Leslie Greenberg and Susan Johnson who combined the works of Rogers, Perls, Satir and Bowlby. Today experiential family therapy today is best represented by their approach - emotionally focused couples therapy (EFCT).</td>
<td>-From the 1930s to the 1950s psychoanalytic researchers became more interested in the contemporary family. --&gt;Erik Erikson explored the sociological dimensions of ego psychology. --&gt;Erich Fromm's observation about the struggle for individuality foreshadowed Bowen's work on differentiation of self. --&gt;Harry Stack Sullivan's interpersonal theory emphasized the mother's role in transmitting anxiety to her children. --&gt;While in USA/America (1950) the ego psychology (which focused on intrapsychich structures). in Britain the object-relation (interpersonal analysis) theory flourished.</td>
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<td><strong>THEORETICAL FORMULATION</strong></td>
<td>-Grew up from communication theory. -From pragmatics of human communication. Watzlawick, Beavin, and Jackson---&gt;HUMANO COMMUNICATION: --&gt;People are always in</td>
<td>Family's problem are not solely due to content, but rather a complete structure that may interact. Structural family therapy offers a blueprint of such interactions. Three constructs define structural</td>
<td>Experiential Models (206) - Introduction Experiential Family Therapy refers to several types of family therapy (existential, gestalt, client-centered, etc.) that share a number of</td>
<td>-as actors, perhaps we take ourselves too seriously; as observers, we take other selves not seriously enough. As family therapists, we see the actions of our clients</td>
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communication. (If behavior is not be; therefore, there is no communication).

--Report and Command function. (report -- direct message. Command -- an hidden or implicit order: Mom Gerardo hit me -- "do something about it (command)").

--commands messages are patterned as "rules". Jackson used the term "family rules" as description of regularity, not regulation. Nobody lays down the rules. In fact, families are generally unaware of them.

--The rules, or regularities, of family interaction operate to preserve family homeostasis. Homeostasis bring back family equilibrium in face of disruption and thus serve to resist change.

--Communication theorist don't look for underlying motives; instead, they assumed circular causality and analyzed patterns of communications linked together in additive chains of stimulus and responses as "feedback loops".

--The focus is on the interactions that perpetuate problems, can be changed.

Theory:
1-structure: an organized pattern in which families interact not deterministic or perspective, only descriptive. It is partly universal, partly idiosyncratic. Can only be seen when a family is in action because verbal descriptions rarely convey the true structure.
2-subsystems: are subgroupings within the family based on age (or generation), gender and interest (or function).
3-boundaries: are invisible barriers that regulate contact between members:
   -- Diffuse, too weak, or "enmeshed".
   -- rigid, too fortified, or "disengaged".
Boundaries are reciprocal:
--that means that a weak boundary (enmeshment) in one relationship usually means the same person is disengaged from someone else: "a wife who is enmeshed with child and disengaged from husband"/ "a father who is very close and enmeshed with older son who hunts with him, and disengaged with daughter".

Characteristics:
• A focus on tile here-and-now:
• Humanistic, existential, phenomenological approach
• Self-actualizing - self-healing, moving toward healthy, loving relationships,
• An emphasis on emotional experience

Family dysfunction results from ...
• Suppressed emotions and desires.
• Suppression results in -- "Mystification" (i.e. methods used by family members to obscure family conflicts),
-- Alienation - from their feelings. family members
--this therapy presents an anti-theory approach itself (therapist need to be free to explore/experience).
-- the assumption is that opening up individuals to their experience is a prerequisite to breaking new ground for the family group.
-- the underlying premise of experiential therapy is that the way to promote individual growth and family cohesion is to liberate affects and impulses. Efforts as a product of their interactions. Yes, people are connected, but that connectedness should not obscure the fact that the nature of their interactions is partly dictated by psychic organization of unsuspected depth and complexity.

- In order to understand people that means that we need to delve deeper into their experiences.

Freudian Drive Psychology:
- the drives are at the heart of human nature (libidinal and aggressiveness).
- Conflicts arise when children learn, and mislearn, that acting on these impulses may lead to punishment. It results in:
  1-anxiety: unpleasant associated with the idea (unconscious) that one will be punished for acting on a particular impulse (for example, novio will leave you if you show anger).
  2-depression: Unpleasant + idea (unconscious) that calamity has already happened.

Cure: strengthening the defenses against one's
to reduce defensiveness and unlock deeper levels of experiencing rest on an assumption of the basic goodness of human nature.

