

UNIVERSITY OF WISCONSIN--MADISON
THE SCHOOL OF EDUCATION
The Department of Counseling Psychology
321 Education Building
1000 Bascom Mall
Madison, Wisconsin 53706

Counseling Psychology Techniques with Families

Fall 2004
3 Credits
Monday 2:25 to 5:25 PM
Room 318 Education Building

Instructor: Hardin L.K. Coleman

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Office Hours:
Mondays 10:00 AM to 12:00 PM
Sign-Up on Office Door (Children are welcome; toys are available)

Course Objectives:

This course will:

- 1) Introduce students to the basic theories and techniques of family therapy.
- 2) Develop an analytic perspective on doing family therapy with culturally diverse populations.

Required Texts:

American Psychological Association (2001). *Publication Manual, 5th Edition*. APA: Washington, DC.

Goldenberg, I., & Goldenberg, H. (2004). *Family therapy: An overview*, (6th Edition). Thomson: Brooks/Cole: Pacific Grove, CA.

Treadway, D.C. (1989). *Before it's too late: Working with substance abuse in the family*. W.W. Norton.

Worden, M. (2003). *Family therapy basics*. Thomson: Brooks/Cole: Pacific Grove, CA.

Recommended Texts:

Conroy, P. (1987). The prince of tides. NY: Bantam.

McGoldrick, M., Pearce, J.K., & Giordano, J. (Eds.) (2nd Edition (1996)).
Ethnicity and family therapy. New York: The Guilford Press.

Grading: There are possible tasks that a student can complete to receive a grade in this course. Each task is worth a certain number of points. To complete the course, a student must complete a total of 100 points worth of tasks. The final grade will be determined by averaging the grade received on each task.

A	= 93 -100 points
A/B	= 89 - 92 points
B	= 83 - 88 points
B/C	= 79 - 82 points

Written assignments should be done in the APA manuscript style. Please submit your papers by email by 8 PM on the due date.

All students in the Department will demonstrate behavior that is consistent with the Ethical Standards forwarded by the APA and ACA in their code of ethics. Failure to do so can result in termination from the Department.

Please let me know if you need any accommodations in the curriculum, instruction, or assessments of this course to enable you to fully participate. I will try to maintain the confidentiality of the information you share with me.

Graded Tasks

1. Lead or co-lead one class discussion which will involve a presentation on the reading and include new material. The date for this presentation will be picked during the second class session. 30 points.
2. Complete the personal growth exercise. Due 9/27. 20 points.
3. Write an essay that describes your theory of family therapy. Due 10/22. 40 points.
4. A literature review written on a topic of your own choosing, that addresses some aspect of Family Therapy. Due 11/12. 40 points. (You can do 5 or 7, not both)
5. Complete a family evaluation. Due 11/12. 30 points
6. Design a culturally relevant family intervention. Due 12/03. 30 points.
7. A research proposal on a topic of your own choosing, that addresses some aspect of Family Therapy. Due 12/10. 40 points. (You can do 5 or 8 not both)
8. Attached to the syllabus are 16 questions concerning family therapy that will be addressed in the course. You can write 4 essays in response to these questions. Two of the essays must be completed before 10/29. 20 points each.
9. A project of your own design. Points and due date to be arranged with instructor.

Class Schedule

Session 1: Introduction: 1) Overview of Course

Session 2: Family Relationship Framework
Thirteen

Readings Assignment:

Goldenberg Chpts 1-4

Worden Chpt 1

McGoldrick, M., Pearce, J.K., & Giordano, J. (Eds.) (1982). Ethnicity and family therapy. New York: The Guilford Press. Chapters 1 & 2.

Session 3: Evolution of Family Therapy

Required Reading:

Goldenberg Chpts 5

Session 4: Basic Models of Family Therapy

Required Reading:

Goldenberg Chpts 6,7,8

Worden 2, 3

Framo, J.L. (1976). Family of origin as a therapeutic resource for adults in marital and family therapy: You can and should go home again. Family Process, 15, 193-210.

