About Family Therapy

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About Family Therapy

Brief History

Family therapy was born in the USA in the 1950s on the basis of system theory and cybernetics, but psychoanalysis, group therapy, and communication theory also contributed to its early development and increasing popularity. In the second half of the 20th century family therapy became widespread in Europe and worldwide. Stressing relationships and a systemic approach represented a paradigmatic shift from individualistic and intrapsychic approaches.

The Hungarian Family Therapy Association was established in 1989 as the successor of the Family Therapy Group of The Hungarian Psychiatric Association. The association coordinates training and further training activities, family therapy practice, and liaises with other significant, international peer organizations (EFTA, IFTA).

Theoretical background

The systemic approach considers the family system as the seat of problems and the unit of therapeutic intervention. Therapy focuses on the **family**, its **subsystems** and the **individual's** significant **family relationships**. Inside family relationships it aims to change the ways of how experiences and behaviour are perceived and processed by way of encouraging interactions and communication. In family therapy the symptoms of a patient are caused by the disorder or dysfunction of the family as a whole.

Depending on the different schools of therapy, therapeutic practice treats the family as an autonomous structural, socio-cultural, historical, emotional, ethical and communicational system. Around the turn of the millennia, the various therapeutic schools that had emerged historically could be characterized by their **integrative approach**. Beside structural, strategic, problem-, solution- and behavior-oriented approaches, theoretical models today increasingly focus on object relations, and integrative and narrative oriented approaches.

About the methodology

Characteristic to the methodology of family therapy is the **active role therapists play** in handling the therapeutic process. Therapists often employ action techniques (sculpturing, psychodrama, Gestalt techniques, letter writing, imagination, etc.), symbolic therapeutic methods (drawing, clay modelling, etc.) and often give families home assignments. The extremely rich and colourful tool set of family therapy animates systemic processes at various levels. In particular due to the postmodern

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and narrative approaches the family has become accepted as a partner, an expert of their own problems, which indicates a more balanced therapeutic relationship, while contextual therapy stresses the moral dimension of relationships. In today's family therapy it is not the power structure, but the fairness in the relationships and the democratic realization of gender roles that are considered important resources for a development.

Who can conduct family therapy and where?

As it is laid down in the education guidelines of the Hungarian Family Therapy Association, qualified therapists must have a university degree in specific areas (medicine, clinical psychology, psychology, etc.) and family therapy training offered exclusively by HFTA. Those with a family counsellor qualification can only be engaged in co-therapy (with a family therapist present).

Family therapy is conducted by trained family therapists and family psychotherapists at family therapy centres in hospital departments (psychiatry, child psychiatry, psychosomatic internal medicine), in psychiatric care providing facilities, family counselling centres, at foundations and in private practices in Budapest as well as other cities.

In family and couple therapy a therapeutic system is applied **under close supervision.** In general the supervision of a therapeutic system is achieved by way of co-therapy or the use of observation windows with a video recording facility.

The number and frequency of sessions

A family therapy session is usually longer than the ones in average psychotherapy, since therapists have to continuously observe the interactions between all family members (1.5 hours in most cases). Family therapy consists most likely of 6-25 sessions at a frequency depending on the nature of the problem. At the beginning, sessions can be held weekly, biweekly, then later on, monthly. A follow-up session is possible 6-12 months after the completion of the process. There is a tendency today that strategic-oriented brief therapies, which were popular early on, are superseded by long-term therapeutic processes, allowing deeper emotional processing. Beside process-like family therapy, scheduled family consultations, psychological education and parents group sessions have become increasingly popular as an integral part of social work and family assistance.

Key factors of a successful family therapy:

- Integration: the applicability of several psychotherapeutic methods and techniques
- Openness, transparency and mutual reflexivity
- Systemic approach: a comprehensive and quasi-transtheoretical model, which extends the efficiency of problem solving beyond the individual horizon; it also allows the integration of methods and techniques
- Development perspective: natural instrument for discontinuous problem solving in the context of the life-cycle of an individual, a relationship or a family
- Socio-cultural context: allowing the realization and handling of systemic effects surrounding the family

The application of family therapy, indications

Family therapy can be conducted **independently** or **combined** with other forms of therapy. It can complement the individual therapy of a family member in certain phases. It has an outstanding significance when combined with the psychotherapy of children and adolescents.

Family therapy can be recommended to such patients who live in a family and whose symptoms and disorders can successfully be treated with psychotherapy or a combination of psychotherapy and pharmacotherapy.

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Counter-indications

- If there is a malign, irreversible trend that may cause the family to break up
- If one of the parents suffers from systematized, progressive paranoid disorder or shows incorrigible destructiveness, criminality
- If one or both parents are incapable of showing sincerity and the family is pervaded by falsehood
- In case of certain de facto family secrets
- If there is a strong cultural, religious or other prejudice against the therapy
- If there is an extremely strong opposition in some family members, the breaking of which may cause psychosis or a psychosomatic crisis
- In case of certain organic diseases or other obstacles that may exclude the participation of one or more family members

Technical requirements (recommendation)

A specially arranged room of appropriate size, an observation window and/or video cameras or a close-circuit television system. Video recording requires the prior written consent of the family.

Based on a paper entitled 'Family Therapy Protocol' by Dr Maria KOLTAI prepared for the Psychotherapy Council.

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