Greenberg and Johnson’s emotionally focused couples therapy:
---> draws on attachment theory.
---> according to the, emotion organizes attachment responses and serves a communicative function in relationships. When people express their vulnerability directly, they are to elicit a compassionate response from their partners. But when an insecurely attached person fears vulnerability and shows anger instead, the response is more likely to be withdrawal. Thus the person most in need of attachment may, by being afraid to expose the need, push away the loved one he or she longs to get close to. The antidote for this dilemma is what experiential therapy is all about: helping people relax defensive fears so that deeper and more genuine emotions can emerge.

Attachment:
- securely attached-->

impulses or by relaxing defenses to permit some gratification.

SELF-PSYCHOLOGY:
- every human being longs to be appreciated.
---> when we are appreciated by our parents, we internalize it as self-confidence. Conversely, if our parents are unresponsive or rejecting then our craving for appreciation is retained in primitive manner.

OBJECT RELATION THEORY:
-
| NORMAL FAMILY DEVELOPMENT | 1-The general systems theory model states that normal families, like all living systems, depend on two vital process:
1-they maintain integrity in the face of environmental challenges through “negative feedback”
2- All living systems require a coherent structure in order to survive; however, having an overly rigid system hinders the families ability to adapt to changing conditions and situations.
2-This is the reason why appropriately functioning families also possess a positive feedback system.
3-Negative feedback: defends the system from any disruptions | 1- Normal families are distinguished from "no normal families" because of their functional structure for dealing with problems.
-All couples must learn to adjust to each other, raise their children, deal with their parents, and ear a living. The nature of these struggles change with developmental stages and situational crisis.
-When to people join to form a couple, the structural requirements for the new union are accommodations and boundary making.
2-accomodations: couple need to discuss daily events and must agree on major issues such as where to live and if and | 1- Normal families are the one in which self-identity, self-awareness and authenticity is encourage.
-Suppression results in—"Mystification" (i.e. methods used by family members to obscure family conflicts),
—Alienation - from their feelings. family members

Experiential therapist will see the family as the place of sharing experiences. Functional families are secure enough to support and encourage a wide range of experiencing;
dysfunctional families are
in order to provide a state of stability and balance. 
4- Positive feedback: works to intensify or increase change in order to adjust to various alterations and variations of events and behaviors.
5- Healthy families have the capability and willingness to change. This can be achieved as a result of the establishment and preservation of open and clear lines of communication; as well as, the families adaptability.

MRI-PEOPLE
- They oppose to the idea of "standards of normality, stating that 'as therapist... we don't regard any particular way of functioning, relating, or living as problem if the client is not expressing discontent with it". (They opposed taking a position)

MILAN-
- Milan Associates made an offer to maintain a position of neutrality.
  1- they discuss various questions, and uncertainties. This in turn assist the family in examine themselves
  2- Haley's approach on the notion of sound family functioning-assist the family in the process of reorganize themselves into more functional structure (stated boundaries and generational hierarchy).

when to have children. 
3-boundaries: a couple that are completely separate, have separate accounts, have different friends, and have different activities certainly they will have struggle as they are not creating boundaries from the outside word.
Therefore, it is not a pair, but a two separated individuals. This lack of boundaries may be created as each of them as individuals have costumes that align to their past life (play with the boys; go party, etc.) and now they must accommodate.
- The formation of a new family is also a struggle.
- Having children is also a struggle because now they need to deal with new subsystems (parents subsystem and child subsystem). This can create anxiety as pregnancy requires new roles and new behaviors to which parents have no practice on.
- Minuchin warns therapist not to mistake growing pains for pathology.

frightened and bloodless. Neither problem solving skills nor particular family structure are considered as important as nurturing spontaneous experiencing.
DEVELOPMENT OF BEHAVIOR DISORDER

- families with issues are trapped in homeostatic, dysfunctional pattern of communication.
  1. These families displayed a strong adherence towards inflexibility; responding to various alterations and modifications as negative feedback.
  2. They were resistant to change.

STRATEGIC MODELS (MRI: people, Milan and Haley)
- Cybernetic (MRI: people likes this): Difficulties are turned into chronic problems by misguide solutions, forming "positive-feedback escalations".
- Structural: problems are the result of incongruous hierarchies.
- Functional: problems result when people try to protect or control one another covertly, so that their symptoms serve as a function for the system.

1. The main central theme of the strategic model states that self-defeating behaviors are responsible for the maintenance of the problems in an individual's life.
   - Haley noted that self-defeating patterns may be a contributor factor for dysfunctional family organizations.