McGoldrick, M. & Gerson, R. (1985). Genograms in family assessment. New York: W.W. Norton. Chpts 1,2

Recommended Reading

McGoldrick, M. & Gerson, R. (1985). Genograms in family assessment. New York: W.W. Norton. Chpt 3

Session 5: Basic Models (cont)

Required Reading:

Goldenberg Chpts 9 - 12

Zinner, J., & Shapiro, R. (1972). Projective identification as a mode of perception and behavior in families of adolescents. International Journal of Psychoanalysis, 53, 523-530.

Session 6: Evolving Models of Family Therapy

Required Reading:

Goldenberg Chpts 13,14, 15
Worden Chpt 4

Lyons-Ruth, K. (1991). Rapprochement or approchement: Mahler's theory reconsidered from the vantage point of recent research on early attachment relationships. Psychoanalytic Psychology, 8, 1-23.

Session 7: Research and Ethics in Family Therapy

Required Reading:

Goldenberg Chpts 16-19, Appendices A,B,C

Aradi, N.S., & Kaslow, F.W. (1987). Theory integration in family therapy: Definition, rationale, content and process. Psychotherapy, 24, 595-607.

Goldner, V. (1985). Feminism and family therapy. Family Process, 24, 31-48.

Lebow, J.L. (1987). Integrative family therapy: An overview of major issues. Psychotherapy, 24, 584-594.

Recommended Reading:

Kim, S. C., (1985). Family therapy for Asian Americans: A strategic-structural framework. Psychotherapy, 22, 342-348.

Thomas, M.B., & Dansby, P.G., (1985). Black clients: Family structures, therapeutic issues, and strengths. Psychotherapy, 22, 398-407.

Session 8: Family Interaction and Psychopathology

- 1) Schizophrenia
- 2) Depression
- 3) Tactics

Reading Assignment:

Bateson, G. (1972). Toward a theory of schizophrenia. Steps to an ecology of mind. (pp. 201-227). New York: Random House.

Cook, W.L., Strachan, A.M., Goldstein, M.J., & Miklowitz, D.J. (1989). Expressed emotion and reciprocal affective relationship in families of disturbed adolescents. Family Process, 28, 337-348.

Goldstein, M.J., & Strachan, A.M. (1987). The family and schizophrenia. In T. Jacob (Ed.) Family interaction and psychopathology: Theories, methods, and findings (pp. 481-508). New York: Plenum Press.

Stark, K.D., & Brookman, C.S. (1992). Childhood depression: Theory and family-school intervention. M.J. Fine & C. Carson, (Eds.). The Handbook of Family-School Intervention (pp 247-230). Boston: Allyn and Bacon.

Teichman, Y., & Teichman, M. (1990). Interpersonal view of depression: Review and integration. Journal of Family Psychology, 3, 349-367.

"Paradox" from Handbook of structured techniques in marriage and family therapy by Sherman, R., & Friedman, N. (1986). Brunner/Mazel

"Using Core Counseling Skills in Marriage and Family Therapy" from Counseling Families by Fennell, D.L., & Weinhold, B.K. (1989). Love Publishing.

Recommended Reading

Thomas, A.M., & Forehand, R. (1991). The relationship between paternal depressive mood and early adolescent functioning. Journal of Family Psychology, 4, 260-271.

Wynne. L.C., Ryckoff, I.M., Day, J., & Hirsch, S.I. (1952). Pseudo-Mutuality in the family relations of schizophrenics. Psychiatry, 21, 205-220.

Session 9:

Berg-Cross, L., Kidd, F., & Carr, P. (1990). Cohesion, affect, and self-disclosure in African-American adolescent families. Journal of Family Psychology, 4, 235-250.

Kiritz, N.J., & Mundel, J. (1988) Program planning an proposal writing: Introductory program. The Grantsmanship Center.

"Theoretical Perspective" and "Practical Perspective" from Change, Watzlawick, P., Weakland, Ch.E., & Fisch, R. (1974). Norton Press.

Session 10: Family Therapy: Particular Cases

- 1) Working with Violent and Aggressive Families
- 2) The Abusive Family System

Required Reading:

Barrett, M.J., Trepper, T.S., & Fish, L.S. (1990). Feminist-informed family therapy for the treatment of intrafamily child sexual abuse. Journal of Family Psychology, 4, 151-166.

