

# Family Therapy with Adolescents

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# Goals of Presentation:

- Review the role of family therapy in adolescent psychotherapeutic treatment
- Review the role of the family assessment: Rationale and Conduct

# Goals of Presentation (cont'd)

- Discuss the ancillary involvement of parents as an adjunct to Individual Therapy
- Brief Overview: History of Family Therapy
- Key Concepts in Systems Theory
- Indications and Contraindications of Family Therapy with Adolescents
- Review of Features of Major “Schools” of Family Therapy with Case Vignettes
- Selection of Type of Approach to Family
- Clinical Subtypes of “Identified Patient”

# Role of Family Therapy in Treatment of Adolescents

- The family has emerged in recent years as not only the backdrop of individual therapy with adolescents but as an active and discrete treatment unit
- Family work can be meaningfully integrated with individual therapy – therapist must be careful and consistent re: lines of confidentiality

# Role of Family Therapy (cont'd)

- Areas of therapeutic interest: adolescent as “identified patient” (may be unconscious role) - maintains “homeostatic equilibrium” of family
- Facilitate communication with patient in context of separation/individuation issues

# Family Assessment

- Often underutilized component of overall assessment of adolescent
- Glimpse of usual context of symptomatic adolescent
- De-emphasizes possible “scapegoat role”
- Highlights developmental stage of family
- Clarifies various roles of family members
- Provides valuable clues re: treatment plan
- Presumption: intrapsychic and interpersonal dynamics are not mutually exclusive

# Models of Family Function

- McMaster Model- N. Epstein: basic needs; developmental tasks; adapt to hazardous life events (1982)
- Beavers Model: utilizes direct observation of family interaction- two dimensional grid (1982)
- Olson Circumplex Model: axes of cohesion, adaptability, communication- clinical rating scale (FACES): Family Adaptability and Cohesion Evaluation Scale (1983)-clinical and research settings

# Family Developmental Life Cycle

- Early Couple-leaving home
- Joining of families thru marriage
- Family with Young Children
- Family with Adolescents
- Launching of children and moving on-  
?moving out
- Later Life- ?Empty Nest
- Divorce, Remarriage, Blending of Families

# Examine Tasks for Family with Adolescents:

- Re-define parent-child relationship in age appropriate manner: ?birth order of “I.P.”
- Consider autonomy, control, individual responsibility: modify quality of limit setting
- Ambivalence re: separation issues: may be camouflaged by acting out- ?enmeshed or disengaged family structure

# First Family Interview

- Dealing with resistance- may take place after meeting individually with adolescent
- Involvement of sibs: “contamination” issue
- Format can be left to family: outline guidelines of confidentiality early
- ? Role of noncustodial parent in separation/divorce: be careful about custodial arrangements

# Clinical Data of Family Assessment Interview

- Communication style: content v. process- is discussion coherent?
- Changes desired by members: include children who may illuminate and be less resistant than others
- Description of typical day and home layout
- Rules and Regulations (overt and covert)
- Alliances and Coalitions: (overt and covert)
- Methods of managing disagreements- power distribution and use of hierarchy

# Clinical Data of Family Assessment Interview (cont.)

- Roles in Family- conscious and unconscious: scapegoat, sparkplug, jokester, peacemaker, lazy one, rescuer, provocateur
- Previous Crises and Resolutions
- Problem Solving Style: ?blaming, avoidance, denial, diversion, ?abusive
- Seeing Subgroups: sibling grouping can be very instructive

# Obstacles to Family Assessment

- Dominating member:  
countertransference issues
- Agitated member - clinical issue?
- Challenging member - how to defuse
- Uncooperative adolescent as identified patient - need to save face while participating

# Conclusion of Family Assessment

- Present formulation to family
- Include integration of symptoms of adolescent with family issues
- Include family structure, roles, boundaries, communication patterns
- Developmental stage of adol and family
- Current stressors within historical context

# Conclusion of Family Assessment (cont.)

- Differentiate: normative reactions to adolescent stage vs. pathological
- Delineate the chronic unresolved problems within family

# Presenting Treatment Plan

- Who is present?- include adolescent except under particular circumstances when meet with parents separately
- Differentiate individual issues vs. family based issues
- Discuss strengths as well as problematic areas in family function
- Individual (adol) vs. family therapy recommended?
- Assess family's readiness to accept treatment plan