2. Modifications to the structure are needed when a member of the family encounter external pressure (dad is laid off) or when there is a transition in the developmental process (child reaches adolescence).
3. Healthy family change; unhealthy family become rigid in structures that are not longer working.
   - In disengaged families, boundaries are rigid and the family fails to mobilize support when it is needed. Disengaged families may not be aware of difficulties with their kids in school.
4. Enmeshed families boundaries are diffused and family members become dependent on one another. This type of parents inhibit the process of normal development of their kids and inhibit them from learn how to solve their problems.
5. Disengaged and enmeshed in subsystems rather than families who are disengaged and enmeshed. Enmeshed and disengagement tend to be reciprocal. A father that is so attentive to work may ignore the family.
6. Hierarchies can be rigid and unfair or weak and ineffective. In the first case, children may find themselves unprotected.

1. From an experiential perspective, denial of impulses and suppression of feelings are the root of the family problems.
2. Dysfunctional families are locked into self-protection and avoidance.
3. In Harry Stack Sullivan's terms, they seek "Security" rather than satisfaction. The problem is that they smother emotion and desire.
4. Whitaker said that there is no marriage in this world: there are only two individuals sent out by their families to perpetuate themselves. Both persons need to work out the inherent conflict in this situation. Couples who remain together eventually reach some kind of accommodation. Whether compromise or resignation, reconciling themselves to each other lessens the friction. Dysfunctional families, fearful of conflict, adhere rigidly to the rituals that they establish. Having experienced the anxiety of uncertainty, they now cling to their routines.
because of a lack of guidance, in the second, their growth as individuals may be impaired and power struggles may ensue. Just as hierarchies are necessary for a family’s stability, flexibility is necessary for it adapt to change.

Key to Figs. 2-4:
- clear boundary
- diffuse boundary
- rigid boundary
affiliation
overinvolvement
conflict
coalition
destabilizing

- Parents who can resolve the conflict divert the focus of concern onto a child. Instead of worrying about themselves, they worry about their child. This process victimizes the child.
- Another example is the mother who is enmeshed responds to the children’s needs with excessive concern. The disengaged father may not respond at all. Both are critical of each other, but they perpetuate each other’s behavior with their own.
- Permissive parents engage in
power-struggle with their kids.

-children from this type of family have not learned how to accommodate; therefore, they may encounter difficulties in school.

GOALS OF THERAPY

- Therapy is directed at altering family structure.
- IT is important to create an effective structure:
  -->creation of effective hierarchy and executive subsystem.
- Structural problems are usually viewed simply as failure to adjust to change.
- Therapist doesn’t solve problems, that’s the family’s job.
- Boundaries must be strengthened in enmeshed relationships, and weakened (or open up) in disengaged one.
- Role of the therapist: joins the family in a position of leadership/ maps the family’s underlying structure

- The strategic method programs that as soon as the individual presenting problem is treated, the therapy is terminated.
- If the family members fail to personally request therapeutic intervention for these behaviors, the therapist refrains from targeting them

MRI-therapist provide an explanation in regard to this issue by stating that, they view these individuals as stuck rather than sick.

MRI-role and responsibility as therapist lies in providing a little assistance or a small push to help the individual get moving again.

MRI-to assist the family members to identify and define

1- uncover deeper levels of experiencing. Satir says:
1- family member should be able to express congruently, completely, and honestly on what he sees and hears, feels and thinks, about himself and others, in the presence of others.
2- each person should be addressed and related to in terms of his uniqueness, so that decisions are made in terms of exploration and negotiation rather than in terms of power.
3- differentness must be openly acknowledge and used for growth.

New experience for family
clear, attainable goals; this is done for everyone. MRI- behavioral in its goals as well as its observations of patterns interactions (the primary priority lies in altering the behavior reactions exhibited by the individual in response to their problem. MRI- may utilize "reframing the problem while simultaneously presenting a cognitive element to the client".

Strategic therapist go on to state the majority of the time in the treatment session is spent in motivating the client to establish as et of clear behavior goals. By the establishment of clear behavioral goals, clients are pressured to clarify ambiguous dissatisfactions. Pushing clients can lead to a clear reality which result in the disappearance of their utopian desire and wishes (often times resulting in dissapointment).

- changes in behavior happens by opening alternative patterns of interaction that can modify family structure. It is not about creating one, but rather to activate the dormant ones.
- Change can be produced by "joining" the family, probing for areas of flexibility and then activating latent structural members is thought to break down rigid expectancies and unblock awareness--all of which promote individualization.