Goldner, V., Penn, P., Sheinberg, M., & Walker, G. (1990). Love and violence: Gender paradoxes in volatile attachments. Family Process, 29, 343-364.

Recommended Reading

McElroy, L.P., & McElroy, R.A. (1991). Countertransference issues in the treatment of incest families. Psychotherapy, 28, 48-54.

Schatzow, E., & Herman, J.L. (1989). Breaking secrecy: Adult survivors disclose to their families. Psychiatric Clinics of North America, 12, 337-349.

Silber, S. (1990). Conflict negotiation in child abusing and nonabusing families. Journal of Family Psychology, 3, 368-384.

Zeanah, C.H., & Zeanah, P.D. (1989). Intergenerational transmission of maltreatment: Insights from attachment theory and research. Psychiatry, 52, 177-196.

Session 11: Family Interaction and Family Therapy (cont)

- 1) AODA
- 2) Tactics

Required Reading:

Treadway, D.C. (1989). Before it's too late: Working with substance abuse in the family. W.W. Norton.

Session 12: Working with Families in Context

- 1) In the Schools
- 2) In the Community

Required Reading:

Berger, S.,R., Shoul, R., & Warschauer, S. (1992). A school-based divorce intervention program. M.J. Fine & C. Carson, (Eds.). The Handbook of Family-School Intervention (pp 386-399). Boston: Allyn and Bacon.

McDonald, L., Bradish, D.C., Billingham, S., Diddle, N., & Rice, C. (1991). Families and schools together: An innovative substance abuse prevention program. Social Work in Education, 13, 118-128.

Session 13: Therapy with Couples

Required Reading:

Carson, C. (1992). Single parenting and step-parenting: Problems, Issues, and Interventions. M.J. Fine & C. Carson, (Eds.). The Handbook of Family-School Intervention (pp 188-230). Boston: Allyn and Bacon.

Meyer, G. (1992). Family therapy with divorced and remarried families (pp. 159-172). In Atwood, D. (Ed.), Family therapy: A systemic-behavioral approach. Chicago: Nelson-Hall.

Session 14:

Session 15: Termination

APPENDIX A

TASK DESCRIPTIONS

ANALYTIC SCALE FOR STUDENT ORAL REPORTS

Speaker:

Topic:

Date: _____

Grade:

Rating Scale:

Strong

OK

Weak

5

4

3

2

1

Comments

Introduction

- Creates interest
- Announces topic
- Previews content

Organization

- Clear main points
- Strong transitions

Conclusion

- Summarizes content
- Effects closure

Content

- Carefully documented
- Relevant

Delivery

- Effective vocal behavior
- Effective physical behavior

Language

- Correct
- Clear

270-825: Counseling Psychology Techniques with Families
Exercise in Personal and Professional Growth

Your answers to these questions should be constructed in the form of an integrated essay.

I: Read chapters 1 and 2 and the chapter(s) that best reflects your own ethnic heritage on McGoldrick et al. (1982) Ethnicity and family therapy.

II: Create at least a 3 generation genogram of your family.

Use your own definition of family

See Chpts 1 & 2 in McGoldrick & Gerson (1985) Genograms in family assessment.

- a) Identify important events in your family's history
- b) Identify ethnically relevant historical events
- c) Identify intergenerational patterns
- d) Examine your family as a subset of your ethnic group
- e) Identify five family values
- f) Compare to the class list of major American Values (created in Session #2)

III: Analyze your family

How did your family's ethnicity affect the values, beliefs, and practices in your family-of-origin?

Specifically:

How did adults/children/males/females handle anger in your family-of-origin? what happened when various individuals expressed anger in your household?

What happened when adults/children/males/females cried in your household? Were they nurtured or shamed or punished?

Who was respected by whom in your family-of-origin?

Who was feared by whom in your family-of-origin?

Who was nurtured by whom in your family-of-origin?

Who was loved by whom in your family-of-origin? How was love expressed, if at all?

Who held power and how was power and authority used in your family-of-origin?

Was it safe to be vulnerable in your family-of-origin? Did family members communicate at a feeling level? Was it safe to share one's feelings?

How were the values in your family different from and the same as the list of "American values?"

What was your role in your family-of-origin?

