

Preview: MFT5270 : Family Therapy Theory and Methods

Syllabus

Course Overview

This course is delivered in the GuidedPath format. This course provides a comparative study of the prominent schools of thought within the field of marital, couple, and family therapy, including tenets, therapeutic strategies, and techniques. Among other models, we will discuss structural, strategic, family-of-origin, communication, solution-focused, and narrative approaches to marriage and family therapy.

This course will offer a comparative analysis of family therapy systems to sharpen your appreciation of the separate approaches and to serve as a guide for understanding the similarities and differences among the systems. Models of marital, couple, and family therapy are most clearly distinguished by their conceptual positions and are supported by a set of beliefs about families and how to alter how change happens within the theoretical framework. The different systems of family therapy are actually more alike in practice than their theories suggest. It is common for practitioners to start out as relative purists, and then discover the validity of theoretical concepts from other approaches as well as the usefulness of other techniques.

As you progress through the units, you will become well versed in both traditional and contemporary approaches to marital, couple, and family therapy. With this foundation, it is anticipated that you will be better equipped to apply theory to your own cases—both as a graduate student and as a graduate practitioner. An important part of this professional development process is the exploration of personal beliefs about families as systems. This core issue is considered along with a host of other family-systems-related elements: stability and change within families, communication methods and systems, multiple points of view about how families operate, diversity in family systems, the nuclear family in context, and boundaries.

Disclaimer: Please be mindful that these techniques and methods should only be practiced under the proper supervision of a state or nationally approved MFT supervisor. You are absolutely encouraged to contemplate, observe, and think about how you see these ideas playing out in relationships around you and in your daily lives, though your implementation of these ideas should be at the theoretical level. The time and place for your practice of these theories and methods will be during your fieldwork experiences where you will be under proper supervision by your Site Supervisor and an MFT Faculty Supervisor.

Continual updating of your ePortfolio throughout your program is critical to the completion of your degree. An important step in your capstone course will be to assess your portfolio with your instructor. Review the assignments and other activities in this course to see which of these demonstrate your program outcomes, and add those to your ePortfolio while you have access to this course. It is in your best interest to add files to your ePortfolio as you progress through your program as you will eventually lose access to your courses and the files in them.

SafeAssign

SafeAssign is a source matching tool that supports the development of your skills in preparing your written coursework. When you submit your work to SafeAssign, a report is generated that you can use to ensure that you have used your sources both ethically and effectively. The report will highlight any areas that could be of concern and might be considered plagiarism. SafeAssign does not provide feedback on your overall writing; it is only a tool to determine how well you have used your resources. It is very important that you always submit your work as a draft so that you can make revisions before submitting your final work for a grade.

You can learn more about how to use SafeAssign reports on the [SafeAssign](#) Campus page.

Adobe Connect Activities

This course requires learners to participate in synchronous online meetings or deliver asynchronous presentations using Adobe Connect. If you require the use of assistive technology or alternative communication methods to participate in these activities, please contact DisabilityServices@capella.edu to request accommodations.

Standards and Course Competencies

MFT5270 COURSE COMPETENCIES	VERSION 12 COAMFTE STANDARDS
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MFT5270 COURSE COMPETENCIES	VERSION 12 COAMFTE STANDARDS
<p>1. Analyze the underlying rationale and theory-based interventions of family therapy models.</p> <p>Assessed by:</p> <ul style="list-style-type: none"> • u03a1: Case Study Description. • u06a1: Modern Model Description and Case Analysis. • u08a1: Postmodern Model Description and Case Analysis. • u09a1: Model Selection and Role-Play. 	<ul style="list-style-type: none"> • FCA 1: Foundations of Relational or Systemic Practice, Theories, and Models. • FCA 2: Clinical Treatment With Individuals, Couples, and Families. <p>SLO–3. Clinical Practice: Clinical application and practice of systemic theory relevant to family dynamics in the field of marriage and family therapy.</p>

MFT5270 COURSE COMPETENCIES	VERSION 12 COAMFTE STANDARDS
<p>2. Evaluate the important theoretical trends, issues, and controversies in the field of marital, couple, and family therapy.</p> <p>Assessed by:</p> <ul style="list-style-type: none"> • u06a1: Modern Model Description and Case Analysis. • u08a1: Postmodern Model Description and Case Analysis. 	<ul style="list-style-type: none"> • FCA 1: Foundations of Relational or Systemic Practice, Theories and Models. • FCA 2: Clinical Treatment With Individuals, Couples, and Families. <p>SLO–3. Clinical Practice: Clinical application and practice of systemic theory relevant to family dynamics in the field of marriage and family therapy.</p>

MFT5270 COURSE COMPETENCIES

**VERSION 12
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STANDARDS**

3. Analyze systems-based and theory-specific strategies for the practice of marital, couple, and family therapy.

Assessed by:

- u08a1: Postmodern Model Description and Case Analysis.
- u09a1: Model Selection and Role-Play.

- FCA 1:
Foundations of Relational or Systemic Practice, Theories and Models.
- FCA 4:
Research and Evaluation.
- FCA 6:
Biopsychosocial Health and Development Across the Lifespan.

SLO–1. Knowledge and Research:
Effectively integrate and apply research and theories in the practice of marriage and family therapy, including individual, systemic, and relational theories; theories of individual and family development across the lifespan.

MFT5270 COURSE COMPETENCIES	VERSION 12 COAMFTE STANDARDS
<p>4. Assess interventions based on sensitivity to culture and diversity.</p> <p>Assessed by:</p> <ul style="list-style-type: none"> • u03a1: Case Study Description. • u06a1: Modern Model Description and Case Analysis. • u08a1: Postmodern Model Description and Case Analysis. • u09a1: Model Selection and Role-Play. 	<ul style="list-style-type: none"> • FCA 2: Clinical Treatment With Individuals, Couples and Families. • FCA 3: Diverse, Multicultural and Underserved Communities. • FCA 8: Contemporary Issues. <p>SLO–2. Diversity and Multicultural Competence: Demonstrate knowledge of culturally and ethnically sensitive matters in a variety of settings, integrating concepts of advocacy and social justice.</p>
<p>5. Communicate in a manner that is scholarly, professional, and consistent with expectations for members of the mental health professions.</p> <p>Assessed by:</p> <ul style="list-style-type: none"> • u03a1: Case Study Description. • u06a1: Modern Model Description and Case Analysis. • u08a1: Postmodern Model Description and Case Analysis. • u09a1: Model Selection and Role-Play. 	

Course Competencies

(Read Only)

To successfully complete this course, you will be expected to:

- 1 Analyze the underlying rationale and theory-based interventions of family therapy models.
- 2 Evaluate the important theoretical trends, issues, and controversies in the field of marital, couple, and family therapy.
- 3 Analyze systems-based and theory-specific strategies for the practice of marital, couple, and family therapy.
- 4 Assess interventions based on sensitivity to culture and diversity.
- 5 Communicate effectively through the appropriate application of grammar, punctuation, spelling, writing mechanics, and professional tone, while adhering to APA formatting and style.

Course Prerequisites

Prerequisite(s): MFT5008.

Syllabus >> Course Materials

Required

The materials listed below are required to complete the learning activities in this course.

Integrated Materials

Many of your required books are available via the VitalSource Bookshelf link in the courseroom, located in your Course Tools. Registered learners in a Resource Kit program can access these materials using the courseroom link on the Friday before the course start date. Some materials are available only in hard-copy format or by using an access code. For these materials, you will receive

an email with further instructions for access. Visit the [Course Materials](#) page on Campus for more information.

Hardware

Capella University requires learners to meet certain minimum [computer requirements](#). The following hardware may go beyond those minimums and is required to complete learning activities in this course. **Note:** If you already have the following hardware, you do not need to purchase it. Visit the [Course Materials](#) page on Campus for more information.

Adobe Connect

- Headset with microphone
- External or built-in webcam
- Broadband Internet connection

Book

Becvar, D. S., & Becvar, R. J. (2013). *Family therapy: A systemic integration* (8th ed.). Boston, MA: Pearson. ISBN: 9780205168132.

Gehart, D. R. (2018). *Mastering competencies in family therapy: A practical approach to theory and clinical case documentation* (3rd ed.). Boston, MA: Cengage. ISBN: 9781305943278.

Guise, R. (2013). *MFT model worksheets: Marriage and family therapy national licensing examination preparation*. Jamaica Plain, MA. Family Solutions Institute. Note: An email will be sent from FSI to the primary email address listed in your Capella account with instructions on procuring required content for your course. You will use the Family Solutions Online site to access your course materials online while the hard study materials are being shipped to you. You will have access to your FSI course materials within 48 hours of procurement and have online access through the last day of the quarter. If you have difficulty registering or accessing your course, you may e-mail licprep@fso.com for support.

Library

The following required readings are provided in the Capella University Library or linked directly in this course. To find specific readings by journal or book title, use [Journal and Book Locator](#). Refer to the [Journal and Book Locator library guide](#) to learn how to use this tool.

- Anderson, H., & Goolishian, H. (1989). Human systems as linguistic systems. *Family Process*, 27, 371–395.
- Gergen, K. J. (1985). [The social constructionist movement in modern psychology](#). *American Psychologist*, 40(3), 266–275. doi:10.1037/0003-066X.40.3.266
- Golann, S. (1988). On second order family therapy. *Family Process*, 27(1), 51–65.

- Jacobs, S., Kissil, K., Scott, D., & Davey, M. (2010). [Creating synergy in practice: Promoting complementarity between evidence-based and postmodern approaches](#). *Journal of Marital and Family Therapy*, 36(2), 185–196. doi:10.1111/j.1752-0606.2009.00171.x
- Keeney, B. P. (1983). *Aesthetics of change*. New York, NY: Guilford Press.
- Masterswork Productions (Producer). (1994). [Michael White: Reauthoring lives through stories of caring \[Video\]](#). Films on Demand.

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- [American Association for Marriage and Family Therapy](#). Retrieved from <http://www.aamft.org/iMIS15/AAMFT/>
- [International Association of Marriage and Family Counselors](#). Retrieved from <http://www.iamfconline.org/>

Suggested

The following materials are recommended to provide you with a better understanding of the topics in this course. These materials are not required to complete the course, but they are aligned to course activities and assessments and are highly recommended for your use.

Optional

The following optional materials are offered to provide you with a better understanding of the topics in this course. These materials are not required to complete the course.

Library

The following optional readings may be available in the Capella University Library. To find specific readings by journal or book title, use [Journal and Book Locator](#). Refer to the [Journal and Book Locator library guide](#) to learn how to use this tool. If the full text is not available, you may be able to request a copy through the [Interlibrary Loan](#) service.

- Chang, J., Combs, G., Dolan, Y., Freedman, J., Mitchell, T., & Trepper, T. S. (2012). From Ericksonian roots to postmodern futures. Part I: Finding postmodernism. *Journal of Systemic Therapies*, 31(4), 63–76. doi:10.1521/jsyt.2012.31.4.63
- Chang, J., Combs, G., Dolan, Y., Freedman, J., Mitchell, T., & Trepper, T. S. (2013). From Ericksonian roots to postmodern futures. Part II: Shaping the future. *Journal of Systemic Therapies*, 32(2), 35–45. doi:10.1521/jsyt.2013.32.2.35
- [Counseling and therapy in video](#). Alexander Street.
- Efran, J., Lukens, M., & Lukens, R. (1990). *Language, structure, and change: Frameworks of meaning in psychotherapy*. New York, NY: W. W. Norton.
- Fleck, S., & Bowen, M. (1961). The family as the unit of study and treatment. *American Journal of Orthopsychiatry*, 31(1), 40–60. doi:10.1111/j.1939-0025.1961.tb02106.x
- Haley, J. (1963). The therapeutic paradoxes. In *Strategies of psychotherapy* (pp. 179–191). New York, NY: Grune & Stratton.
- Kaslow, F. W. (2000). History of family therapy: Evolution outside of the U.S.A. *Journal of Family Psychotherapy*, 11(44), 1–35.
- Keeney, B. P. (1991). *Improvisational therapy*. New York, NY: Guilford Press.
- Keeney, B. P., & Ross, J. (1985). *Mind in therapy*. New York, NY: Basic Books.
- Masterswork Productions (Producer). (2002). [David Epston: Narrative therapy with a young boy \[Video\]](#). Films on Demand.
- Masterswork Productions (Producer). (2006). [Zoy Kazan: Finding optimism in a family with chronic illness - A narrative approach \[Video\]](#). Films on Demand.
- Ray, W. A., & Brasher, C. (2010). Brief systemic therapy: Creating our future while embracing our past. *Journal of Systemic Therapies*, 29(4), 17–28. doi:10.1521/jsyt.2010.29.4.17
- Real, T. (1990). The therapeutic use of self in constructionist/systemic therapy. *Family Process*, 29, 255–272.
- Watzlawick, P. (1978). *The language of change*. New York, NY: W. W. Norton.
- Watzlawick, P. (1990). *Munchausen's pigtail or psychotherapy and reality*. New York, NY: W. W. Norton.
- Watzlawick, P. (Ed.). (1984). *The invented reality*. New York, NY: W. W. Norton.
- Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication*. New York, NY: W. W. Norton.
- Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York, NY: W. W. Norton.

