

5.6 PARAMETERS FOR THE USE OF FAMILY THERAPY TECHNIQUES WITH FAMILIES OF ADULT CHILDREN

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I. DEFINITION OF FAMILY THERAPY (FT) TECHNIQUES

FT encompasses a broad range of interactive and didactic techniques in involving consumers and their family members that provide information for clinical assessment and therapeutic interventions to promote wellness in all family members, including psychotherapy, education and support.

A. Features

Features of FT techniques include:

1. Recognition that individuals develop in the context of families, although the definitions of family may vary;
2. Recognition that a family's commitments to all family members is frequently important to individual family members and to the well-being of the family as a whole;
3. Use of interactive processes that lead to the identification of past and present patterns of family relationships and their impact upon systems and functions; and
4. Use of mutually developed information and insights to shape family interactions.

B. Techniques

1. Facilitation of effective intrafamilial communication patterns including word, feelings, and meanings.

2. Modeling, teaching, and promoting alternative patterns of effective interactions and problem solving that manage stress and improve the quality of life.
1. Identification of ways that family members can promote appropriate use of medications, psychosocial rehabilitation, self-help, and other treatment modalities.
2. Education of all family members about the nature and course of illness, signs of relapse, and prevention strategies.

II. PARAMETERS FOR USE OF FT TECHNIQUES

Selection and use of FT techniques are informed by knowledge of the client's diagnosis, symptoms, developmental and functional level, family and personal history, environmental support, and linguistic and cultural background.

A. Essential Use

1. Selected FT techniques are a component for clients with significant psychopathology who are in close contact with their families.
2. Selected FT techniques are a component of crisis intervention with clients who have significant relationships with their families.

B. Optional Use

Selected FT techniques may be a part of psychotherapeutic interventions for clients with significant psychopathology that may be ameliorated or treated with family participation.

C. Assessment for

Specific assessments for selection of FT techniques should include, but is not limited to, the following:

Selection of FT

Techniques

1. Assessment of family members' mental health and quality of interactions that aggravate and ameliorate a client's illness;
2. Client's preference for family's inclusion in treatment; and
3. Willingness of family members to participate (although not necessarily conjointly.)

D. Frequency

FT techniques should occur at sufficient frequency and for sufficient duration to ensure clinical results.

E. Necessary Resources

FT techniques require an environment with privacy, good acoustics, and adequate physical space for sessions.

F. Therapist Training:

1. All therapists should have a working knowledge of family assessment methods in addition to FT treatment techniques.
2. Trained family therapists should be available for consultation.

G. Individualized Approach

1. The precise content and nature of FT should be individualized for each client and family.
2. Clinical judgment should be exercised in determining the capabilities and personal interests of the family members for the purpose of obtaining an agreed upon treatment course.
3. Effective feedback, support and education should be used to give the client and family members knowledge of the level of functioning, the type of changes that may be necessary, and the expected results of psychotherapy.
4. The client's and family's support systems should be integrated into FT interventions.
5. The emotional meaning to the client and family members of the therapeutic relationships should be recognized and should inform treatment.
6. Termination of therapy with a given therapist should be appropriately managed and must take into account the emotional meaning that the relationship has for the client and family.

H. Informed Consent

Individuals providing psychotherapy should obtain informed consent and adhere to all applicable ethical and legal requirements consistent with best professional practice

I. Monitoring

The response of the client and family to FT and the nature of the therapeutic alliance should be continuously assessed during treatment.

J. Supervision

All clinicians providing FT should have access to ongoing clinical supervision/consultation.

K. Privacy

Appropriate degrees of privacy should be ensured for FT.

L. Documentation

FT should be documented in the clinical record, describing the content of the interaction and the client's and family's response.

M. Contraindications

FT is contraindicated whenever the therapist's assessment of the family suggests that the family cannot safely and productively support the treatment process.