What was your script in your family-of-origin? (What/who were you supposed to grow up to be?)

Who were the people you looked up to and admired (heroes, heroines, role models) when you were a child and adolescent?

How will your learning history and socialization affect working with particular clients?

Specifically:

Why did you choose this profession? How does it answer your needs?

What is the type(s) of girl and boy with whom you will have difficulty working as a clinician?

With what type(s) of child/adolescent might you identify?

With what type(s) of parents will you have difficulty working?

What type(s) of clients will you be tempted to rescue?

What type(s) of client issues will be difficult for you to address?

What type(s) of client behaviors and attitudes will be difficult for you to tolerate?

IV: Establish a set of learning goals for yourself about doing psychotherapy in general and family therapy in particular. Consider cultural factors such as gender, class, ethnicity, and ability as you develop these goals.

V: Share genograms and what you have learned from this exercise with the class

VI: Evaluate this exercise as both a learning experience and as a stimulate to self awareness and/or professional identity development

area of Madison. Both were present for the initial meeting and throughout the assessment process, which lasted from 11/9/93 to 1/26/94. If they were going to be absent Sue would call. At the start of most meeting, both were in the living room watching TV. The house was always clean.

Presenting Problem: Sue states that she "fell apart" when one of her daughters was sent to Wyalloosing Academy. She states that she became depressed, stopped eating, and was hospitalized. She states that Bob becomes very upset and frustrated and her withdraws. He is beginning to get in trouble in school. Neither could specify the nature of the trouble. It appears to occur when Bob feels slighted or frustrated and he begins to talk threateningly to teacher.

Previous Treatment: Sue has received counseling before but those records have not been reviewed for this evaluation. Sue has been hospitalized for what she calls a nervous breakdown. Quite likely to be depression with anxious features.

Medical and Social Concerns (illness and other issues): Sue states that she had an easy birth. She reports falling down the stairs and breaking a leg. She also reports that she started having seizures after her husband, (Bob's father) hit her in the head with an iron pot in 1983. She takes 30 mg of Phenobarbitol to control the seizures. He also hit her in the head with a snow shovel in 1987. She reports these head traumas having a negative effect on her cognitive and psychological functioning.

Sue reports that her second labor was hard and long, but that her third was easy. She did not mention her oldest child's, which she had when she was 13, or Bob's labor.

She reports becoming asthmatic in 1983. She reports taking Calan SR 240mg for High Blood Pressure, Zentek for ulcers and Prozac for depression.

Sue also report a history that is significant for violence. Mostly as the victim and particularly from her husband. She repeatedly states her willingness to use force to protect herself or her family. Also states that her parents, siblings, and children are the same.

Sue is in the process of divorcing her husband against whom she has a restraining order. She only ingests caffeine occasionally in soda. She denies smoking cigarettes. She claims that she used to drink heavily on a daily basis but has stopped because of a bad liver.

Sue admits to being on probation for fighting with her husband and has gone after him with a knife. She admits to wanting to have killed her husband and tried to kill herself last year through a drug overdose.

Description of Family and Significant Relationships (including Genogram):

Sue is the 5th of 7 children. Sue was born in Racine, WI., but moved to Madison to be with her mother. Her mother had her first three children with one husband and the next 4 with another.

Sue describes her mother as very talkative and nice, when you get to know her. Sue's mother is a private person who would go to "battle for you in a minute." She has stabbed her 1st husband with a knife in the eye and almost cut off his private parts. Sue sees her on a regular basis and Ms. Jones often has Sue's older children living with her.

Sue describe's her father as a nice person but private, who can become violent. Sue has seen him "jump on her mother." Sue's brothers would just watch until they were old enough to stand up for her. They told him if he even raised his voice, he could go.

Her mother's 2nd husband has been in and out of prison for raping a disabled child. He tried to rape Sue at one time and she is afraid of him. He is strung out on cocaine.

One sister is an alcoholic. Another is like her mother. Sue is out of touch with a 3rd. She says that another talks too much and does not have much of a temper. One brother has a big temper and has attacked her and her daughter. At that point Sue fought back. That brother has been on paper for assault. He has a disability and lives with his mother. Another is strung out on drugs.