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- U.S. Department of Education. (n.d.). [Family Educational Rights and Privacy Act \(FERPA\)](https://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)
<https://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- U.S. Department of Health & Human Services. (n.d.). [Summary of the HIPAA privacy rule](https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html)
<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Projects

Project >> Analysis of Family Therapy Models

Project Overview

For this course project, you will write a paper in which you will analyze two selected family therapy models or approaches as they relate to a real or hypothetical case study. The first model should be a modern model of family therapy (Unit 6 assignment) while the second should be a postmodern model of family therapy (Unit 8 assignment). In the Unit 9 assignment, you will compare and contrast the two models and their implications for working with your case, offer a rationale for selecting one of them, and then use that chosen model in a role-play based on your case study. Choose the respective modern model and postmodern model of marriage and family therapy from the lists below:

Modern Models

- Bowen Intergenerational Therapy (family systems, Bowenian therapy, etcetera).
- Satir Experiential Therapy.
- Symbolic-Experiential Therapy.
- Structural Family Therapy.
- Strategic Therapy.
- MRI Brief Therapy.
- Milan Systemic Therapy.

Postmodern Models

- Narrative Therapy.
- Solution-Focused Brief Therapy.
- Collaborative Therapy.

Please review the *MFT Model Worksheets* (a required course material) as well as the document [Project Description Supplement: Model Selection Tips for the Course Project](#), which may help in your selection and research of a given model. Note that only the models above should be selected for the course project.

You will complete and submit the course project as four components:

1. Case Study Description. This is due in Unit 3.
2. Modern Model Description and Case Analysis. This is due in Unit 6.
3. Postmodern Model application and Case Analysis. This is due in Unit 8.
4. Model Selection and Role-Play Transcription. The fourth component includes a comparison of the earlier models, and analysis of a given model's final selection for ultimately working with your case, and an annotated transcript of your half of a mock session with your role-play partner, utilizing questions, concepts, or interventions from your selected model. This is due in Unit 9.

Be sure to use the comments and feedback you received on earlier assignments to help improve revise later assignments as needed. The role-play transcription should be included as an appendix. Each assignment must be formatted according to APA style. The page counts indicated below refer to the body of your document and does not include ancillary pages such as title page, abstract, table of contents, references page, appendix, and so forth.

Note: Please include the Role-Play Transcription as an appendix to the final paper.

Case Study Description (Unit 3 Assignment)

Length: At least 3 pages.

Provide a hypothetical case study (you must use a couple or family, not an individual) and consider one modern model and one postmodern model of family therapy to potentially use with your case. Please see the list of modern and postmodern models to choose from in the course project instructions. This should be a case that you create yourself. You can also use a couple or family from a well-known movie or novel, but do not use your own family or relationship.

Note: Assessment and analysis of the case according to the models is not necessary at this stage, as this will be completed in later assignments. Your analysis at this stage should be geared around how each model might be a good fit for the nuances of the case.

Refer to the assignment instructions in Unit 3 for further details.

Modern Model Description and Case Analysis (Unit 6 Assignment)

Length: 6 or more pages.

In this assignment, you will complete a model description for the modern model of therapy selected in Unit 3 assignment. Examine the potential implications of using the model with your case; analyze how the attributes and assumptions of the model would shape your conceptualization and treatment considerations for the case. Please review the assignment instructions and scoring guide to fully understand the requirements of this assignment.

Note: Only the requirements for the Model Description and Case Analysis need to be included for this assignment. The Case Study from Unit 3 assignment does not need to be included in this assignment and is not reflected in the scoring guide. If you do choose to include the Case Study from Unit 3 assignment, it will not contribute to the respective page counts indicated below.

Refer to the assignment instructions in Unit 6 for further details.

Postmodern Model Description and Case Analysis (Unit 8 Assignment)

Length: At least 2 pages.

In this assignment, you will complete a model description for the postmodern model of family therapy selected in Unit 3 assignment. Examine the potential implications of using the model with your case; analyze how the attributes and assumptions of the model would shape your conceptualization and treatment considerations for the case. Please review the assignment instructions and scoring guide to fully understand the requirements of this assignment.

Note: Only the requirements for the Model Description and Case Analysis need to be included for this assignment. The Case Study from Unit 3 assignment does not need to be included in this assignment and is not reflected in the scoring guide. If you do choose to include the Case Study from Unit 3 assignment, it will not contribute to the respective page counts indicated below.

Refer to the assignment instructions in Unit 8 for further details.

Model Selection and Role Play (Unit 9 Assignment)

Length: At least 4 pages.

In this assignment, you will complete a brief comparison and contrast of the modern and postmodern models that were examined in Unit 6 and Unit 8 assignments respectively. Discuss the implications of how the modern and postmodern models, their characteristics, and their underlying assumptions might impact the work with your case developed in Unit 3 assignment. Develop a rationale for why one model is being selected as a better fit for working with your case. Complete a role-play using the selected model with you acting as the therapist. Transcribe your portion as the therapist for the role-play using the provided Mini Transcription Template. Identify both the model's characteristics as well as the clinical microskills being demonstrated in the transcription. Please review your course project information and the scoring guide to fully understand the requirements of this assignment.

Note: The only requirements for the Model Selection and Role-Play need to be included for this assignment. The Case Study from Unit 3 assignment does not need to be included in this assignment

and is not reflected in the scoring guide. If you do choose to include the Case Study from Unit 3 assignment, it will not contribute to the respective page counts indicated below.

Refer to the assignment instructions in Unit 9 for further details.

The course assignments should attend to the following writing guidelines:

- **Structure:** Each paper includes a cover page, abstract, body (headings and subheadings therein), and references page.
- **Written communication:** Written communication is free of errors that detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to the current APA style and formatting.
- **Resources:** Each assignment should incorporate the 2 required textbooks for the course, as well as peer-reviewed journal articles, scholarly books, and books by original theorists.
- **Length of paper:** Please see the assignments above for specifics on page requirements for each assignment. These page requirements exclude ancillary pages such as title page, abstract, table of contents, references, appendix, et cetera. Please contact your instructor if any clarification is needed.
- **Font:** Times New Roman, 12-point, double-spaced throughout.

Unit 1 >> Family Therapy: The Birth and Growth of an Idea

Introduction

As we look back on 50 years in the development of the family therapy movement, we can use our maturing vantage point to bring perspective to the understanding of the foundations of family therapy,

how it has evolved, and what we can learn from the early models. Family therapy was not just a new set of techniques, but it was a radically different approach that sought to understand human behavior as shaped by social context.

Family therapists believe that the dominant forces in our lives are located externally in the family and the social context, and therefore they work to change the organization of the family. Family therapy experts influence on all members of the family (whether they are present in a session or not) because each and every family member is changed and continues to exert synchronous changes on each other.

Mental illness has traditionally been explained in linear terms, either medical or psychoanalytic. Both treat emotional distress as a symptom of an internal dysfunction with historical causes. Family-system thinking is circular rather than linear; in explaining problems, it takes into account mutual interaction and mutual influence of people in relationship to each other. Learning to think systemically rather than linearly empowers therapists to understand presenting problems in the social context where they are embedded. The original insight of family therapy is that pathology does not exist within individuals but rather it can be remodeled and redefined in a variety of ways as long as you remember to consider family, social, and cultural contexts.

It is important to distinguish between family therapy as a modality (like individual or group therapy) and as an epistemologically different shift in how we conceptualize presenting problems. The modality perspective is limiting at best. You may often hear people in other mental health specialties refer to family therapy as simply a different modality. Those comments indicate a lack of awareness or understanding of the insights regarding the shift in thinking from individual pathology to a more systemic orientation.

Family Therapy Origins

Family therapy began in the 1950s, struggled for legitimacy in the 1960s, and came of age in the 1970s. In the 1960s, the Palo Alto Group's Communications Therapy and its leaders, Bateson, Jackson, and Haley, were the most talked about, and Watzlawick, Bavelas, and Jackson's (1967) *Pragmatics of Human Communication* was the most popular book. Structural family therapy emerged as a major model in the 1970s. Salvador Minuchin's *Families and Family Therapy* (1974) was the book of the decade. In the 1980s, strategic and systemic therapies dominated the scene, including the following:

- Erickson's impact.
- Haley and Madanes.
- MRI's Watzlawick, Weakland, and Fisch.
- Milan's Palazzoli, Cecchin, and Boscolo.

The text *Paradox and Counterparadox* detailed the systemic therapy model developed by the Milan Associates and *The Tactics of Change*, a book by Fisch, Weakland, and Segal, that created interest in the field. In the 1980s and the 1990s, the pioneering models were challenged and their boundaries blurred to the point where today far fewer therapists identify themselves exclusively with any one school. In the 1990s, social constructionism, narrative therapy, solution-focused therapy, integrative approaches, and a growing concern with social, multicultural, and political issues were important trends. Now, family therapy is maturing and evaluating where it has been and where it would like to go. It remains a vibrant and exciting approach to working with people and problems. For an excellent review of the last two decades of change, progress, and growth of the field, you are strongly encouraged to read Kaslow's 2000 article, "History of Family Therapy: Evolution Outside of the U.S.A."

References

Fisch, R., Weakland, J., & Segal, L. (1982). *The tactics of change*. San Francisco, CA: John Wiley & Sons.

Kaslow, F. W. (2000). History of family therapy: Evolution outside of the U.S.A. *Journal of Family Psychotherapy*, 11(44), 1–35.

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Palazzoli, M. S., Boscolo, L., Cecchin, G., & Pratas, G. (1978). *Paradox and counterparadox: A new model in the therapy of the family in schizophrenic transaction*. New York, NY: Jason.

Learning Activities

u01s1 - Studies

Readings

Use your *Family Therapy* text to complete the following:

- Read Chapter 1, "Two Different Worldviews," pages 1–12.
- Read Chapter 2, "The Historical Perspective," pages 15–59.

Use the Internet to browse the following:

- [American Association for Marriage and Family Therapy](http://www.aamft.org/iMIS15/AAMFT/). Retrieved from <http://www.aamft.org/iMIS15/AAMFT/>

- [International Association of Marriage and Family Counselors](http://www.iamfconline.org/). Retrieved from <http://www.iamfconline.org/>
 - You will find these websites useful in this unit's first discussion.

Multimedia

- View the [Influential Leaders in Family Therapy](#) presentation.
 - The evolution of family therapy can be traced beginning with the traditional, individualist models of the 1950s to those arising from the current interest in more systemic perspectives. Throughout these years, many practitioners and theorists have contributed to how we understand and practice family therapy. This timeline shows some of these individuals and their contributions.
- View the [Individualistic Versus Systemic Perspectives](#) presentation.
 - You will need to complete this activity in order to complete the first unit discussion, Individualistic Versus Systemic Perspectives.