Duhls echos Satir, who believed that low self-esteem and the destructive communication responsible for it were the main problem in unhappy families.

Whitaker thought that families come to treatment because there were unable to be close and therefore unable to individuate.

| CONDITIONS FOR BEHAVIOR CHANGE | MRI- resolving problems is to alter the behaviors that are associated with them. Through the client’s visualization of the results that occur in response to the alteration of rigid behavioral responses, this will yield a higher degree of flexibility of problem solving skills in clients. | -changes in behavior happens by opening alternative patterns of interaction that can modify family structure. It is not about creating one, but rather to activate the dormant ones. | 1-Existential encounter is believed to be the essential force in the psychotherapeutic process. 2-These encounters must be reciprocal; instead of hiding behind a professional role, the therapist must be a genuine person who catalyzes change using his or |
alternatives. This "joining" allows the therapist to get to the family. One acts aggressively when approaching the family may rejected; one that is too passive the family will assimilate intervention into dysfunctional structure. -To join, therapist must show acceptance for family members and respect for their ways of doing things.

The first task is to understand the family's view of their problem.

-Enactments (is like directly a play) to reveal structural patterns, and later to change them in the immediate intersection of the session (in the session). The therapist invite a particular subsystem to handle a problem or discuss a particular issue. (therapist observe)

- Spontaneous sequences that illustrate family structure: it is like focusing a spotlight on action on actions that are already occurring. By doing this, the therapist can remove times of "not progress" in the family.

her personal impact on families... Kempler (1968) said: "in this approach the therapist become a family member during the interviews, participating as fully as he is able, hopefully available for appreciation and criticism as ell as he is able to dispenses. He laughs, cries and rages. He feels and shares his embarrassments, confusions and helplessness".

Satir on the other hand, utilized caring and acceptance were the keys in helping people:

"I am not interested in changing people. I am interested in finding their rhythms, being able to join with them, and help them go inside to those scare places. Resistance is mainly the feat of going somewhere you have not been.

Traditional therapy focus on opening up the members of the family to say what is in their minds; however, the unconscious is what needs to be uncovered. This can be done through experiential therapy. Therefore, increasing experiential levels of individual family
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<td>1-define a resolvable complaint</td>
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<td>2-identify attempted solutions that maintain the complaint</td>
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<td>3-understand the clients unique language of describing the problem (the how).</td>
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**ASSESSMENT:**
1-identify the problem (very specific regarding the behavioral complaint) 
2-identify the individual that has tried to solve the issue and what methods or interventions they used. 
3-problem-solving loop as well as the target behavior which will become the focus of interventions. 
4-the strategic method of problem solving is totally different from what they have tried before. 
5-the main focus of assessment is to prohibit the performance of the behavior responsible for maintaining the problem. 

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<td>-Joining: in a position of leadership and accommodating:</td>
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<td>--&gt;families is set up to resist you. You are a stranger, and know nothing about their struggles, and their goodness.</td>
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<td>--&gt;important to join with angry and powerful family members</td>
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<td>--&gt;important to build an alliance with every family member.</td>
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<td>--&gt;important to respect hierarchy.</td>
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<td>Working with interaction: by inquiring into the family’s view of the problem and tracking the sequences of behaviors that they use to explain it.</td>
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<td>Mapping underlying structure: in ways that capture the interrelationship of members--a structural map is essential.</td>
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<tr>
<td>--&gt;Family structure is manifested only when members interact.</td>
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<tr>
<td>--&gt;by asking everyone for a description of the problem, the</td>
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| | members will lead to more honest and intimate interactions. |
| Experientialists believe in immediate personal experiencing; as family therapist, they believe in the interconnectedness of families. |

