

## Family Therapy

### Introduction

Family therapy is a type of psychotherapy that involves all members of a patient's family. It helps the patient and his family change how they relate to each other and how they resolve conflicts. The family has long been recognized as a source of support as well as a cause of distress for many individuals. Family therapy may be an integral part of the patient's treatment plan because the patient's illness may be a symptom of a larger family problem.

Just as society has changed through the years, so has the definition of family, and this change may impact who exactly is involved in family therapy. The individuals whom the patient considers as family may not be related by blood, but they may still provide support and maintain long-term roles and relationships. Therefore, the health care team should consider whomever the patient defines as his family as such. *Family of origin* refers to an individual's childhood family—generally, the patient's parents, siblings, and first-order relatives such as aunts and uncles.

Family therapists are typically psychiatrists, clinical psychologists, or other professionals with master's or doctoral degrees who have received certification in family therapy. The therapeutic approach used during therapy varies with the training, experience, preferences, and judgment of the therapist, who may use several different approaches based on the situation. Types of therapy may include cognitive-behavioral therapy, supportive counseling, psychodynamic techniques or, most commonly, the systemic approach. (See *Common types of family therapy*.)

### COMMON TYPES OF FAMILY THERAPY

*Several approaches to family therapy exist. The therapy type used depends on the patient's situation and the therapists training. A combination of techniques may be necessary.*

#### **Cognitive-behavioral therapy**

Cognitive-behavioral therapy, also known as *CBT*, uses various techniques to change how family members think or behave to resolve their problems. It involves implementing specific behavioral programs to help the patient change his negative thinking. The patient may be assigned to practice the programs between therapy sessions.

#### **Supportive counseling**

Supportive counseling brings members of a family together in a safe, caring environment so they can speak freely about a problem that they may not be able to deal with at home. The therapist encourages all members of the family to share their feelings about the problem, facilitates their interaction with each other about resolving the issue, and offers advice and information about support agencies as needed.

#### **Psychodynamic techniques**

Family therapy using psychodynamic techniques is directed toward enabling family members to see and understand the real reasons for what's occurring in a problem situation (in addition to those that are apparent on a surface level). The therapist helps the family members see what's subconsciously

contributing to a problem, which can help them resolve the problem.

### **Systemic approach**

The systemic approach looks at the attitudes, ideas, and problems of the family as a unit to determine how family dynamics influence a situation. It focuses on the family's relationships and communication patterns instead of focusing on one or more individuals as the source of the difficulties.

Generally, anyone who wants to improve troubled relationships can benefit from family therapy; however, it's usually short-term and used to resolve specific problems, such as marital problems, divorce, parenting skills, substance abuse, eating disorders, depression, grief or loss, and financial problems. It isn't used for long-term treatment or intensive therapy, which may be difficult for a family member with a psychosis or another serious mental disorder.

Depending on the treatment setting and the patient, the nurse may be in a position to participate in family therapy sessions. Regardless of her role, it's helpful for the nurse to understand basic family dynamics to work more effectively with the patient's family.

### **Implementation**

1. Allow family members to participate in patient care whenever possible.
2. During therapy sessions, avoid supporting one family member over another *because taking one individual's side will result in the nurse being included in the family system.*
3. Recognize that the family member who appears to have the problem may not be the source of the problem.
4. Provide nonjudgmental support to the patient as needed.
5. Encourage the reluctant patient to attend therapy sessions.
6. Document the procedure.

### **Special Considerations**

- It's easy to become invested in the patient and not in the other family members *because nurses typically hear more about the patient's side of a situation.* Remain objective, impartial, and nonjudgmental when dealing with the patient and his family.
- Continue to use professional judgment in situations where a child appears to be abused or neglected. Remember that nurses are mandated reporters for child abuse and neglect.

### **Patient Teaching**

Teach the patient and his family the importance of continuing therapy, if recommended, after discharge from the facility.

## Complications

Family therapy can result in an emotional or psychological crisis in a family member who has a very rigid personality structure.

## Documentation

Document the patient's participation in family therapy and his response to the therapy sessions. Use the patient's own words when describing his feelings. Note whether the patient's condition and mood is improved or worsened after family therapy. Also describe any positive or negative family interactions after a therapy session.

## References

1. Bodden, D.H., et al. "Costs and Cost-Effectiveness of Family CBT versus Individual CBT in Clinically Anxious Children," *Clinical Child Psychology and Psychiatry* 13(4):543-64, October 2008.
2. Goodridge, D., and Hardy, G.E. "Patterns of Change in Psychotherapy: An Investigation of Sudden Gains in Cognitive Therapy Using the Assimilation Model," *Psychotherapy Research* 5:1-10, December 2008. [Epub ahead of print]
3. Lebow, J., and Rekart, K.N. "Integrative Family Therapy for High-Conflict Divorce with Disputes over Child Custody and Visitation," *Family Process* 46(1):79-91, March 2007.
4. Liddle, H.A., et al. "Treating Adolescent Drug Abuse: A Randomized Trial Comparing Multidimensional Family Therapy and Cognitive Behavior Therapy," *Addiction* 103(10):1660-70, October 2008.
5. Minuchin, S., et al. *Assessing Families and Couples: From Symptom to System*. New York: Allyn & Bacon, 2007.
6. Schaffner, A.D., and Buchanan, L.P. "Integrating Evidence-based Treatments with Individual Needs in an Outpatient Facility for Eating Disorders," *Eating Disorders* 16(5):378-92, October-December 2008.
7. Sevier, M., et al. "Observed Communication and Associations with Satisfaction During Traditional and Integrative Behavioral Couple Therapy," *Behavior Therapy* 39(2):137-50, June 2008.

## Family therapy

1. Allow family members to participate in patient care whenever possible.
2. Avoid supporting one family member over another.
3. Recognize that the family member who appears to have the problem may not be the source of the problem.
4. Provide nonjudgmental support to the patient as needed.
5. Encourage the reluctant patient to attend therapy sessions.
6. Document the procedure.