Optional Readings and Multimedia

You may choose to complete the following:

- Kaslow, F. W. (2000). History of family therapy: Evolution outside of the U.S.A. *Journal of Family Psychotherapy*, 11(44), 1–35.
- [Counseling and Therapy in Video](#).
 - Explore additional demonstrations of theorists and their models being used through Alexander Street Counseling videos. Not all of the models and theorists are presented here; however, you can find a fair share of videos relating to your course studies. Please feel free to bookmark and refer to this resource as you progress through the course.

u01s2 - Using Adobe Connect

In preparation for using Adobe Connect to conduct synchronous (live) or asynchronous (recorded) meetings in this course, complete the following:

- If you have not already done so, install your headset (and webcam, if required) on your computer, using the installation instructions included in the package.

- Create and access your meeting room at any time from the **My Meetings** link in the courseroom.
- Instructions and tutorials are available from the [Using Adobe Connect](#) support page on Campus.

Note: If you require the use of assistive technology or alternative communication methods to participate in this activity, please email DisabilityServices@capella.edu to request accommodations.

u01s3 - Project Preparation

Review the *MFT Model Worksheets* and your course project information to learn about the project you will be working on throughout this course. The first component of the project will be due in Unit 3. You should take some time this week to become familiar with the requirements for the overall project, and with what you will need to do to complete the first component by Unit 3. Review your course project information and the Case Study Description Scoring Guide. If you have questions or need clarification about the project or its requirements, please contact your instructor as soon as possible.

u01s4 - Developing Your Academic Writing Skills

Strong writing skills are critical for all learners. As Marriage and Family Therapy learners, it is important to develop not only your academic writing skills but also your clinical writing skills. The Capella Writing Center has excellent resources to support your academic success, including:

- A writing self-assessment: You will receive a personalized list of skills to start working on to improve your writing.
- Comprehensive summaries of writing elements: Stages, organization, grammar, sources, and many more.
- Smarthinking: A Web-based tutoring service for Capella learners.

Here are links to some key resources:

- [Capella Writing Center](#).
- [Direct Quoting, Paraphrasing, Summarizing](#).
- [Writing Self-Assessment](#).
- [Library Research/Literature Review](#).
- [APA Style and Format](#).
- [Smarthinking](#).

u01s5 - Your Online ePortfolio

Your Online ePortfolio

Online ePortfolios serve two key purposes: 1) to support learning and reflection, and 2) to be used as a showcase tool. Your learning journey can be documented, and ePortfolios contribute to lifelong learning and growth through reflection and sharing. Online ePortfolios can also be shared with employers and peers to present artifacts that demonstrate your accomplishments at Capella.

Using ePortfolio to Prepare for Your Capstone

Your program may culminate in a capstone course. At that time you may be required to show evidence of your learning throughout the program by referring to multiple assessments that you have created. You will be telling a story about your learning throughout the program using artifacts you have collected during many of these courses.

Using ePortfolio to Build Your Career

As you are preparing to tell your story in the professional world, leverage your ePortfolio artifacts to demonstrate the knowledge and competencies you have gained through your program in professional conversations, performance reviews, and interviews.

To do that, reflect on the knowledge and skills you have gained from your courses and the elements you have put in your portfolio, along with how you have already applied these things to your professional life or how you might apply them in the future.

Next, create your story or talking points to tell your professional story.

Saving Your Documents to ePortfolio

You will need a place to store your documents in an organized fashion so that you can access them at a later date. Do not rely on the courseroom for storage, as you will lose access to the courseroom after you have completed the course. Capella uses a cloud-based portfolio platform to facilitate your organization of the artifacts you create throughout your program.

To make an online portfolio useful, it is essential that it is organized clearly and that important files of any format are accessible. Read the [Online ePortfolio Guidelines \[PDF\]](#) to ensure you set up your online portfolio correctly. For more information on ePortfolio visit the Campus [ePortfolio](#) page.

Privacy Statement

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u01d1 - Individualistic Versus Systemic Perspectives

In the chapter readings from the *Family Therapy* text for this unit, you reviewed the individual psychologies (page 5) that share common assumptions of an individualistic worldview (pages 3–7) as well as the assumptions common to a systemic or cybernetic worldview (pages 7–11).

Systems ideas, such as the importance of context, circular causality, and interactional cycles, challenge traditional ideas regarding how presenting problems are perceived. In this discussion, compare and contrast the issue of presenting problems from an individualistic perspective and from a systems or cybernetics perspective.

Be sure to also include:

- Examples to show the differences between the individualistic and systemic approaches to presenting problems. Examine how a single clinical issue or scenario might be understood differently by these perspectives.

- Definitions of context, circular causality, and interactional cycles.

Include a reflection on the pear activity from the media piece, *Individualistic Versus Systemic Perspectives*, sharing the ways in which your descriptions of the pear shifted between the two contexts. Elaborate on how this experience intersects with the shift from individualistic assumptions to systemic assumptions covered in the readings.

Response Guidelines

Read the posts of other learners, and respond to at least two. Critique the learner's delineation and comparison of the two perspectives. Comment on how well the examples provided did or did not demonstrate an understanding of the differences between individual psychology and a more systemic approach to presenting problems.

Course Resources

Graduate Discussion Participation Scoring Guide

[Individualistic Versus Systemic Perspectives](#) | [Transcript](#)

u01d2 - Promoting the Profession

The field of marriage and family therapy is promoted and regulated by several professional associations. Each of these associations plays a role in the ongoing development of our field.

Visit the International Association of Marriage and Family Counselors and American Association for Marriage and Family Therapy websites. Summarize the mission of each association. Report on at least two areas where each organization is currently taking a leadership role and or creating initiatives to promote the profession of marriage and family therapy.

Response Guidelines

Read the posts of other learners and respond to at least two. Does the learner's understanding of these professional associations align with your own? Note similarities and differences and speculate on the reasons for them.

Course Resources

Graduate Discussion Participation Scoring Guide

[American Association for Marriage and Family Therapy](#)

[International Association of Marriage and Family Counselors](#)

Unit 2 >> The Profession Over Time, Natural Systems and Psychodynamic Family Therapy

Introduction

The Profession Over Time

While the advent of general systems theory and cybernetics began to transform the conceptualization and assumptions of human experiences, problems, and interventions, the profession as a whole was just budding. The decentralization of problems seen in early models worked to liberate the individual from traditional notions of having or being the problem. At the same time, a number of modern assumptions were still at play in these models. For example, while the conceptualization of problems had been removed from the individual, modern family therapists continued in the modernist tradition of imposing pre-conceived notions of problems, albeit systemic ones, onto the system. Instead of problems being conceptualized as being within a person, modern models have typically conceptualized problems as being present in the process or functioning of the system. Modern assumptions, along with tenets of first-order cybernetics, led a number of original theorists to develop models that required the therapists to identify deficiencies in those systemic processes, which were ultimately conceptualized differently by different theorists. The deficiencies we see conceptualized in a number of respective modern models, although not exhaustive of potential examples, can be seen in the likes of self-differentiation, structure, communication stances, problematic interactional cycles, and so forth. A common assumption amongst modern models of therapy is that these problems or deficiencies need to be assessed or identified by the therapist in order to be able to help clients progress towards ideal functioning in these areas.

Postmodern models have grown out of a confluence of a number of influences including second-order cybernetics, postmodern theory, feminism, and multiculturalism. Second-order cybernetics posits that the therapist cannot be an objective observer of the system, recognizing that the presence of the therapist in the therapeutic system impacts the functioning of the system. Postmodernism, feminism,

and multiculturalism collectively brought to bear a common aspect that multiple perspectives and experiences are always present in a given moment or experience and that shedding light on these potentially unseen or unsung experiences can markedly shift our understanding of a given phenomenon, whether it is socially agreed upon assumptions, gender, racial, or ethnic norms.

The advent of the subjective perspective, if you will, can be seen in a number of assumptions common to postmodern models, such as the therapist as non-expert, a collaborator, or co-creator. Postmodern therapy, recognizing that people can have subjective experiences and truths, shifts the therapist from identifying "truths" of the client system by way of differentiation, structure, and so on, and into a place of curiosity and not knowing. Effectively, if we assume that objective truths about our clients cannot be attained, the therapist must then work to better understand the reality of the client, couple, or family in order to be best at helping clients to improve their lives in ways most meaningful to them. Along with this tack to therapy, the postmodern clinician will also assume that clients have the resources and capabilities to improve their circumstances without the need to delve into modern conceptualizations of problems in order for clients to improve. Moving away from these modern conceptualizations of problems and deficiencies means that postmodern models will work with client definitions of their problems while placing an emphasis in the respective models on the exploration of strengths, exceptions, unique outcomes, and the shared meanings of the problem. Within the broader scope of the profession, postmodern models are frequently considered to be truly strength-based in ways the modern models were not capable of, having done away with pre-conceived conceptualizations of systemic problems as a necessity for the therapeutic process. In sum, the emergence of postmodernism in the profession has dramatically shifted the conceptualization of presenting issues and their potential resolutions. As you study the models throughout the term, it will be important to keep in mind these wider trends in the profession over time.

Natural Systems and Psychodynamic Family Therapy

Murray Bowen was an original pioneer of family therapy. He is unique for developing an elaborate theoretical approach based on natural systems that attempted to explain not only human problems, but human behavior in general. For him, there was no more natural system than the family. Bowen made it his life's work to construct a theory based on the idea that people need to balance the opposing forces of individual differentiation and togetherness or family oneness. A key concept in this approach is the idea of differentiation of self. Bowen believed that people who are well differentiated are open, adaptable, less emotionally reactive, and in general, more self-aware.

Other key concepts include undifferentiated family ego mass, fusion, solid self, pseudo-self, triangulation, and family projection process. His approach is popular because it is a comprehensive theory of human functioning. This model is most closely associated with the idea that families are dysfunctional, more adaptive patterns of interaction are possible, and the therapist's role is that of a coach or facilitator of more adaptive patterns taking place.

Bowen's model has been and continues to be a widely taught and practiced approach to therapy. What Bowen set out to do was very ambitious. He was interested in an all-encompassing systems theory that could be used and applied to natural systems of all kinds. In many ways, what Freud is to analytic theory, Bowen is to family therapy. What attracts many family therapists to Bowen's ideas is his focus on intergenerational dynamics, including the idea that current patterns of behavior can be linked to family patterns we grow up with. In this regard, Freud and Bowen have a lot in common. Both are interested in personal and historical reasons for problems in current relationships.

The profound influence of Sigmund Freud on our culture is well documented. It should be of no surprise that some family therapists have attempted to bridge the psychodynamic world with the insights of family dynamics. Contextual family therapy, intergenerational family therapy, and psychodynamic family therapy approaches are all examples of this type of integration. Psychodynamic approaches to family therapy are popular, especially among clinicians who have been in the field for some time and who were originally trained in psychodynamic methods. However, it does appear that over time fewer and fewer therapists are blending psychodynamic ideas with family therapy.

Learning Activities

u02s1 - Studies

Readings

Use your *Family Therapy* text to complete the following:

- Read Chapter 3, "The Paradigmatic Shift of Systems Theory," pages 62–82.
- Read Chapter 4, "Postmodernism and Family Therapy," pages 85–98.
- Read Chapter 6, "Psychodynamic Approaches," pages 129–141.
- Read Chapter 7, "Natural Systems Theory," pages 144–155.

Optional – Readings

You may choose to use the Capella University Library to complete the following:

- Fleck, S., & Bowen, M. (1961). The family as the unit of study and treatment. *American Journal of Orthopsychiatry*, 31(1), 40–60.
 - **Note:** The article above is an example of the early ideas of the model; this is offered to allow a clearer sense of how the early model might contrast with the more mature model we see and review in the textbooks. Please be mindful about using an article like this as a

reference in your writing. Some of the early assumptions and ideas of the model might not have weathered the passage of time.

u02s2 - Project Preparation

The first component of your course project is due next week. Use some of your time this week to begin thinking about and working on the project. You may wish to begin researching the different models listed in Project Overview; you are to select one from the list for the project. Also, review the Case Study Description Scoring Guide to understand the requirements of the Unit 3 assignment. If you have questions about the project, contact your instructor as soon as possible.

u02d1 - The Profession Over Time: Modernism to Postmodernism

Using the readings from Chapters 3 and 4 of the *Family Therapy* text for this unit, address the following:

- Discuss the basic concepts of first-order cybernetics and second-order cybernetics and how they differ in their implications for understanding and working with client systems.
- Compare and contrast the basic concepts and assumptions for the modern and postmodern perspectives, including how these perspectives tend to align with first-order and second-order cybernetics.
- Analyze how modern assumptions tend to align with the therapist as an expert while postmodern assumptions tend to align with the therapist as a non-expert.