| | Task of therapist is to assist the client in unblocking defenses and releasing people’s innate vitality. |
| Assessment: |
| 1-there is not much attention dedicated to assessments; therapist in this area are less likely to care for the family structure and/or organization. |
| According to expericialist: |
| “diagnoses are the tombstones of the therapist frustration and accusations such as defensive, resistant, and secondary gain, are the flowers placed in the grave of his buried dissatisfaction”. |
| For most experientialist, assessment takes place informally as the therapist gest to know a family. In the process of developing a relationship, the therapist learns what kind of people he or she is dealing with. |
MRI-APPROACH (THERAPEUTIC TECHNIQUES)
1- introduce to the treatment setup
2-inquiry and definition of the problem
3-estimation of the behavior maintaining the problem (Therapist proceeds to make inquires about the previously attempted solutions, which might serve as the feature responsible for maintenance of the problem).
Typically the solutions which have an inclination to be held responsible for the production of the problems fall into one of three categories:
   a- deny that a problem exist (action necessary but not taken)
   b- action is taken in where it should not be (solution for what is not the problem)
   c- solution is an effort to solve a problem within a framework that makes a solution impossible; action taken but in the wrong level.
4-setting goals for treatment. persuade the client to adhere to the method.
5-selecting and making behavioral intervention. Therapist will reframe the problem to increase the probability that the individual will comply. The therapist may bring the family members into play, by attempting to get the therapist increases the chances for observing and restructuring family dynamics.
Highlighting and modifying interactions:
   -->spontaneous behavior sequences
   -->enactments--directed by therapist
Restructuring:
   -->use of reframing to illuminate family structure
   -->use of circular perspectives (helping each other change)
   -->boundary setting
   -->unbalancing (briefly taking sides)
   -->challenging unproductive assumptions
   -->Use of intensity to bring about change (not giving up)
   -->Shaping competency
   -->not doing the family's work for them (refusing to answer questions, or to step in and take charge when it is important for the family members to do so).
Boundary Making:
   -->Interventions are designed to strengthen boundaries. Family members are urged to speak for themselves, interruptions are blocked and dyads are helped to finish conversations without instruction. Therapist may
Therapeutic techniques:
-There are no techniques; there are people.
-Satir and her ability to communicate. She worked hard to clarify communication, turned paopel way from complaining toward finding solutions, supported the self-esteem of very member of the family, pointed out positive intentions, and showed by example how to be "affectionate". She was loving, but forceful healer.
-The use of touch (how to touch people to demonstrate feelings).
-Expressive techniques:
   -->Art therapy (drawing)
   -->family sculpting (therapist ask a member of the family to organize the others)
   -->some gestalt techniques.
   -->poppet interview
Expressive techniques:
   -->Art therapy (drawing)
   -->family sculpting (therapist ask a member of the family to organize the others)
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   -->poppet interview
family members to perform a behavior that contradicts common sense (paradoxical interventions).

6-termination.

The Haley and Madanes Approach:

The defining technique is the "directives" or homework assignment designed to help families interrupt homeostatic patterns of problem-maintaining behavior.

The approach to his preliminary interview adheres to a four stage model:
1-social stage: stage in which the therapist make the family feel welcomed and not blamed (families may feel this way as their attempts to solve the problems have not worked out)
2-problem stage: each individual participate in presenting their perspectives of the problem. Haley prefers to speak with the father first in efforts of increasing their participation. An effort is made to listen actively and understand the manner used by each individual in describing the problem. Use of skills to uncover and locate various clues about triangles and hierarchy. Avoid interpretation and comments in direct who can talk. Although family therapy is as a whole, subsequent session can be done individuals or in subsystem-groups. For disengaged families the therapist intervene to avoid "conflict avoidance" and therefore "no interaction" by providing an opportunity to interact and brake down barriers.

Unbalancing: -->boundary making aims to realign relationships between subsystems. In unbalancing, the goals is to change the relationship within a subsystem. What often occurs in families is that they remain fixated in a trouble (balance in opposition) inhibiting them from acting and move on. The therapist will aim to support one individual or a subsystem (taking a side-not as an arbitrary judge of "right or wrong", but rather to realign the system).

challenging unproductive assumptions:
 -->It is challenging the client to view the situation with different lenses. It is a cognitive-approach; although, structural therapy is not a cognitive approach.
a defensive manner.  
3-interaction stage: therapist ask each member to speak and discuss statements made. Therapist got the chance to observe rather than just observe; therapist seek to locate any "coalitions" between the family members between each other.  
4-goal-setting stage: Haley tried to emphasized out that "development of problems such as anxiety; contained the possibility of influencing, promoting and maintaining interpersonal struggles within the family".  
Haley's treatment technique is to understand the heart of the family drama that symptoms revolve around.  
THE MILA MODEL  
1-presession  
2-session  
3-intersession  
4-intervention  
5-postsession discussion  
Positive connotation: technique of ascribing positive motives to family behavior in order to promote family cohesion and avoid resistance to therapy. Rituals: were employed in efforts of attempting to engage
families in a sequence of actions which contradicted or exaggerated rigid family rules. Rituals: were also made use of to dramatize positive connotations.

-therapist to remain neutral and avoid taking sides
-Circular questioning: designed with the intention of decentering clients by orienting them towards seeing themselves in a relational context and seeing that context from the perspective of other family members.