# Ancillary Involvement of Parents (to Individ. Therapy)

- Significant problem of communication between pt and parents
- Efforts of parents to control pt become point of resistance to individual therapy
- Evidence of mental disturbance or substance abuse issues in a parent
- Ongoing strife between parents impacting pt
- Evidence of inter-sibling hostility

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# Family Therapy: History

- Roots: Child Guidance Movement- early 1900's
- Ego Psychology theory and practice and H.S. Sullivan: Interpersonal Issues within psychoanalytic realm (1950's)
- Nathan Ackerman: psychoanalyst- family as a dynamic psychosocial unit- conjoint interviews (1950's to 60's)
- Bateson, Jackson and Haley - double bind communication- 1950's

# History cont.

- Wynne and Singer-1960's- communication deviance and schizophrenia
- M. Bowen- 1960's- extended family systems theory and therapy: generational (genograms); triangulation, multigenerational transmission
- S. Minuchin - 1970's- Structural Family Therapy: current, here and now interactions and communications; structural mapping of coalitions etc.

# History cont.

- J. Haley et al. - 1980's - Strategic family therapy- circular interactions; power and control in family - less focus on remote history of family, more behavioral

# Key Concepts in Systems Theory

- “System “ definition: structure composed of set of elements and set of rules which specify the relationship among the elements (cybernetic)
- Maintain integrity via feedback loops to correct deviations and maintain homeostasis or steady state
- Closed v. open system; ?permeability of boundaries; amount of deviation permitted, tightness of communication linkages

# Family Therapy: Indications and Contraindications

- Indications: adjustment d/o to family issues (e.g. symbiotic enmeshment);
- Developmental issues such as separation/individuation issues;
- Family communication patterns
- Parental resistance to indiv therapy for adolescent
- Behavioral disturbance and need for limit setting by parents or adults in charge

# Indications and Contraindications cont.

- Contraindications: severe depression, acute psychosis, severe paranoia or other psychopathology in parent or pt; insufficient structure to maintain appts

# Insight Oriented (Psychodynamic) Family Therapy

- Terminology and interests asso'd with the psychoanalytic tradition
- Individuals carry unconscious elements which have interpersonal impact
- Goal: uncover internal part-objects, internalizations and projections
- Clarification of communication (verbal and nonverbal)
- Explore transference manifestations among family members

# Insight Oriented Therapy cont.

- Shared exploration of past rel's, current distortions and role confusions
- Major theoreticians: Nathan Ackerman, James Framo, Ivan Boszormenyi-Nagy

# Experiential Family Therapy

- Family as developing evolving organism
- Goal of therapy to encourage the growth of family and members

# Experiential Family Tx (cont)

- Encourage expressiveness, openness, communication
- Family is responsible for own solutions-therapist as facilitator
- Carl Whitaker, Virginia Satir

# Intergenerational-Bowenian

- The family is an emotional rel. system
- Goal of family is to promote engagement, foster differentiation, and avoid fusion
- Triangulation (engaging a third party or entity) stabilizes the system

# Intergenerational Family Tx cont.

- Individuals marry partners of same level of differentiation generally
- Therapy aimed at clarifying current rel's, promoting individuation, working through intergenerational and introjected difficulties and patterns of behavior
- Murray Bowen

# Case Example-Dynamic Tx

- Mary-15 y.o.- disruptive at home and school
- Mother had difficult and ambivalent rel with MGM - projected onto Mary; she had lost her punitive father at a young age-never mourned
- Father - encouraged by mother to discipline Mary
- Cycle: Mother unconsciously provoked girl to misbehave and husband to punish her: recapitulation of her childhood and stemmed from incomplete mourning of her own father

# Case Example (cont.)

- Family tx: helped mother to become aware of intergenerational connection
- Areas of dispute in marital rel emerged: resentment about mother's wish for only one child- parents referred for couple tx
- Mary eventually able to focus (through indiv tx) on peers, fears of leaving home, etc.

# Structural Family Therapy

Focus is the organization of the family shown via repeated patterns of interaction

Interplay between family structure and inner psychic process, task performance

- Focus on subsystems
- Boundaries: permeable? rigid?
- Therapist aims at increased flexibility, alternative patterns and structures
- Enmeshment v. disengagement features
- Cross-generational coalitions?

