**10TH February 2016**

**LECTURE MBchB V**

**FAMILY THERAPY**

1. INTRODUCTION
2. HISTORY
3. TECHNIQUE
4. APPLICATIONS
5. INDICATIONS
6. CONTRAINDICATIONS

**A) INTRODUCTION**

* Family therapy focuses on treatment of family members.
* Family therapy is conceptualized/emphasizes interpersonal systems.
* Is an entry to the domain of relational problems.

**Definition**

Family and couple therapy is defined as psychotherapy in which more than one member of a family is seen in treatment.

**Alan Gurman**

**Definition**

Family therapy is defined as a psychotherapeutic method that explicitly focuses on altering the interactions between or among family members and seeks to improve the functioning of a family as a unit or its subsystems and/or the functioning of individual members.

* Dysfunctional relationships
* Severe marital distress
* Depression
* Schizophrenia
* It aims at some change in relationship functioning.
* Is meant to heal the rift between parents and their adult children
* Aims at increasing the family’s coping with schizophrenia.
* Aims at reducing family’s expressed emotion.
* Change in family system produces change in individual members behaviour.
* There are several distinct approaches to the treatment.
* There is therefore multisystemic approach to problem resolution.

**Approaches**

Theoretical groupings of family and couple therapy are characterized by;

1. Their central concepts
2. Typical goals
3. Commonly used strategies or techniques
4. Problem solving and transgenerational type.

**Problem solving e.g**

* Infidelity
* Divorce
* Step-children
* Abuse and violence
* Sexual dysfunction
* Chronic illness

**B) HISTORY**

Family and couple therapy has historical roots in various fields including:

1. Group dynamics
2. Family life education
3. Gynaecological medicine
4. Paediatrics
5. Sexology
6. Social casework
7. Psychoanalysis

Marriage counseling began in Europe and America in 1920s and 1930s.

* There were rapid socio-cultural mutations coincided with industrial revolution.
* Urbanization, individualization breaking down of values, traditions and critical support systems.
* Extended family system to nuclear family.

In 1940s and 1950s witnessed clinical research especially in psychoses and schizophrenia.

* Murray Bowen
* Jay Haley
* Don Jackson
* Carl Whitaker
* Lyman Wynne

Work with child and adolescent focused problems;

* Nathan Ackerman
* Salvador Minuchin
* Donald Block
* Virginia

Contributions from clinical psychology and communications

* Jay Haley
* Virginia Satir
* Paul Watzlawick

Contributions from anthropology

* Gregory Bateson
* John Weakland

**C) TECHNIQUES**

* There are overlapping strategies and techniques
* Structure and composition of therapy
* The role of the therapist
* Assessment and goal setting
* Specific clinical techniques

**D) CLINICAL APPLICATIONS**

**Indications**

* Marital maladjustment
* Treatment of specific psychiatric disorders
* Including child, adolescent and adult disorders
* Schizophrenia (psycho-education and cognitive-behavioral treatments
* Reduction of expressed emotion and the enhancement of skills for coping with stress.
* Interpersonal skills training
* Post-hospitalization effects on both symptoms and recidivism

Other disorders include;

* Affective disorders
* Alcohol and substance abuse disorders
* Anxiety disorders
* Marital discord
* Domestic/gender violence
* Sexual dysfunction
* Conduct disorders
* Delinquency and drug abuse
* Autism
* HDHD
* Cerebral palsy

**E) CONTRAINDICATIONS**

* Therapists lack of specific skills and training in family therapy
* Side-taking blaming posture
* Secret-keepers
* Serious lack of commitment
* Ongoing family violence and sexual abuse

NB: Abused spouses frequently return to abusive relationships.

Patient characteristics that are relative to contraindications for insight oriented individual psychotherapy.