Response Guidelines

Read the posts of other learners, and respond to at least two. Critique the learner's delineation and comparison of the two perspectives. Comment on how well the examples provided did or did not demonstrate an understanding of the differences between individual psychology and a more systemic approach to presenting problems.

u02d2 - Case Study From a Bowenian Perspective

Review Case Study: Midori (linked in Resources).

Note: You will use this same case study at different times during this course; each time you will approach it from a different theoretical perspective.

For this discussion, review the case study and consider Midori's situation from a Bowenian perspective. Then, respond to the following:

- Who would the clinician want to attend in majority of the sessions from a Bowenian perspective? Why?
- What is the role of the therapist from this perspective?
- What would the assessment process look like from this perspective?
- Who or what would be the target of intervention, and what would be examples of specific interventions that would be used from this perspective?
- Is this a strength-based model or a deficit-based model of therapy? Explain.
- What is the theory of change from this perspective?

Response Guidelines

Read the posts of other learners and respond to at least two. Critique the learner's assessment of the Bowenian perspective and its application to the case study.

Unit 3 >> Family Dysfunction: Structural and Strategic Approaches

Introduction

Structural family therapy is one of the most widely practiced and taught approaches to marriage and family therapy. Much of this is due to the popular and prolific writings of Salvador Minuchin, an engaging teacher of family therapy as well as a provocative clinician.

Minuchin was influenced by the general systems theory of Bertalanffy (1967), as well as the seminal work of Gregory Bateson (1972, 1979) and his work on cybernetic systems. Much of his early work was with challenging cases, including families from the slums, families with a schizophrenic member, and families with an anorexic member. We owe such foundational ideas as boundaries, subsystems, dysfunctional hierarchy, enmeshed, and disengagement to structural family therapy. In addition, the model offers practical techniques, including structural mapping, enactments, reframing, and variety of other re-structuring techniques to realign dysfunctional systems.

It is important to note that Minuchin's thinking about therapy has evolved much over the years. With the introduction of constructivism, feminism, and social constructionist ideas, he has expanded his thinking and model to be more consistent with these later developments. He has moved from his original normative model of how a family should be. His approach is now much more consistent with a postmodern or constructivist perspective. This ability to adapt his model and ideas is most impressive about Minuchin. In his later writings, he has a clear focus on non-pathology. In addition, he no longer talks about dysfunction but rather adaptation. It is most impressive to see a psychiatrist de-emphasize pathology to the degree that Minuchin does. He manages to use language precisely and with intention in the service of helping families reorganize without the weight of psychiatric labels.

Minuchin and Jay Haley spent a great deal of time together at the Philadelphia Child Guidance Clinic. Although there are some major distinctions between their approaches to therapy, there is also a great deal of overlap, most notably their emphasis on hierarchy. While Minuchin talks more about structure, subsystems, and boundaries, Haley (1976) approaches families more from a communications perspective. Haley was an original member of Bateson's research team. He went on to pioneer the strategic school of family therapy. In his approach, he is interested in communicational sequences within the family. He is also interested in power dynamics and how the politics of family interactions impact and mediate presenting symptoms. Haley was a prolific writer on therapy, specifically pushing against the psychodynamic schools of thought that dominated the 1950s and 1960s. For Haley, there was too much psychological theorizing in most modern approaches to helping. He felt that psychotherapy was much more of a practical matter and those therapeutic skills could be learned and taught to almost anyone.

References

- Bateson, G. (1972). *Steps to an ecology of mind*. New York, NY: Ballantine.
- Bateson, G. (1979). *Mind and nature*. New York, NY: Dutton.
- Bertalanffy, L. (1967). *Robots, men, and minds*. New York, NY: George Braziller.
- Haley, J. (1973). *Uncommon therapy*. New York, NY: W. W. Norton.
- Haley, J. (1976). *Problem-solving therapy*. San Francisco, CA: Jossey-Bass.
- Haley, J. (1987). *Problem-solving therapy*. San Francisco, CA: Jossey-Bass.
- Haley, J. (1963). *Strategies of psychotherapy*. New York, NY: Grune & Stratton.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Minuchin, S., & Fishman, H. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

Learning Activities

u03s1 - Studies

Readings

Use your *Mastering Competencies in Family Therapy* text to complete the following:

- Read Chapter 5, "Structural Family Therapy," pages 135–195.

Use your *Family Therapy* text to complete the following:

- Read Chapter 11, "Strategic Approaches and the Milan Influence," pages 207–221.
 - You will read the rest of Chapter 11 in Unit 5.

Multimedia

- View the [Reframing Demonstration](#) presentation.
 - The easiest way to understand the technique of reframing may be to watch it in action. This presentation demonstrates this technique during a family therapy session.

Optional – Readings

You may choose to use the Capella library to complete the following:

- Haley, J. (1963). The therapeutic paradoxes. In *Strategies of psychotherapy* (pp. 179–191). New York, NY: Grune & Stratton.
 - **Note:** The article above is an example of the early ideas of the model; this is offered to allow a clearer sense of how the early model might contrast with the more mature model we see and review in the textbooks. Please be mindful about using an article like this as a reference in your writing. Some of the early assumptions and ideas of the model might not have weathered the passage of time.

u03s2 - Project Preparation

The second component of your course project will be due in Unit 6. Use some of your time this week to review the requirements for that component of the project and continue working on it. Also, review the Modern Model Description and Case Analysis Scoring Guide. If you have questions, contact your instructor as soon as possible.

u03a1 - Case Study Description

Assignment Description

Review the course project Case Study information as well as the Case Study Scoring Guide to understand the full requirements of this assignment.

Provide a hypothetical case study (you must use a couple or family, not an individual) and consider one modern model and one postmodern model of family therapy to potentially use with your case. Please see the list of modern and postmodern models to choose from in the course project instructions. This should be a case that you create yourself. You can also use a couple or family from a well-known movie or novel, but do not use your own family or relationship.

Note: Assessment and analysis of the case according to the two models is not necessary at this stage, as this will be completed in later assignments. Your analysis at this stage should be geared

around how each model might be a good fit for the nuances of the case.

In a paper of at least three pages, include the following for your case:

A brief summary and examination of the primary case information and models including:

Case Characteristics and Contextual Information

- Individuals involved.
- Ages.
- Cultural and diversity factors.
- Relationships.
- Current life situation of the family.
- Family perspective on presenting issues and problems.
- Transitions that the family or couple are undergoing or anticipating.
- Individual, family, and community strengths and resiliency factors.

Goodness of Fit for Selected Models

- Using the course materials (textbooks) and supplemental references (peer-reviewed articles, books by original theorists), analyze the case information and the potential benefits of each of your selected models for the case. For example, what are some of the attributes, assumptions, or tenets of each model that offer a potentially good fit for the needs of your case?
- A brief examination of at least two peer-reviewed articles, one for each model, that demonstrates the application of your chosen models to similar cases. Relate how these applications support the potential use of each respective model to your own case.
- A closing discussion, which should include a brief summary of how your selected models respectively demonstrate a potential good fit for your case and how their relevance has been established through similar applications.

Later in the course (Unit 8 assignment), you will be pairing up with a peer or peers who will role-play one or more members of your case.

Submission Requirements

You are required to submit your final version of this paper to SafeAssign before submitting it for grading. Submit your work as a draft to check for any necessary edits. Once the paper is finalized and all edits have been made, submit the final version to your instructor for grading using the following file naming format: Your_Name_AssignmentNumber_AssignmentTitle (example: Ima_Learner_u03a1_ClientDescription).

Verify you have reviewed your SafeAssign report by providing the following comment in the assignment area: “I verify that I have reviewed the SafeAssign report for this assignment and this work meets academic honesty expectations.”

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

[How Do I Find Peer-Reviewed Articles?](#)

[Writing Feedback Tool](#)

u03d1 - Family Mapping

Structural therapists use the concepts of boundaries (rigid, diffuse, and clear), subsystems (parental, spousal, and sibling or child), and triangles to describe family structure. Using the Case Study: Family Mapping (linked in Resources), write a discussion post in which you:

- Describe the family's current structure in terms of the boundaries around the family system and between subsystems in the family.
- Discuss what dysfunctional triangles may be present in the family, and suggest what their function might be.
- Discuss how the family's structure might change to help them improve their current concerns. What would be the rationale for such changes?
- Describe the structural techniques that would be used to accomplish the goals.

Response Guidelines

Read the posts of other learners and respond to at least two. Comment on how the learner diagrammed the family structure at both points in the process, and his or her rationale for and application of structural therapy techniques to this particular family.

Course Resources

Unit 4 >> Experiential Family Therapy: Whitaker and Satir

Introduction

Experiential family therapy grew out of the humanistic psychology movement. As the name implies, this perspective emphasizes immediate, here and now experience. The two primary proponents of experiential work that we will look at are Carl Whitaker and Virginia Satir.

Whitaker was an unconventional thinker, who was a classically trained psychiatrist. Whitaker was not afraid to push against the medical establishment as he put forth very provocative ideas regarding the possibilities available in the therapeutic process. He was fond of being anti-theoretical and stressed on the importance of not thinking too much about theory when doing therapy. Whitaker believed that the family is a system that balances the need for family cohesiveness along with the individual needs of family members. For Whitaker, therapy is designed to allow individual family members to fulfill both their individual and family roles for the betterment of both.

The underlying premise of experiential family therapy is that the therapist should facilitate an experience that allows family members the greater flexibility of responses and offers them more possibilities than those that were previously available to them. Symptoms, according to Whitaker, were the manifestation of the struggle between individual and family needs. He believed that it was the therapist's responsibility to create a context where family members could experiment with various changes in a safe and supportive context. From this perspective, the therapist must be a professional; however, therapists must also be genuine people who initiate changes using themselves and their own impact on family members to monitor and facilitate change. As you can imagine, techniques are not necessarily a big part of this perspective. Instead, therapists are encouraged to use themselves in creative ways that will force openness and interest in experimenting with various changes.

Virginia Satir was an early member of the Mental Research Institute (MRI). However, she slowly broke away from the MRI and gravitated toward a blend of humanistic psychology and family therapy that emerged into her unique approach to family intervention. Satir was a very popular figure who was world-renowned in her work with families. She was one of the foremost proponents of therapists using themselves as catalysts for change. In therapy, she was a warm and supportive presence,

coaching and encouraging family members to make changes in their interactions. In her later years, Satir was ostracized by much of the family therapy community. She was accused of misunderstanding and promoting misunderstandings regarding systems theory and was accused of less than adequate rigor in theoretical discussions of her work. As one can imagine, it is difficult to teach experiential therapy. There are no grand schemes of the therapeutic process. Therapists are encouraged to increase self-understanding as well as their impact on the clients they see. Although not necessarily theoretically rigorous, experiential family therapy is a notable approach primarily due to the prominence of Whitaker and Satir.

References

Napier, A. Y., & Whitaker, C. A. (1988). *The family crucible*. New York, NY: Harper & Row.

Satir, V. (1983). *Conjoint family therapy*. Palo Alto, CA: Science and Behavior Books.

Satir, V., & Baldwin M. (1983). *Satir step by step: A guide to creating change in families*. Palo Alto, CA: Science and Behavior Books.

Satir, V. (1988). *The newpeoplemaking*. Palo Alto, CA: Science and Behavior Books.

Whitaker, C. A., & Bumberry, W. A. (1988). *Dancing with the family: A symbolic-experiential approach*. New York, NY: Brunner/Mazel.

Learning Activities

u04s1 - Studies

Readings

Use your *Mastering Competencies in Family Therapy* text to complete the following:

- Read Chapter 6, "Experiential Family Therapies," pages 197–262.

