FIRST INTERVIEW WITH THE FAMILY

I Basic Considerations
Diagnosis → 1) assessment of systems forces operating 2) evaluation of family's motivation

II Motivation - awareness of possible ambivalence and concealed sabotage
absent or uncooperative members may be delegated to express resistance of whole family
capacity for being motivated

III Therapeutic Contract - by end of first interview, must have minimal agreement on necessity of further steps
therapist may present options to follow: 1) healing through encounter - family dialogue that covers increasingly significant levels and leads to reconciliation 2) healing through systemic change - hdlp family redefine their reality through paradoxical prescription 3) healing through active restructuring - change ongoing relational patterns and alliances

IV When is interview with whole family especially indicated?
when strong binding and exploitative familial relationships exist
when danger exists that family may be therapied apart by individual treatment
certain diseases which have a family basis: anorexia, some schizophrenias

V role of therapist
a) empathy - tuned into experiences and state of mind of others
b) ability to maintain systems view - not what is going on inside these people, but now these people affect each other
c) therapist must both provide structure and remain flexible to respond to spontaneous opportunities
d) therapist is both producer (directing process, giving momentum when drama stagnates) and participant-observer
e) therapist must have ability to become deeply involved in family; then be able to disengage (by changing interaction patterns, challenging family)
f) multidirectional partiality - ability to adopt positions of all family members; not neutral, evenhanded; siding with different members against other members; yet maintain sense of justice; conveys to each member he is a worthwhile person someone therapist is trying to understand and respect and like
g) ability to reconceptualize situation positively - strengths and resources
an active role demanded - without direction, destructive relational patterns usually escalate or rigidify
must be able to disrupt dysfunctional sequence by short restructuring or corrective intervention
h) transfamilial transference - transference beyond the family - attitudes, perceptions which originated within one's family of origin are inappropriately transferred to an outsider
intrafamilial transference - such givens inappropriately transferred within the family
from parents to child - parents put on child fantasies, attributes
countertransference - blind spots of therapist because of experiences and unresolved problems within therapist's own family background
importance of estab. trusting relationship with parents of index patient
therapist should not compete with parents - being a better parent

VI Site of family therapy: 1)home 2) office - large enough room so that family positioning is not influenced by size of room; too small room, forced proximity can increase tension

VII Availability of toys - not too many, but accessible

VIII Initial contact - telephone call; determine reason for call; form in itial picture of family; establish emotional relationship with client (feel understood, feels trusting etc)
can change attitude toward problem how is rest of family affected?
make sure contact does not develop into an individual interview
need to explain why it is important for entire family to be present - good opportunity to explore resistances
desirable for all family members to be present at first interview

PHASES OF THE FIRST FAMILY INTERVIEW

I 1. Initial phase: greeting
a) who is late; when to begin - on time
b) assess mood in waiting room - sad, angry, well-behaved, ashamed
c) how does family enter treatment room - who goes first, are children inquisitive or fearful
d) seating - each member should choose own seating
e) greet each family member, find out names

2. Starting the interview
ask family why they have come; may need to review importance of whole family being there; how secretive or open has family been among itself?

3. Opening questions
Problem-oriented: What is the problem:
personal: How can I help you
Change oriented: What do you want to change
the more general the question, the more freedom of expression family has

4. Questions to individual family members
depends on therapists personal focus - but bonding must occur with all
can draw in "isolated, outsider" member through questioning
index child - don't start with direct discussion of his problem - exacerbates feelings of being bad, trapped

5. Questions to whole family
general questions: perhaps someone could tell me what your problem is?
family spokesperson will answer

6. Avoid trivial and superficial conversation - avoidance of conflict; also leaves impression problem is too awful for therapist to confront

7. Acknowledging the family
acknowledge achievement in coming to therapy

8. Everyone should have chance to speak - estab. as a groundrule; no speaking for others, no interruptions

9. Therapist as leader - not amount of talking that is important

10. Inviting children to play or draw - in response to signs of restlessness; does not put them outside family interactions, still pay attention

11. Observations in first minutes
who speaks; what is length of speaking; is their arguing; is the speech emotional or intellectual; how are children disciplined; what about facial expressions, tears, laughter

II [redacted]. Middle Phase: Interaction in the Family

1. Recognizing degree of individuation in the family - use of I vs. we
can child answer questions for himself

2. Recognizing enmeshment and disengagement

3. Sensitive to multigenerational perspective - how is parent's family of origin influencing their view of their child

4. Recognizing extent to which family is willing to engage in dialgue; how much do they become clinched in power struggles

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Final Phase - Leave-taking

1. must ~~be able to~~ have formed hypothesis about family dynamics
2. must have motivated family to continue therapy
3. must have agreed on family therapeutic contract
4. short and long-term goals
5. tasks, assignments