

Dan's Talking Points Memo



COUN 231 • H. Dan Smith, EdD, MFT
Wilcoxon, Remley, Gladding, & Huber; Chapter 2
(for discussion on September 10, 2009)

1. Christopher (1996) states that our "values" affect "how we think, make decisions, and define events, thus serving as reference points for individual choices." This pretty much says it all. (p. 23).
2. The authors make a lot of sense when they note that "therapy does not occur in a vacuum." It is true that whatever we do with a client, or however they change and grow, all must occur within their "system," of which we have now become a part.
3. Traditional psychotherapies have been individually focused; family therapy has relied heavily on the systems view, which alleviates blame from one family member and places elements of responsibility on the system. This allows change to occur within a positive framework. (p. 24)
4. Be able to articulate the fundamental differences between the "psychological [individual] worldview" and the "systemic worldview" per Cottone (1991). (p. 24-25)
5. What do you think of the two "additional systemic propositions": *holism* and *antilinearity*? (p. 25)
6. I rather like that authors' equating *the psychological worldview (as opposed to the systemic worldview)* to using a pair of binoculars exclusively at a sporting event. When the relationship of the players can not be seen in context, the meaning is lost. (p. 26)
7. Please note the differences between *circularity* and *causation*. The notion of circularity fits with the systems view of family. Causation does not. Know the distinction. (p. 26)
8. The "feminist view" takes a different, more realistic view. Prior to the feminist view, the systemic approach did not affix blame or cause on any one element of the system; actually, the systems view avoided such a position! The feminist view holds that the patriarchal view of systems denies that gender has a role and is a factor in dysfunction, and it holds gender as a major element in the dynamics of families. There is an important inset in the middle of page 27.
9. Great quote on page 27: "Feminist critique is a commentary on the development of a profession that embraces a precept of equality in a social and cultural heritage of inequality."
10. The authors are concerned that therapists from a patriarchal society will perpetuate these values while doing therapy, and that therapists must be "feminist-informed" to combat this tradition. This makes good sense to me. In the absence of this, a well-intentioned systems therapist will perpetuate devaluing women in society. (p. 28)

11. A more balanced view of the system may be to acknowledge the "self" and the "system" as components that must be addressed and reconciled in therapy. (p. 29)
12. As I read Chapter 2, it reminds me that sometimes when I see a family we get nowhere. Usually, I can point to a member (or members) of the family who are not "ready" to work within the systems perspective. Such a person may have major depression, bipolar disorder, psychosis, or the like, and they will need to be treated alone. I think this is what the authors are getting at; family therapy won't cure everything, the individual must be ready for it to happen, and the components of the system must be emotionally available for progress to occur. (p. 30-31)
13. On page 32, there is an excellent review of the balance between personal values and professional values. I have known a lot of therapists who use their counseling offices as a soapbox from which to push their personal values whether or not they fit the needs of the client. This is not a good situation. We all are values-laden individuals, but we need to watch how we inflict these on our clients.
14. The statement by Edwards and Bess (1998) says it best: "Developing a perspective of values within a therapy relationship derives from a process of acculturation, education, and regulation that goes beyond the development of individual values." (p. 32)
15. It is suggested on page 33 that one's values development as an MFT is a never-ending process, that one must reexamine and challenge their own beliefs and values on a continuing basis. What say you?
16. Is this class about what Phinney (2000) called the development of a "group identity formation"? (p. 33)
17. As noted on the bottom of page 33, I would rather this class be a "valued initial step in an evolving career" rather than a mere "jumping through hoops" to satisfy the requirements of your degree program.
18. There is a lot of discussion on pages 34 and 35 on how therapists must interact with a variety of systemic structures and how these interactions shape their behavior with clients. How do these interactions affect our personal and professional values as MFTs? It was noted that as we adopt an "organization-based self-esteem" we alter our personal and professional values in an effort to accommodate or to fit in with the organization. What do you think?
19. List several ways in which we practice a "westernized" type of therapy, and how this may not support the values of more "non-western" clients. (p. 37)
20. I like this statement: "We certainly should not be expected to abandon our personal values, but we do not have to the luxury of allowing those values to dominate our professional judgments, decision making, and practices." (p. 37)
21. The authors suggest that it is essential for us to have professional and personal boundaries as therapists, but they need to have some measure of permeability so that we can adjust to the complexities of life and not just view the world from a simplistic right v. wrong perspective. (p. 28)

22. The terms "multiple layers" and "multiple perspectives" are used quite a bit in this section. There are many competing notions and demands that require more of a therapist than merely applying a "rule" or a "mandate." While some of our work does fall within this category, most of it demands YOUR sense of personal and professional values as a guide.
23. How does a restrictive managed care plan alter our values as a therapist? (p. 39)