Use your *Family Therapy* text to complete the following:

- Read Chapter 8, "Experiential Approaches," pages 158–170.
- Read Chapter 10, "Communication Approaches," pages 200–204.
 - You will read the remainder of Chapter 10 in Unit 5.

u04s2 - Project Preparation

The second component of your course project is due in Unit 6. You should use some of your time this week to work on that project component. Also, review your course project information. If you have questions or need clarification about the requirements for this component of the project, please contact your instructor as soon as possible.

u04d1 - Case Study: Whitaker Approach

For this discussion, consider the scenario Case Study: Whitaker Approach (linked in Resources).

Using language and techniques from Carl Whitaker's approach, describe in detail how he would understand and approach this case. What would be clinically significant for him? What kinds of interventions would he use?

Response Guidelines

Read the posts of other learners and respond to at least two. Critique the learner's post, commenting on how well he or she seems to understand Whitaker's approach. Identify areas with which you disagree and those with which you agree, and make suggestions for how the learner might improve his or her understanding of the approach and its application to this case.

Course Resources

Graduate Discussion Participation Scoring Guide

[Case Study: Whitaker Approach](#) | [Transcript](#)

u04d2 - Case Study: Satir Approach

Using Case Study: Whitaker Approach from this unit's first discussion (linked in Resources), consider how Virginia Satir would approach this family. Describe her approach in detail, as well as what would be clinically significant for her. What types of interventions would she use?

Response Guidelines

Read the posts of other learners and respond to at least two. Critique the learner's post, commenting on how well he or she seems to understand Satir's approach. Identify areas with which you disagree and those with which you agree, and make suggestions for how the learner might improve his or her understanding of the approach and its application to this case.

Course Resources

Graduate Discussion Participation Scoring Guide

[Case Study: Whitaker Approach](#) | [Transcript](#)

Unit 5 >> Cybernetics Systems: MRI Brief and Milan Systemic Therapies

Introduction

The approach to therapy of the MRI grew out of the Bateson project on communications of the 1950s. Theoreticians and researchers from a variety of backgrounds (that is, Bateson, cybernetics; Weakland, engineering; and Haley, film study) studied communicational phenomena in a variety of laboratory and natural settings. Out of their work grew one of the most influential models of brief therapy. MRI brief therapy was never touted as a family therapy approach but rather an approach to any kind of psychotherapeutic situation. Like many approaches we are discussing in this course, this is a deceptively simple model. Its elegance lies in this simplicity. However, it can take considerable effort and practice to understand and implement this approach.

MRI brief therapy focuses on attempted solutions to the problem. The model posits that problems do not exist in isolation and that all behavior makes sense in context. For the MRI therapist, making sense of any clinical presentations is primary. This is known as taking non-pathological perspective. According to Fisch, Weakland, and Segal (1982), a non-pathologic approach means the formation

and persistence of problems do not imply that individuals or families have anything inherently wrong with them. From this perspective, clients (not patients) are not more vulnerable to problems than others in the general population and nor is the origination (causes) of problems of great importance.

Instead, people get stuck in various life situations and transitions, but this does not make them worthy of a pathological diagnosis. Rather, people get stuck in rigid patterns of interaction that can be difficult to break loose from. The MRI therapist is skilled at looking at interactional patterns around presenting problems. They are also very interested in working with the person defined as the customer. The customer in therapy is generally the person who organizes therapy and the one who is speaking the loudest or most emphatically for wanting to see changes. From an MRI perspective, it makes little sense to be doing therapy with noncustomers. However, remember that it is the therapist who is defining the customer, not the client or family.

From an MRI perspective, if you interrupt the attempted solutions that people are implementing, you interrupt the cycle of interaction around the problem. In addition, we are not looking for truth as much as we are looking for relevance. In other words, from an MRI perspective, it is important to work within the client's frame of reference or perception of the problem. The therapist does not introduce or diagnose a problem but rather works within the framework the client has put forth. Reframing is a very big part of the MRI approach as well as using a variety of techniques and strategies to suggest possible changes to the attempted solutions. Again, the MRI therapist believes that if you change solution attempts, you change the very nature of the problems themselves. The MRI model has influenced many major theories of family therapy including the Milan team, solution-focused, and narrative therapies.

At some point, all serious students of family therapy should read the seminal MRI texts *Pragmatics of Human Communication* (Watzlawick, Beavin, & Jackson, 1967) and *Change: Principles of Problem Formation and Problem Resolution* (Watzlawick, Weakland, & Fisch, 1974). The Milan team read these books when they set out to experiment with family therapy, and ingested large doses of Bateson's work. What emerged were the beginnings of postmodern informed therapy. With groundbreaking concepts such as hypothesizing, circularity, neutrality, and positive connotation, the Milan team put forth a model of therapy that was truly systemic. The Milan group worked in co-therapy teams and used a one-way mirror where they would have an observing team that also participated in therapy.

The Milan team strove to put into practice Bateson's ideas regarding stability and change in natural systems. From this perspective, instead of being oriented toward change, therapists should be more oriented toward understanding and reflecting back messages of stability. In this way, they believe that families would begin to reorganize based on the natural tendency to push against outside forces (such as the pronouncements of therapists).

The work of the Milan group helped shape ideas regarding second-order cybernetics. Recall that simple cybernetics looks at a family as a closed system. Second-order cybernetics, on the other

hand, looks at the interaction between the therapist and the client or family. With second-order cybernetics, we are always focused on the therapeutic relationship, looking for ways that we can do something different to initiate a different response from family members. In addition, the Milan team pioneered the use of circular questioning, a way of looking at the questioning process that helps therapists discern the circular or systemic nature of presenting problems. The Milan team posed the idea that questions in and of themselves are interventions, and over time, they saw less and less need for formal post-session interventions.

References

Fisch, R., Weakland, J., & Segal, L. (1982). *The tactics of change*. San Francisco, CA: Jossey-Bass.

Palazzoli, M. S., Boscolo, L., & Cecchin, G. (1980). Hypothesizing-circularity-neutrality; three guidelines for the conductor of the session. *Family Process*, 19, 3–12.

Palazzoli, M. S., Boscolo, L., & Cecchin, G., & Pratas, G. (1978). *Paradox and counterparadox: A new model in the therapy of the family in schizophrenic transaction*. New York, NY: Jason Aronson.

Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication*. New York, NY: W.W. Norton.

Watzlawick, P. (Ed.). (1984). *The invented reality*. New York, NY: W.W. Norton.

Watzlawick, P. (1990). *Munchausen's pigtail or psychotherapy and reality*. New York, NY: W.W. Norton.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York, NY: W.W. Norton.

Learning Activities

u05s1 - Studies

Readings

Use your *Family Therapy* text to complete the following:

- Read Chapter 10, "Communication Approaches," pages 193–199.
- Read Chapter 11, "Strategic Approaches and the Milan Influence," pages 207–229.

Use your *Mastering Competencies in Family Therapy* text to complete the following:

- Read Chapter 4, "Systemic and Strategic Therapies," pages 81–132.

Multimedia

- View the [Circular Questions Demonstration](#) presentation.
 - D. S. Becvar and Becvar (2013) state that "circular questioning focuses on both connections and differences among people and on the nature of their relationships" (page 225). Consistent with this focus, therapists use feedback from circular questions to shape their succeeding questions, thus participating via the question and response cycle in a coevolution of understanding about the nature and structure of the family's beliefs and behaviors. This presentation offers an example of this technique in action.

Optional – Readings

You may choose to complete the following:

- Use the Capella University Library to complete the following:
 - Ray, W. A., & Brasher, C. (2010). Brief systemic therapy: Creating our future while embracing our past. *Journal of Systemic Therapies*, 29(4), 17–28.

Reference

Becvar, D. S., & Becvar, R. J. (2013). *Family therapy: A systemic integration* (8th ed.). Upper Saddle River, NJ: Pearson.

u05s2 - Discussion Preparation

Research Other People, Concepts, and Approaches

Using your textbooks, journal articles, or an Internet search, research a person, a concept, or an approach from the groups below. If your last name begins with a letter A–I, choose one from group 1. If your last name begins with a letter J–R, choose one from group 2. If your last name begins with a letter S–Z, choose one from group 3. Then, write a short summary paper on the person, concept, or approach you researched. You will post your summary in the second discussion in this unit.

In your summaries, be sure to include as appropriate historical context, main ideas and techniques, assumptions about therapeutic approach, and the school of family therapy with which your topic most

closely aligns.

Group 1

- Nathan Ackerman.
- Lynn Hoffman.
- Don Jackson.
- Ivan Boszormenyi-Nagy.
- Object relations family therapy.
- Ken Hardy.

Group 2

- Sex therapy.
- Feminist family therapy.
- Bill O'Hanlon.
- Functional family therapy.
- Cloe Madanes.
- Constructivism.

Group 3

- Family life cycle.
- Brad Keeney.
- Betty Carter.
- Milton Erickson.
- Medical family therapy.
- Emotionally focused therapy.

Refer to the library guide "[MFT5270: Research a Person, Concept, or Approach](#)" for help on conducting the research.

u05d1 - Reframing and Positive Connotation

Reframing and positive connotation are two hallmarks of the MRI and Milan approaches, respectively. While many models of therapy employ the technique of reframing, it is a cornerstone to the MRI

approach. In addition, the Milan team's technique of positive connotation is equally important to its approach. For this discussion, compare and contrast the ideas of reframing and positive connotation—describing how they are alike and how they are different. Remember to cite the literature and provide examples to illustrate the difference between these two techniques.

Response Guidelines

Read the posts of other learners and respond to at least two. Pay particular attention to the examples provided in your critique of the posts. Do those provided examples demonstrate a solid understanding of the difference between the two techniques? Why or why not?

Course Resources

Graduate Discussion Participation Scoring Guide

u05d2 - Other People, Concepts, and Approaches

Post the summary of your research on a person, a concept, or an approach you completed in this unit's studies.

Response Guidelines

Read the posts of other learners and respond to at least two. You may choose to respond to people who researched the same person, concept, or approach as you, or those who selected a different research option. Comment on the summary, asking questions and requesting clarifications. Was there anything in the summary that surprised you or that you would challenge? Can you see yourself putting into practice the perspectives and techniques of the person, concept, or approach? Why or why not?

Course Resources

Graduate Discussion Participation Scoring Guide

[MFT5270: Research a Person, Concept, or Approach](#)

Unit 6 >> Solution-Focused Approaches

Introduction

Solution-focused brief therapy (SFBT) is probably one of the most misunderstood of the brief therapies. SFBT is rooted in the MRI approach to brief therapy. Steve de Shazer (1985), one of the founders of SFBT, was trained by John Weakland of the MRI. Milton Erickson was also a profound influence on SFT (Solution-focused therapy). Many SFT techniques, including the miracle question and the crystal ball technique, can be found in Erickson's work. It is also from Erickson that SFBT gets the idea of taking a non-pathological stance toward clients.

SFBT takes non-pathology to new heights. It also takes the use of language very seriously. The solution-focused therapist recognizes language as the tool by which we construct our realities. In language, new possibilities become available to us. The successful solution-focused therapist is skilled in the use of language to co-construct, with the client, a more empowering context with more choices and flexibility.

SFBT does not ascribe to the idea that you must diagnose something to fix it. Instead, a wide range of behavior can be accepted as functional even if it is not the norm. SFBT is not about being overly positive and convincing people that they do not have problems or that they should look on the bright side of life. That is a gross misunderstanding of the approach and the underlying assumptions.

Another common misunderstanding of SFBT is that it is only useful with simple problems. A popular notion is that real psychiatric problems such as personality disorders, addictions, and mood disorders require more intensive intervention—in other words, medication. This is a misunderstanding of the epistemological assumptions of SFBT. The severity of the problem does not dictate whether SFBT would be helpful. For these reasons, skilled solution-focused therapists can work with any client presenting problems or clinical population.