# Structural Family Therapy (cont.)

- Techniques: Joining, accommodation (analogy to countertransference issue)
- Structural mapping
- Highlighting and modifying interactions
- Seating arrangements
- One way mirror use
- Salvador Minuchin

# Case Example-Structural

- 14 y.o. Dylan had poor rel with stepfather- two younger half-sisters favored by their father; rare contact with biological father
- Mother was overly involved with daughters, who had separation issues
- Mother tried to defend son from discipline by stepfather (caught drinking with friends)
- Dx: dysfunctional cross-generational coalition between mother and son

# Case example (cont.)

- Intervention: Shift family structure re: boundaries, enmeshment and disengagement
- Father and mother need to be on same heirarchal level in executive subsystem
- Bring stepfather and son closer, without involving mother; mother shares discipline
- Encourage autonomy of sisters

# Systemic-Strategic Family Therapy

- Curative agent is rearrangement of behavioral sequences and shift of power and hierarchy: circular etiology
- Action more important than insight
- Directives are straightforward or “reverse psychology” (paradoxical) in quality
- “Positive connotation” technique

# Systemic-Strategic Family Therapy cont.

- Symptomatic behavior embedded in patterns of communications and rel's in family
- Ineffective attempts at solutions become part of the pattern and problem
- Specific methods of questioning (“circular questioning”), posing hypotheses, reframing
- Case examples: use of teams, one way mirror, “panel of experts” vs. solo clinician
- Include Jay Haley, Mara Selvini Palazzoli

# Case example-Strategic

- 17 y.o. Steven - 2nd of three sibs- hospitalized for psychosis NOS, now stable on neuroleptics but refusing to attend school vocational program
- Father on permanent disability and demonstrates subtle encouragement of pt to be at home with him (mother works long hours)
- Older sister serves as “parentified child” and organizes home, meals etc

# Case example Strategic- (cont.)

- Intervention: Activate father: assign him tasks re: getting Steven to school, speaking with teachers etc.
- De-emphasize parenting role of older sister
- Therapist assists with suggestions re: vocational planning for pt. and running home
- Use of reframing and positive connotation (Steven as father's "companion" at home, sister as overly helpful at own sacrifice etc).

# Behavioral-Social- Psychoeducational Family Therapy

- Includes behavioral practitioners (Stuart, Patterson)- operant principles, conditional contingency- applied to dysfunctional families; mutual reinforcement techniques
- May include integration of Cognitive-Behavioral Model in systemic context (Dattilio): skills training, homework, tasks
- Psychoeducational model: Leff and Vaughn, Anderson: modification of family emotional climate (high vs. low “emotional expression” (“EE”)- usefulness with psychotic adolescents

# Case example-Behavioral-Social-Psychoeducational

- 12 y.o. Julia, youngest of 3 sibs, presents with severe OCD (contamination, germs)
- Family hx of OCD, mood disorder either side
- Mother, with obsessive pers'y traits, overly involved with OCD symptoms-father more removed and older sibs functioning well

# Case Example: Behavioral-Social-Psychoeducational (cont.)

- Intervention: psychoeducation re OCD disorder medication use and CBT interventions
- Set up both conjoint CBT sessions with mother and Julia as well as family meetings involving father
- Use of operant rewards for pt in systemic context

# Selection of Approach

- Often depends on familiarity and comfort level of therapist with respective approaches
- Family's own view of best approach: "goodness of fit" with family
- Insight oriented (exploring, focus on communication) vs. action oriented approach
- Integration of several approaches in same case- may be sequential or simultaneous
- Usual course: transition from less complex to more complex formats if more resistance
- Integration of individual work with adolescent

# Clinical Presentations of Adolescent Disorders and Family Systems Approaches

- Psychosis: Goal: to decrease high “ee” level, provide respite, guidelines, psychoeducation, educ., vocational advice
- Depression: ?Family hx, assess empathy of family members, use of psychopharm, assess danger/safety issues

# Clinical Issues cont.

- Substance Abuse: discuss rules and limiting guidelines; interrupt enabling behaviors of members; legal, academic issues; direct to support structure and groups for addiction
- Anxiety disorders: ?overinvolved member(s); CBT techniques?, meds?, family environment stressors?
- Eating disorders: individuation issues, enmeshment patterns; assess cultural factors

# Clinical Issues cont.

- ADHD: educate re: biological issues; family hx; role of structure and routine, self-regulation of pt; education re: expectations of meds
- Conduct Disorder: accountability re: behaviors, legal issues; parental consistency, structure, “united front”; monitor peer rel’s closely, sub.abuse?