Sue has four children. Gail is 19 and is living with Sue's mother. They see each other regularly and Sue perceives her as a significant source of support. Phil is 15 years old and is at Wales for Breaking and Entering. He has a history of aggressive behavior and gang involvement. He spends most of his time with Sue's mother when not in custody. April is 13 and is currently at Wayaloosing Academy for assault. Bob is 12 and is at home.

Throughout the sharing of family history, Bob would try to add his perspective and was either told he was wrong or was ignored. He would become agitated and start mumbling about how angry he was getting and what he would do if he was not listened to.

Developmental and Social History:

Sue recounts that she spent all of her school years in special education without knowing her specific diagnosis. She does not remember school with great fondness until high school where she had friends who had the same problems that she did and they could talk about them. She had Vaneshia when she was 13.

Bob's early memories of his mom could be the same as today. He likes to talk to her and hug her and be with her. When he thinks of his Dad he gets both sad and mad about what his Dad did to Sue.

Bob was not able to give a coherent account of his experience in elementary school. What was most important to him were social relationships. His description of middle school is more negative. He likes being with friends but experiences a great deal of negative pressure around school related issues. He reacts with hostility and frustration. He claims that he is teased about his work and he just wants to smack his teachers. He also feel they are racially prejudiced.

Sue has been on some form of aid since she was 13. She had a summer job as a receptionist in Racine but has had not regular job and no job training. She went to church as a child and was involved with the Black Muslims Racine. She has no church involvement currently. Almost all her social life is with her family. She put several of her social services workers on her support map. Sue spends a great deal of time alone in her apartment.

Mental Status: Sue and Bob are the remaining members of a family that includes 3 other children and a father. Both Bob and Sue are warm and pleasant individuals who have histories that are significant for physical and emotional trauma. Sue has the ability to reflect on her actions and needs but Bob can only do so with great difficulty and is easily distracted. Both have a tendency to a rigid thought process. There was no evidence of either hallucinations or delusions. Sue has a history of both suicidal and homicidal ideation. Bob also thinks about harming others.

Summary of Scales:

SCL-90 Symptom Profile: Both Sue and Bob are highly symptomatic. Bob is above the norm on all the dimensions which reflects the degree of stress he experiences, but does not indicate a coherent or focused strategy for dealing with the stress. Sue appears to be more likely to somatize, become anxious and depressed and spends a great deal of time worrying about what might go wrong next, without the ability to control events.

Social Support Maps: Both Bob and Sue have a lot of individuals on their maps and many of them are family. They also indicate that they give and receive a lot of support. The frequency with which they are in actual contact with their support persons is relatively low. It is notable that they are not on each other's support map.

Problems: Sue and Bob identified 5 major problem areas. The first was depression related to all the tension and chaos in their lives. The second is the level of fighting that goes on within the family. The third are their short tempers. The fourth are the "bad attitudes" they take on when irritated. The fifth is the pattern of being either too close or too far apart. They are either enmeshed or pushing the other person away.

Solutions: They generated the following solutions:

	<u>Can Do</u>	<u>Confidence</u>
1. Get Claurice back into the family.	X	5
2. Get into a job training program	X	3
3. Getting out of the house more	X	5

4. Learn manners and polite conversations	X	3
5. Learn to delay outbursts	X	2
6. Doing activities together	X	3

Efficacy Score = 3.5

Formulation: (Core Concerns, Source of Concerns, and Coping Style):

This is a very loving family that has an extensive history of physical trauma as well as economic and emotional hardship. Their core concerns appears to involve seeking for ways to protect themselves from further traumatization. They do not, however, appear to have the cognitive or social skills necessary to protect themselves effectively. This has left them feeling overwhelmed, depressed, and frustrated. The desire for safety and closeness, couple with the fear of further trauma dominates every aspect of their interactions. On the one hand they will seek intimacy and support from each other and then push the other person away with verbal assaults and threats of physical violence. This pattern further retards their attempts to gain a sense of security. In addition, Bob and Sue are experiencing a normal pattern of autonomy development for a family with an early adolescent. Given this difficult process, it is clear that they also possess a great inner strength as they continue to work to achieve that security.