There is popular belief that SFBT is simply a technique. Instead, consider looking at solution-oriented approaches as completely different ways of understanding the therapeutic context. Remember, we live in a culture that privileges the medical model perspective. This is a great time to examine how you as an individual have been influenced by this medical model perspective. What kinds of assumptions do you make about certain diagnoses that lead you to see the diagnosis rather than the person present in front of you? How have you been influenced by theories regarding chemical imbalances and the role of biology in transmitting so-called psychiatric disorders? What kinds of therapeutic possibilities become available when we refrain from medicalizing our clients?

Solution-focused therapists are skilled in the precise use of language. They are aware that what they choose to highlight and the subjects they choose to discuss with clients are what becomes important. There is an awareness in SFBT that the therapist is an extremely important part of the process of therapy. Solution-focused therapists value and constantly look at how they participate with clients, who they are in relationship with them, and how they can stay committed to the belief that clients can heal themselves.

A common mistake of those using SFBT is to rush into solution talk without first joining with the client's perspective or reality. Usually, this means connecting with people around their pain, anger, frustration, or grief. Inevitably, most limitations of the approach are more in its application rather than any inherent flaws or limitations of the model. Because the techniques of SFBT are very accessible, many beginning therapists are comfortable with it as the first approach with clients. That is fine. However, understand that there are great subtlety and many underlying assumptions that inform this approach. Increasing your understanding of the subtleties and the underlying assumptions of the approach will be most beneficial to your clinical work and to your clients' well-being.

References

- Anderson, H., & Gehart, D. (2007). *Collaborative therapy: Relationships and conversations that make a difference*. New York, NY: Routledge.
- de Shazer, S. (1982). *Patterns of brief family therapy: An ecosystemic approach*. New York, NY: Guilford Press.
- de Shazer, S. (1985). *Keys to solution in brief therapy*. New York, NY: W. W. Norton.
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York, NY: W. W. Norton.
- de Shazer, S. (1991). *Putting difference to work*. New York, NY: W. W. Norton.
- de Shazer, S. (1994). *Words were originally magic*. New York, NY: W. W. Norton.
- O'Hanlon, W. H., & Wilk, J. (1987). *Shifting contexts: The generation of effective psychotherapy*. New York, NY: Guilford Press.
- O'Hanlon, W. H., & Weiner-Davis, M. (1989). *In search of solutions*. New York, NY: W. W. Norton.

Learning Activities

u06s1 - Studies

Readings

Use your *Family Therapy* text to complete the following:

- Read Chapter 13, "Postmodern Approaches," pages 261–267.

Use your *Mastering Competencies in Family Therapy* text to complete the following:

- Read Chapter 9, "Solution-Based Therapies," pages 377–426.

Multimedia

- View the [Solution-Focused or Miracle Questions and Scaling Demonstration](#) presentation.
 - As its name suggests, solution-focused therapy seeks to move the client toward finding and enacting solutions. It does this via a collaborative process between the therapist and client. This presentation demonstrates two of the collaborative techniques that can be used with this type of approach: scaling and miracle questions.
- Complete the [Modern Versus Postmodern](#) interactive activity.
 - Completing this will help exercise your understanding of modern and postmodern assumptions and concepts as well as first-order and second-order change.

u06a1 - Modern Model Description and Case Analysis

Assignment Description

In this assignment, you will complete a model description for the modern model of therapy selected in the Unit 3 assignment. Examine the potential implications of using the model with your case; analyze how the attributes and assumptions of the model would shape your conceptualization and treatment considerations for the case. Please review your course project information and the Modern Model Description and Case Analysis scoring guide to fully understand the requirements of this assignment.

Note: Only the requirements for the Model Description and Case Analysis need to be included in this assignment. The Case Study from the Unit 3 assignment is not required for this assignment, and as such is absent from the scoring guide. *If you choose to include the Case Study from the Unit 3 assignment, it will not contribute to the page counts required for this assignment.*

In six or more pages, provide a brief overview of the history of the selected model and its founders. Discuss essential ideas of the model, including assumptions and methods of the approach, as well as how these aspects factor into potentially conceptualizing and working with your case. Expand fully

on the initial fit between the case and model that was touched upon in the Unit 3 assignment. Explore how the presenting issues in your case might be understood with your chosen model as well as how the model might be beneficial in working with the case. Cite professional and academic sources (textbooks, peer-reviewed articles, books by original theorists), and be sure to address the following topics and implications for your case.

In your Model Description (four or more pages) and Case Analysis (two or more pages) be sure to discuss:

History, Founders, and Essential Ideas

- History, development, and founders of the approach.
- Essential ideas of the model.

Model Characteristics

- Include analysis of how these requirements are conceptualized in the model.
- Role of the therapist.
- Theory of change.
- The target of intervention. Examine what or who is being targeted to effect change when the model as a whole is being used to intervene in a case.
- Assessment.
- The model's ideas of normalcy, health, and pathology.
- How the model might work with and be sensitive to the cultural and diversity factors.
- How the underlying assumptions and tenets of this model align with it being a modern approach to therapy. Analyze whether this is a strength-based or deficit-based model and provide a rationale for your selection.
- Examples of intervention from this approach.

Case Analysis

- What are the benefits of the chosen model with this case?
- How the case would be conceptualized according to the model.
- Analyze how specific interventions from the model might impact the case.
- When looking at the model chosen for your case, how do you attend to and account for the diversity and cultural factors?

Note: Incorporate the model characteristics into your case analysis as needed. A successful paper will demonstrate that you understand the main ideas of the approach as well as the underlying assumptions implicit in the model.

Sources

Use at least four references to complete this assignment, two of which should be the required textbooks for the course. Please remember to use original sources throughout to support your assertions and conclusions. That means if you are discussing structural family therapy, for example, you will want to cite the work of the founder (in this case, Minuchin). Support your ideas with research, textbook citations, and anecdotes. Examples of primary journals for research and reference include:

- *Family Process*.
- *Journal of Marital and Family Therapy*.
- *Journal of Strategic and Systemic Therapies*.
- *Journal of Family Psychology*.

If you have questions or need clarification about what is required for this component of the project, contact your instructor as soon as possible.

Submission Requirements

You are required to submit your final version of this paper to SafeAssign before submitting it for grading. Submit your work as a draft to check for any necessary edits. Once the paper is finalized and all edits have been made, submit the final version to your instructor for grading using the following file naming format: Your_Name_AssignmentNumber_AssignmentTitle (example: Ima_Learner_u03a1_ClientDescription).

Verify you have reviewed your SafeAssign report by providing the following comment in the assignment area: "I verify that I have reviewed the SafeAssign report for this assignment and this work meets academic honesty expectations."

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

[APA Style and Format](#)

[Writing Feedback Tool](#)

u06d1 - Case Study: Solution-Focused Approach

Review Case Study: Midori (linked in Resources). This week, consider Midori's situation from a solution-focused therapy approach. Then, write a post that addresses the following:

1. Who would the clinician want to attend the majority of sessions from this approach? Why?
2. What do you think the role of the therapist would be from this approach? Describe.
3. How do you think the assessment process would look like from this approach? Describe.
4. Who or what would be the target of intervention, and what would be the examples of specific interventions that would be used from this approach?
5. Is this a strength-based model or a deficit-based model of therapy? Explain.
6. What is the theory of change from this approach?

At the end of your post, reflect on the solution-focused approach. Is this an approach you might consider using? Based on your experience and your readings, what criticisms might one make of solution-focused therapy? Do you think those criticisms are valid, especially within the context of this case? Why or why not?

Response Guidelines

Read the posts of other learners and respond to at least two. How is your peer's discussion of the solution-focused approach similar to or different from your own?

Course Resources

Graduate Discussion Participation Scoring Guide

[Case Study: Midori](#) | [Transcript](#)

Unit 7 >> Narrative Therapy and Collaborative Language Systems

Introduction

Narrative therapy is one of the most exciting approaches to therapy to have emerged in the last 20 years. It is an outgrowth of the postmodern influence in family therapy, and it is concerned with the way clients construct meanings more so than the way they behave. A cornerstone of the narrative approach is privileging clients' experience. Experience is more important than truth. However,

experiences become organized and understood through significant relationships we have with others.

For the narrative therapist, clients are seen as meaning-making beings whose lives are constructed around various significant stories. Unlike cybernetics, which was more focused on systemic patterns of interaction, narrative therapy is based on the story metaphor. In narrative work, the telling and retelling of stories helps people recreate their lives in ways that problems are either maintained or extinguished. The role of the therapist in narrative therapy is to co-create preferred stories that focus on client resources and empowerment and de-emphasize pathologizing narratives.

From narrative therapy, we get influential ideas such as "The person is not the problem; the problem is the problem" (White and Epston, 1990). In addition, practices such as externalizing the problem and therapeutic letter writing are powerful strategies for helping therapists punctuate more empowering client narratives that often render the presenting problem as unnecessary or irrelevant.

Collaborative therapy (Anderson and Gehart, 2007) or collaborative language systems therapy (Anderson and Goolishian, 1989) is another therapeutic approach informed by postmodernism. In this approach, therapists are not as much agents of change as they are agents of connection. Through deep and intense relational connecting and a ruthless adherence to non-pathology, the transformation is achieved. In collaborative therapy, therapists are focused on the process of therapy instead of the content. The therapeutic conversation is the focus for the therapist. From this perspective, the therapist is seen as a participant collaborator in conversations that can potentially offer more possibilities and options to clients in distress.

Questions and their significance are a prominent part of the collaborative therapy approach. Curiosity is also very important from this perspective. The idea is that as we become curious and ask questions about a problem or life situation, we participate in changing it. It is through this mutual interaction that problems evolve and solutions emerge. The collaborative therapist is very conscious not to be manipulative in the therapy process. They are not invested in any particular outcome or change. Rather, they believe that a not knowing perspective will help them to maintain curiosity, which in turn helps create possibilities in conversations. There are no preset techniques or stages of therapy in collaborative approaches. From this perspective, the therapist is a conversational participant, connecting with the clients' experience and posing other possibilities as they emerge.

Collaborative therapists privilege clients' language and preferred belief systems. They believe that the best way to bring about change is to work from within the frames that clients present. They also believe that realities and belief systems are constructed and maintained in language and the relationships that we have with significant others. The therapeutic relationship is potentially one such significant relationship. Through the process of drawing distinctions, both therapist and client can better understand the clients' experience. It is important to realize that experience is being created and shaped through the therapeutic conversation.

References

- Anderson, H., & Goolishian, H. (1989). Human systems as linguistic systems. *Family Process, 27*, 371–395.
- White, M. (1989). *Collected papers*. Adelaide, Australia: Dulwich Center Publications.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W. W. Norton.
- White, M., & Morgan A. (2006). *Narrative therapy with children and their families*. Adelaide, Australia: Dulwich Centre Publications.

Learning Activities

u07s1 - Studies

Readings

Use your *Family Therapy* text to complete the following:

- Read Chapter 13, "Postmodern Approaches," pages 256–258 and 268–275.

Use your *Mastering Competencies in Family Therapy* text to complete the following:

- Read Chapter 10, "Narrative and Collaborative Therapies," pages 427–494.

Multimedia

Films on Demand Video

- Masterswork Productions (Producer). (1994). [Michael White: Reauthoring lives through stories of caring \[Video\]](#). Films on Demand.
 - The presentation shows Michael White working with a case including an adult brother and sister. The brother has been largely institutionalized with a diagnosis of schizophrenia and his sister has been a primary caretaker for him. As you watch the video, take notes to identify the primary narrative concepts you see being demonstrated throughout the session.

Optional – Multimedia

- View the [Narrative Therapy](#) presentation.

- This presentation shows a narrative therapist at work. As you watch the video, see if you can identify the dominant discourses that are invoked. Narrative therapy is predicated on the idea that we all evaluate and understand our life partially based on sociocultural stories and assumptions and expectations about how our lives should be lived and how we should behave and feel. Because these stories, assumptions, and expectations have such power, they are referred as *dominant discourses*. Narrative therapists are alert to dominant discourses and try to help their clients become aware of how these stories and beliefs impact their lives.

