ATTACHMENT 3c

FAMILY THERAPIST'S LAUNDRY LIST

Questions To Ask Yourself When Doing A Family Therapy Interview:

- 1. Does the therapist frame the interview situation so the family knows who he is, what the situation is, and why different kinds of questions are being asked?
- 2. Has the therapist organized the family in the room well so that business can be conducted, for example, by dealing with obstreperous children or chaotic interchanges?
- 3. Is the therapist sufficiently nonmoralistic so the family members aree encouraged to talk about their problems?
- 4. Has the therapist shown the flexibility to shift his approach when one way of gathering information is not working?
- 5. Does the therapist show a range of behavior from being reflective to being confronting?
- 6. Has the therapist avoided pursuing a personal interest that is not relevant to the family problem?
- 7. Is the therapist able to assume the posture of an expert while also able to express ignorance when appropriate?
- 8. Does the therapist avoid offering solutions before the problem is clarified?
- 9. Does the therapist seem to know when to encourage dissent among family members and when to soothe them?
- 10. Does the therapist avoid siding with one family member against another or one faction against another (such as child against parents)?
- 11. Does the therapist avoid being too personally involved with the family?
- 12. Does the therapist avoid being too professional and detached from the family?
- 13. Is the therapist attempting to get all family members participating in the interviews?
- 14. Has the therapist shown he can tolerate unpleasant material or strong feelings from the family members?
- 15. Is the therapist gathering information about significant other people not present in the interviews?

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- 16. Is the therapist learning whether other social agencies are involved with the family?
- 17. Is the therapist motivating the family members to change? Is he engendering hope and a willingness to make an effort?
- 18. Has the therapist been more positive in his approach than negative, in the sense of putting down the family?
- 19. Has the therapist shown the family that he or she has something to offer them and can bring about change?

COMMON TERMS IN FAMILY THERAPY

ALLIANCES - Two or more members of a family who are united around a common interest or task. The issue around which they join may be a positive task (parental alliance to rear children) or a negative one (mother-son alliance to fight father's authority).

BOUNDARIES - In families, generally referring to the separating line between generations (parent-child) or between individuals. Well defined but flexible boundaries are usually equatedwithhealth, while rigid or diffuse boundaries are seen as pathological. Violations of these boundaries result in gross generational alliances and/or enmeshed relationships.

<u>DETOURING</u> - A form of the rigid triad in which the spouse subsystem or marital coalition maintains the illusion of harmony by sending their stresses through the child. They may unite to attack him or unite to protect him, either way avoiding their own conflict. (Minuchin)

<u>DISENGAGEMENT</u> - A transactional style of families or subsystems which is characterized by very firm boundaries. The style is functional unless carried to the extreme in which rigid boundaries prevent support, loyalty and interdependence when needed.

<u>DOUBLE BIND</u> - A repeated experience in which an individual, in an intense relationship with one or more family members, receives a communication which expresses two messages, one denying the other with no possibility of commenting upon the contradictions for fear of punishment, withdrawal of love, expression of anger or abandonment. (Bateson, Jackson, Watzlawick)

EMOTIONAL DIVORCE - Marriages that have the form and content of closeness but lack emotional bond, characterized by the inability of husband or wife to communicate their inner thoughts to each other. (Bowen)

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ENMESHMENT - A transactional style of family systems in which members tend to be undifferentiated, close and diffuse. The boundaries between members are blurred. A heightened sense of belonging gained by sacrificing or discouraging autonomy.

FAMILY HOMEOSTASIS - C concept denoting that the continuous interplay of dynamic forces within the family tends toward the maintainence of an equilibrium among family members and which regards individual symptomatology as a maifestation of the family system attempting to maintain balance. (Jackson)

FAMILY SCULPTURE - A therapy technique where each family member arranges others and himself in a tableau which symbolizes the way in which he experiences the family. The goals are to reveal family relationships in terms of space, alliances, attitudes, underlying feelings and to recognize defenses.

GENOGRAM - A pictorial chart of people in a family history marking marriages, births, deaths, illnesses and other significant events occurring over generations. It is used to examine relationships and recurring patterns in the extended family complex. (Bowen)

GO-BETWEEN PROCESS - The positioning by the therapist in which he takes or trades the role of mediator and sidetaker during conflicts in therapy. Intent is to apply leverage against "pathogenic relating" in families in order to break up the pattern. (Zuk)

"I" STAND - A position in which a family member is able to differentiate himself by taking action and responsibility for his own happiness and well being and avoiding defining self in terms of others. (Bowen)

JOINING - The activity of the therapist which is geared towards becoming a part of the family system as its leader to make a therapeutic unit. The adaptive relating of the therapist to the family's style and rules, causing a relationship to be formed and the family to be receptive to his/her interventions.

MODELING - Therapist demonstrates normal, appropriate or desired behavior for family members thus offering new alternatives and support for effective behaviors.

MULTIPLE IMPACT THERAPY - A method of brief but concentrated psychotherapeutic intervention devoting the entire time and facilities of a psychiatric team to one family for several days. It consists of team-family meetings, individual sessions, and group therapy. Originally used for hospitalized patients but now being used in outpatient settings. (MacGregor)

NETWORK THERAPY - The treatment of the social network of a person by including friends, relatives, neighbors, community and significant others in a therapy with the goal of modifying the human environment of the client. (Speck)

<u>PSEUDO-MUTUALITY</u> - A surface alignment between family members that blurs deeper splits or possibly deeper affection which is too disturbinng to admit openly. These dyads appear to agree in words, but in actuality are not listening or relating to each other. (Wynne)

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QUID PRO QUO - (literally this for that) An expression of the contractual or bargain nature of a marriage in which each spouse must receive something for what he or she gives and which defines the rights and duties of the spouses. (Jackson).

SCAPEGOATING - The process of creating a deviant individual in the family in order to reduce tensions and disharmony in the family as a whole - "one who bears the blame for others."

TRIANGULATE - Attempt by two family members to stabilize and reduce tension in their relationship by allying with a third person who can avoid intense emotional participation with either while still relating to both. (e.g. each parent demands child side with him/her against other parent thus paralyzing the child.)

UNDIFFERENTIATED FAMILY EGO MASS - State in a family of emotional oneess, characterized by highly intense fused & undifferentiated relationships. Emotional stuck togetherness. (Bowen)