Diagnosis:

- AXIS I:
- II:
- III:
- IV:
- V:

Treatment Plan:

There are several goals in this treatment. The first is to reduce the nature and frequency of verbally abusive interactions. The second is to increase their level of

frustration tolerance. A third goal is to help them distinguish normal developmental interactions from ones that are problematic. The final goal is to facilitate Sue's entry into a job training program and Bob's sense of independence through positive activities out of the home.

Counseling Psychology Techniques with Families
270-825
Notes on Hypothesis Generation and Research Design

I. Hypothesis Generation

- A. Review Literature
- B. Summarize Major Questions, Themes or Problems in the Literature
- C. Which questions are you interested in
- D. Date your hypothesis about that question

II. Design

A. Descriptive/Ethnographic

- 1. Open-ended interviews
- 2. Observation
- 3. Participation
- 4. Goal is to uncover themes

B. Quasi-Experimental or Correlational

- 1. Questionnaires or Structured Interviews
- 2. Pen and Paper Measurements

C. Experimental

- 1. Manipulates one variable and measures the effect
- 2. Often involves prediction
- 3. Looks for directional linkage

Examples of Paper Topics

1. Identify a psychological disorder or social problem:

e.g., substance abuse, feminization of poverty, educational underachievement, health behaviors, stress, AIDS, grandparents as parents, depression, conduct disorder, anxiety disorders

Discuss this problem from a family systems perspective

Design an intervention and an empirical evaluation of the intervention

2. Review the literature and design an empirical test of a particular hypothesis.
 - a. Family communication patterns produce thought disorders.
 - b. Increasing family involvement in the schooling of low income underachievers is more effective than individuals or group therapy
 - c. Rigid family systems are impervious to family therapy
3. An integrative literature review that attempts to draw together findings from a variety of areas to:
 - a. develop a theory
 - b. develop a counseling model or relevant techniques.
 - c. The effect of ethnicity or gender on the effectiveness of family therapy

Program Planning and Evaluation

A proposal for a treatment program is best presented in the form of a grant proposal. Below are the basic elements of such a proposal. A more detailed model is within the readings for the course.

Proposal Summary

I. Introduction

II. Problem Statement or Assessment of Need

III. Program Goals and Objectives

IV. Methods

V. Evaluation

ESSAY TOPICS

Below are a set of topics that you can answer in essay form.

1) Describe the family in *Thirteen* and develop a treatment plan for them using two of the following perspectives: (Alternate is to view the movie “Great Santini” and do the same assignment)

a) Systems b) Family Process c) Object Relations d) Constructionist e) Developmental

2) Describe the role of family life cycle in two of the following theories of family theory:

a) Object Relations b) Social Learning Theory c) Constructionist d) Family Process

3) From an ecological perspective, family therapy is a wonderful intervention. From a feminist perspective, it has significant drawbacks. Using readings and class lectures, resolve this dilemma.

4) Using the model presented by Aradi and Kaslow (1987), integrate the following theories: Systems, Social Learning, Developmental.

5) Using the model presented by Lebow, integrate the following theories: Object Relations, Social Learning, Constructionist.

6) Pick an ethnicity described by McGoldrick, Pearce, and Giordano (1982) and explain which theoretical approach to family therapy would be most appropriate for a family from this ethnic group and which would be the least appropriate.

7) How can family structure effect family functioning?

8) Using a family perspective, design an approach (a protocol or program) complete with evaluation design, for remediating depression.

9) What are the advantages and disadvantages of using a family approach when working with perpetrators and victims (physical and sexual assault)?

10) Using the following dimensions, prepare a critique of the Coleman approach to family assessment: (a) cultural- includes gender, ethnicity, and class, (b) constructionist, (c) structural, and (d) solution-focused

11) How can family interaction produce psychopathology? Give examples.

12) Describe the strengths and weaknesses of the following techniques: (a) circular questioning, (b) paradoxical prescriptions, (c) family sculpting, (d) metaphors, (e) externalizing the problem.

13) Treadway suggests six stages of treatment when working with alcoholics. What are they and, from a cultural and family perspective, why does his approach appear to be effective?

14) From joining to termination, how would you work with a family that had one of the following concerns: (a) depression, (b) blended family conflict, (c) substance abuse, (d) conduct disorder?