Films on Demand Video

- Masterswork Productions (Producer). (2002). [David Epston: Narrative therapy with a young boy \[Video\]](#). Films on Demand.
 - In this video, you will see the classic Narrative Therapy moves. The therapist engages an 11-year old who has been institutionalized for problematic behavior.
- Masterswork Productions (Producer). (2006). [Zoy Kazan: Finding optimism in a family with chronic illness - A narrative approach \[Video\]](#). Films on Demand.
 - In this video, the therapist works with a family coping with chronic illness of a family. Watch for ways in which the therapist explores for non-dominant discourses and unique outcomes that are present in the lives of family members.

Optional – Readings

Use the Capella University Library to read these highly suggested articles:

- Chang, J., Combs, G., Dolan, Y., Freedman, J., Mitchell, T., & Trepper, T. S. (2012). From Ericksonian roots to postmodern futures. Part I: Finding postmodernism. *Journal of Systemic Therapies*, 31(4), 63–76.
- Chang, J., Combs, G., Dolan, Y., Freedman, J., Mitchell, T., & Trepper, T. S. (2013). From Ericksonian roots to postmodern futures. Part II: Shaping the future. *Journal of Systemic Therapies*, 32(2), 35–45.

Use some of your time this week to continue working on your course project. At this point, you may wish to begin incorporating changes based on your instructor's feedback about the Modern Model Description and Case Analysis component you submitted in Unit 6. The third component of your course project is due next week. Review the Postmodern Model Description and Case Analysis Scoring Guide as well as your course project information to understand the requirements for this assignment.

If you have questions or need clarification about the requirements of the project, contact your instructor as soon as possible.

u07d1 - Narrative Therapy Questions

Provide a brief narrative review of the following narrative therapy techniques and their implications in this model of therapy:

- Externalizing the problem.
- Identifying the effects of the problem over her life.
- Mapping unique outcomes, or times that she had influence over the problem.

Using Case Study: Narrative Therapy (linked in Resources), formulate questions that demonstrate the use of the techniques when working with the cases presenting issues.

- Then, create a dialogue between the therapist and client (or clients) by imagining the client's or clients' response to the questions. Include the dialogue you created, which comprises all questions and responses.
 - **Note:** Include headings to delineate where the respective techniques are being best demonstrated in the dialogue. Keep in mind that some concepts or techniques do not begin and end with a section of dialogue but are pervasive throughout the therapeutic process.

Reflect on the concepts you identified and your experience while viewing the video in Unit 7 Study, *Reauthoring Through Stories of Caring* (linked in Resources). Consider the following:

- Aspects of their exploration that stand out to you as being unique to the typical experiences of the brother and sister. How do you see this as beneficial for them?
- How did the video impact your understanding of the model and concepts?

Response Guidelines

Read the posts of other learners and respond to at least two. Critique the learner's questions and dialogue, and comment on what he or she chose to externalize. How are the learner's choices similar to or different from your own?

Course Resources

Graduate Discussion Participation Scoring Guide

[Case Study: Narrative Therapy](#) | [Transcript](#)

[Reauthoring Lives Through Stories of Caring](#) | [Transcript](#)

u07d2 - Case Study: Collaborative Therapy Perspective

Review Case Study: Midori (linked in Resources). This week, consider Midori's situation from a collaborative therapy perspective. Then, write a post that addresses the following:

1. Who would the clinician want to attend the majority of sessions from this perspective? Why?
2. What do you think the role of the therapist would be from this perspective? Describe.
3. How do you think the assessment process would look like from this perspective? Describe.
4. Who or what would be the target of intervention, and what would be the examples of specific interventions that would be used from this perspective?
5. Is this a strength-based model or a deficit-based model of therapy? Explain.
6. What is the theory of change from this perspective?

Response Guidelines

Read the posts of other learners and respond to at least two. Critique the learner's assessments of the collaborative therapy perspective and its application to the case study.

Course Resources

Unit 8 >> Other Theorists, Concepts, and Approaches

Introduction

Over the course of family therapy's relatively brief history, there have been many applications and interpretations worthy of our attention. The insights family therapy provides allowed clinicians from many different perspectives to put their own spin on clinical application. You are encouraged to read more about the model or approach that resonates with you. In addition, most licensing exams for marriage and family therapists require you to have at least a basic knowledge of many of the lesser known approaches to family therapy. Keep in mind, as Keeney (1991) reminds us that various models of therapy say more about the individual personality of the originator than anything regarding therapeutic truth. In this unit, we will look at some of these lesser known people and approaches to family therapy. We will also look at the role of feminism and multiculturalism and how these movements have impacted our work as family therapists.

Family therapists have used the insights from feminism and multiculturalism to explore ways that our work can be more sensitive to the needs of our clients. These two movements have had a special impact on our work. Awareness of gender issues, cultural issues, and the diversity within these areas is of great importance. If you are practicing feminist-informed therapy, you are sensitive to all of the ways our culture privileges certain patriarchal norms and the impact they have on women. It is important not to impose normative ideas about gender onto our clients but rather to be open to questioning how cultural ideas regarding gender are inhibiting our clients from growth and change.

With respect to both culture and diversity, there are two schools of thought. One is that to do effective therapy, you must be educated in a wide variety of cultures and cultural norms. From this perspective, recognizing that your culture is one of many cultures that exist and that clients will be part of cultures that privilege and embrace very different beliefs and values than your own.

Another perspective on culture is to view each client and family as their own unique culture. In this way, we avoid the pitfalls of assuming that we know about a given culture because we have been exposed to clients of that culture or because we have read about that culture in textbooks. This is a very different way of understanding culture and our role as therapists. Rather than needing knowledge of all cultures, we see that we are expert on none of them. However, this is a very good therapeutic

stance to take because it awakens our curiosity and openness to learning about a client or family in ways that opens up possibilities for them to make changes. Remember, curiosity is a very important part of the change process. The fewer assumptions we make about clients and families, the more curiosity we can generate.

Reference

Keeney, B. P. (1991). *Improvitational therapy*. New York, NY: Guilford Press.

Learning Activities

u08s1 - Studies

Readings

Use your *Family Therapy* text to complete the following:

- Read Chapter 13, "Postmodern Approaches," pages 261–267.

Use your *Mastering Competencies in Family Therapy* text to complete the following:

- Review Chapter 9, "Solution-Based Therapies," pages 377–426.

u08s2 - Project Preparation

Your final paper for the course project will be due next week, during Unit 9. Use some of your time this week to continue working on your project, making sure that you meet all the requirements of the project detailed in your course project information. If you have questions about the requirements, contact your instructor as soon as possible.

u08a1 - Postmodern Model Description and Case Analysis

Assignment Description

In this assignment, you will complete a model description for the postmodern model of family therapy selected in the Unit 3 assignment. Examine the potential implications of using the model with your case; analyze how the attributes and assumptions of the model would shape your conceptualization and treatment considerations for the case. Please review your course project information and the Postmodern Model Description and Case Analysis scoring guide to fully understand the requirements of this assignment.

Note: Only the requirements for the Model Description and Case Analysis need to be included for this assignment. The Case Study from Unit 3 assignment does not need to be included in this assignment and that is not reflected in the scoring guide. If you do choose to include the Case Study from Unit 3 assignment, it will not contribute to the respective page counts required for this assignment.

In six or more pages, provide a brief overview of the history of the selected model and its founders. Discuss essential ideas of the model, including assumptions and methods of the approach, as well as how these aspects factor into potentially conceptualizing and working with your case. Expand fully on the initial fit between the case and model that was touched upon in the Unit 3 assignment. Explore how the presenting issues in your case might be understood with your chosen model as well as how the model might be beneficial in working with the case. Cite professional and academic sources (textbooks, peer-reviewed articles, books by original theorists), and be sure to address the following topics and implications for your case.

In your Model Description (four or more pages) and Case Analysis (two or more pages) be sure to discuss:

History, Founders, and Essential Ideas

- History, development, and founders of the approach.
- Essential ideas of the model.

Model Characteristics

- Include analysis of how these requirements are conceptualized in the model.
- Role of the therapist.
- Theory of change.
- The target of intervention. Examine what or who is being targeted to effect change when the model as a whole is being used to intervene in a case.
- Assessment.
- The model's ideas of normalcy, health, and pathology.

- How the model might work with and be sensitive to the cultural and diversity factors.
- How the underlying assumptions and tenets of this model align with it being a postmodern approach to therapy. Analyze whether this is a strength-based or deficit-based model and provide a rationale for your selection.
- Examples of intervention from this approach.

Case Analysis

- What are the benefits of using the chosen model in this case?
- How the case would be conceptualized according to the model.
- Analyze how specific interventions from the model might impact the case.
- When looking at the model chosen for your case, how do you attend to and account for the diversity and cultural factors?

Note: Incorporate the model characteristics into your case analysis as needed. A successful paper will demonstrate that you understand the main ideas of the approach as well as the underlying assumptions implicit in the model.

Sources

Use at least four references to complete this assignment, two of which should be the required textbooks for the course. Please remember to use original sources throughout to support your assertions and conclusions. That means if you are discussing structural family therapy, for example, you will want to cite the work of the founder (in this case, Minuchin). Support your ideas with research, textbook citations, and anecdotes. Examples of primary journals for research and reference include:

- *Family Process*.
- *Journal of Marital and Family Therapy*.
- *Journal of Strategic and Systemic Therapies*.
- *Journal of Family Psychology*.

If you have questions or need clarification about what is required for this component of the project, contact your instructor as soon as possible.

Submission Requirements

You are required to submit your final version of this paper to SafeAssign prior to submitting it for grading. Submit your work as a draft to check for any necessary edits. Once the paper is finalized and all edits have been made, submit the final version to your instructor for grading using the following file naming format: Your_Name_AssignmentNumber_AssignmentTitle (example: Ima_Learner_u03a1_ClientDescription).

Verify you have reviewed your SafeAssign report by providing the following comment in the assignment area: "I verify that I have reviewed the SafeAssign report for this assignment and this work meets academic honesty expectations."

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

[Writing Feedback Tool](#)

[APA Style and Format](#)

u08d1 - Issues of Diversity

For this discussion, research a professional journal article or articles from contemporary family therapy journals (For example, *Journal of Marital and Family Therapy*, *Family Process*, *Journal of Feminist Family Therapy*, and *Journal of Systemic Therapies*) that address either feminism or multiculturalism within the context of a reported marriage and family therapy intervention. Summarize and critique the article or articles, noting the main points. With what do you agree and disagree? Discuss any cultural bias you noted on the part of the therapist or ways in which the therapist appeared to have avoided bias. How can an awareness of these ideas and issues be beneficial to your clinical work with couples, families, and clients?

Response Guidelines

Read the posts of other learners and respond to at least two. If you researched feminism, respond to at least one person who researched multiculturalism. If you researched multiculturalism, respond to at least one person who researched feminism.

Comment on the post, asking questions and seeking clarifications. Was there anything in the post that surprised you or that you would challenge? How do the points noted in the post align with or differ from the points you noted through your own research? Do you agree or disagree with the learner's observations about the presence or absence of bias? Do you agree with his or her conclusions about how an awareness of the ideas and issues can be beneficial in clinical work? Explain your response, and support your ideas and conclusions with reference to the literature.

Course Resources

Graduate Discussion Participation Scoring Guide

[Topic Exploration Quickstart Literature Guide: Marriage and Family Counseling/Therapy](#)

Unit 9 >> The Role of Theory in Clinical Practice

Introduction

Beginning therapists commonly look at therapeutic models as treatments to be applied to their clients. This is logical given the medical model mind-set of modern culture and is similar to prescribing a medication for a particular client. If one medication fails, you try another medication. This is a common yet very limiting way to think about therapeutic models. We suggest that you consider therapeutic models as maps that help guide the therapeutic process. Models do not fail or succeed; we find a way to implement them effectively or we do not. The burden of responsibility should be on the therapist to implement the model or perspective successfully. When things are not moving along as they feel they should, all too often therapists blame their clients or the model.

Another popular bit of advice for beginning therapists is to choose a model or approach and get comfortable with it before branching out to explore other possibilities. A word of caution, however: you should be thinking about the underlying assumptions of an approach to therapy beyond technique. You may mix and match techniques; however, you cannot mix and match epistemologies. For example, it is difficult and limiting to think about clients from strengths-based and pathological-based perspectives at the same time. You might use the miracle question, for example, when using a solution-focused therapy perspective, but you also might use it from a structural family therapy perspective. Again, at the level of technique, you may borrow from different approaches. However, your fundamental assumptions about therapy should not change from case to case.

Learning Activities

u09s1 - Studies

Readings

Use your *Family Therapy* text to complete the following:

- Read Chapter 18, "Epistemological Challenges: Thinking About Our Thinking," pages 357–384.

Use your *Mastering Competencies in Family Therapy* text to complete the following:

- Read Chapter 2, "Research and Ethical Foundations of Family Therapy Theories," pages 19–44.

Use the Capella library to complete the following:

- Jacobs, S., Kissil, K., Scott, D., & Davey, M. (2010). [Creating synergy in practice: Promoting complementarity between evidence-based and postmodern approaches](#). *Journal of Marital and Family Therapy*, 36(2), 185–196.

u09a1 - Model Selection and Role-Play

Assignment Description

In this assignment, you will complete a brief comparison and contrast of the modern and postmodern models that were examined in the Unit 6 and Unit 8 assignments respectively. Discuss the implications of how the modern and postmodern models, their characteristics, and their underlying assumptions might impact the work with your case developed in Unit 3 assignment. Develop a rationale for why one model is being selected as a better fit for working with your case. Complete a role-play using the selected model with you acting as the therapist. Transcribe your portion as the therapist for the role-play using the provided transcription template. Identify the model's characteristics as well as the counseling microskills being demonstrated in the transcription. Please review your course project information and the scoring guide to understand the requirements of this assignment.

Note: Only the requirements for the Model Selection and Role-Play need to be included in this assignment. The Case Study from the Unit 3 assignment is not required for this assignment and as such is not reflected in the scoring guide. *If you do choose to include the Case Study from the Unit 3 assignment, it will not contribute to the respective page counts required for this assignment.*

In your Model Selection (two to three pages) and Role-Play (two or more pages) be sure to include:

Model Selection

- Include a brief synopsis of the case study and explain how each model could be a good fit.
- Review the potential benefits of each model in working with your case. Compare and contrast as needed and reflect on the characteristics of each model. Discuss how the modern and postmodern assumptions for each model affect these considerations.
- Develop a rationale for the selected model in your case.

Role-Play

For this portion of the assignment, you will pair up with a peer—either from the courseroom, a family member, or colleague from your community to be your client. By now, you have a case description. You have reviewed the major components of your selected model and drafted several questions, concepts, and interventions that would typically be used by clinicians following this model. Consider researching various case studies related to your model in the literature to help brainstorm potential questions, concepts, and interventions to be incorporated into your role-play. Make an appointment with your peer and send him or her a copy of your case study description. Your peer will role-play one of the family members in your case study.

If working with a peer from the courseroom, it is easiest to use an Adobe Connect meeting room. If you are using a family member or colleague from your community as your client, you may decide to conduct the session in person. Record the Adobe Connect meeting or, if necessary, audio-record your half of the role-play (use a recorder on your desk to record your side of the session when you are in the therapist role). Remember to apply the model-informed questions, concepts, and interventions you developed.

Transcribe your half of the recording into the Mini Transcription Template. The recordings will allow for you and your peer to transcribe your turns as the therapist.

The Annotated Role-Play Transcription assignment should include the following:

- In the first column, list your transcription.
- In the second column of the template, annotate (cite and reference) and provide some analysis around which ideas from your model as well as any microskills were being demonstrated with the questions, concepts, and interventions that you implemented in the role-play.
- In the third column of the template, provide a revision of the question, concept, or intervention you actually used to improve it or do it differently. Types of improvements might include making closed questions open, open questions relational, and questions or interventions more clearly informed by the model concept. Include some analysis and explanation for the revision.

Entries in the third column are not dependent on needing corrections or feelings as though you did something wrong. If you feel your question, concept, or intervention was adequately implemented, you should still include an alternate suggestion of how you might have responded to what your partner indicated in the role-play. You may want to discuss the session with your peer after the role-play for feedback about the questions and skills used, which could be helpful for the annotation.

Submission Requirements

You are required to submit your final version of this paper to SafeAssign prior to submitting it for grading. Submit your work as a draft to check for any necessary edits. Once the paper is finalized and all edits have been made, submit the final version to your instructor for grading using the following file naming format: Your_Name_AssignmentNumber_AssignmentTitle (example: Ima_Learner_u03a1_ClientDescription).

Verify you have reviewed your SafeAssign report by providing the following comment in the assignment area: "I verify that I have reviewed the SafeAssign report for this assignment and this work meets academic honesty expectations."

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Portfolio Prompt: You may choose to save this learning activity to your ePortfolio.

Course Resources

[ePortfolio](#)

Mini Transcription Template [DOC]

[APA Style and Format](#)

[Using Adobe Connect](#)

u09d1 - Reflection on Theory and Practice

As you reflect on the various models and approaches to therapy that we have looked at in this course, summarize the ideas that are resonating most with you at this point in your professional development. If a particular model strikes you as appealing, reflect on it and explain exactly what is it that appeals to you about the approach. Also, share how you will continue to pursue developing and implementing these ideas beyond this course.

Response Guidelines

Read the posts of other learners and respond to at least two. Compare the learner's reflections to your own, noting areas in which your thoughts are similar and those areas in which they differ. Offer suggestions about how the learner might continue to develop and implement his or her ideas about a particular model beyond the course.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 10 >> Second-Order Cybernetics and Postmodernism

Introduction

As touched upon throughout the term, the distinction between first- and second-order cybernetics is an important one to understand. There are many excellent discussions on this topic (For example, Golan, 1988; Keeney, 1983). Most early family therapy models are based on simple cybernetics. From this perspective, a family is a closed system upon which a therapist acts to create change. Second-order cybernetics poses the idea that the system therapist and family create a more encompassing model for our work as therapists. Second-order cybernetics implies that families and individuals are not dysfunctional or pathological; our role is to help create a context for change or difference to occur, and to not necessarily see ourselves outside of the family or therapeutic system but rather as a part of it.

When family therapists were first becoming interested in second-order cybernetics, a second and related movement called postmodernism emerged on the family therapy landscape. Postmodernism is "based upon a relativistic theory of knowledge—this is the belief that there are no certain, single

truths about the world. Instead, every question has an infinite number of answers, each being equally as valid as each other." It is "the decline of any absolute truths—the creation of relativity," and a "playful celebration of chaos" (Life at Uni, 2007).

According to Shawver (n.d.):

Postmodernism is the new philosophy for the skeptical. Postmoderns are those people who have begun to doubt the authors who seemed to have all the answers, the authors who seem to have everything wrapped up with a complete story of how things are and how they should be.

Postmodern therapists look at schools of psychotherapy not as possible truths or objective treatments that can be applied. Rather, postmodern therapists consider models of therapy as maps that lead us down different pathways in our work with clients. No one map is necessarily right, true, or better than the other.

Since postmodernism is a skepticism about grand theories, it does not bring us just another grand theory about how to do therapy. Still, perhaps, there is a commonality among postmodern therapies that is born of this skepticism. Most embrace the idea of therapeutic "not-knowing" (Anderson & Goolishian, 1989). This means therapists do not enter into a conversation with an authority about how to make changes or how people should live their lives. Instead, they find ways to be useful to their clients without giving them direct answers to their problems. Some of these ways include cultivating a healthy sense of curiosity, refraining from offering simplistic advice, not judging, not pathologizing, focusing on what works and people's strengths, being open to diverse belief systems and ways of behaving, and cultivating an overall spirit of collaboration with clients. These are profoundly liberating ideas in practice. However, to embrace them one must relinquish the expert role and the medical model, two ideas that are prevalent in most therapy contexts.

Shawver (n.d.) also points out that postmodern therapists "might introduce clients to the experience of a paralogical dialogue, one in which the client's own knowledge is given more weight than it has been given in the past. They might also interview clients to help them find their own preferred pathways. Or they might make multiple suggestions so that no single suggestion carries the weight of authority. They might also introduce new postmodern vocabularies or idioms."

There is a surprisingly large number of ways to relate to people usefully without taking the position that you know the truth about them and know how they should lead their lives.

References

Anderson, H., & Goolishian, H. (1989). Human systems as linguistic systems. *Family Process*, 27, 371–395.

Golann, S. (1988). On second order family therapy. *Family Process*, 27(1), 51–65.

Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(2), 266–275.

Keeney, B. (1983). *Aesthetics of change*. New York, NY: Guilford Press.

Life at Uni. (2007). *Post modernism*. Retrieved from <http://www.lifeatuni.com/academics/sociology/postmodern-soc-01/main.php>

Shawver, L. (n.d.). What is postmodernism and what does it have to do with therapy, anyway? An interview With Lois Shawver. *New Therapist*. Retrieved from <http://www.newtherapist.com/lois6.html>

Learning Activities

u10s1 - Studies

Readings

Use the Capella University Library to complete the following:

- Gergen, K. J. (1985). [The social constructionist movement in modern psychology](#). *American Psychologist*, 40(3), 266–275.

Research

Find two articles from contemporary family therapy journals (for example, *Journal of Marital and Family Therapy*, *Family Process*, and *Journal of Systemic Therapies*) that address issues related to integrating postmodern thought into therapy. List the APA citations for each article, summarize them, and write a 1–2 page critique based on the articles. Use citations from both articles. You will post the article summaries and critiques in the discussions in this unit.

Optional – Readings

The following optional readings may provide you with a better understanding of the topics covered in this unit. You may choose to read these:

Journal Articles

- Golann, S. (1988). On second order family therapy. *Family Process*, 27(1), 51–65.
- Anderson, H., & Goolishian, H. (1989). Human systems as linguistic systems. *Family Process*, 27, 371–395.

- Real, T. (1990). The therapeutic use of self in constructionist/systemic therapy. *Family Process*, 29, 255–272.

Books

- Keeney, B. P. (1983). *Aesthetics of change*. New York, NY: Guilford Press.
- Keeney, B. P., & Ross, J. (1985). *Mind in therapy*. New York, NY: Basic Books.
- Keeney, B. P. (1991). *Improvisational therapy*. New York, NY: Guilford Press.
- Watzlawick, P. (Ed.). (1984). *The invented reality*. New York, NY: W. W. Norton.
- Watzlawick, P. (1990). *Munchausen's pigtail or psychotherapy and reality*. New York, NY: W. W. Norton.
- Efran, J., Lukens, M., & Lukens, R. (1990). *Language, structure, and change: Frameworks of meaning in psychotherapy*. New York, NY: W. W. Norton.
- Watzlawick, P., Beavin, J., & Jackson, D. (1967). *Pragmatics of human communication*. New York, NY: W. W. Norton.
- Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York, NY: W. W. Norton.
- Watzlawick, P. (1978). *The language of change*. New York, NY: W. W. Norton.

u10d1 - Integration of Postmodern Thought: One

Find an article from contemporary family therapy journals (For example, *Journal of Marital and Family Therapy*, *Family Process*, and *Journal of Systemic Therapies*) that addresses issues related to integrating postmodern thought into marriage and family counseling or therapy. Create a 1–2 page summary and analysis of the article, including citations as needed to support your analysis, and submit as your discussion post.

Response Guidelines

Read the posts of other learners and respond to at least two. Provide a thoughtful analysis of the summary and a critique that seeks to add value to the work. Go beyond mere agreement and support by offering suggestions for expansion and questions that prompt insight into and development of the topic.

u10d2 - Integration of Postmodern Thought: Two

Find a second article from contemporary family therapy journals (For example, *Journal of Marital and Family Therapy*, *Family Process*, and *Journal of Systemic Therapies*) that addresses issues related to integrating postmodern thought into marriage and family counseling or therapy. Create a 1–2 page summary and critique of the article, including citations as needed to support your analysis, and submit as your discussion post.

Response Guidelines

Read the posts of other learners and respond to at least two. Provide a thoughtful analysis of the summary and a critique that seeks to add value to the work. Go beyond mere agreement and support by offering suggestions for expansion and questions that serve to further insight into and development of the topic.

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