

Dan's Talking Points Memo



COUN 231 • H. Dan Smith, EdD, MFT
Wilcoxon, Remley, Gladding, & Huber; Chapter 4
(for discussion on September 24, 2009)

1. Family secrets are of three varieties (per Karpel, 1980); 1) shared by all (gramps is an alcoholic), 2) secrets known and shared by some family members (Brenda has a different father), and 3) secrets known and kept by individual members (Sally's son is gay) (p. 88-89). What is the difference between confidences and secrets and how do they apply the therapeutic progress?
2. What do you think about the position by Margolin (1982, p. 89) that as far as confidences are concerned, each family member needs to be treated like an individual client? What are the benefits of non-secrecy to the process of family therapy? What are the benefits of Corey's midpoint stance on secrecy?
3. Per Karpel, what is the difference between secrecy and privacy? (p. 90)
4. In "Case 1" on page 92, what would you do if you were the therapist in this situation? What about "Case 2"?
5. Have an understanding of the importance of "informed consent" and how it will protect both therapist and client from misunderstandings that could lead to problems.
6. I really like the Nichols and Schwartz statement on establishing goals for therapy as the beginning of the therapy process. This will serve you well. (p. 94)
7. We need to discuss "reframing" as a therapeutic technique in family therapy. (p. 94)
8. Who is the identified patient (IP) in family therapy selected? What do you think about the idea that therapists assume the right to define the client's problems in terms of their own therapeutic orientation? (p. 95) How does this discussion relate to the textbook's ongoing chat about Schizophrenia? (p. 95-97)
9. Is it beginning to look like individual therapists want the client to define the problem from client's perspective, and family therapists want to define the problem from the therapist's perspective? Explain this . . .
10. Be able to articulate the legal, ethical, and practical issues relevant to what Napier and Whitaker (1978) have referred to the convening process known as the "battle for structure."
11. Understand the systemic principles of enforcing and enabling as articulated by Teismann (1980). What do you think about getting referral sources/agents involved in proactive enforcing of your wishes for client participation?
12. Know that Teismann (1980) has a two-pronged definition for enabling: 1) increasing the attractiveness of attendance in the MFT process for reluctant system participants, and 2) decreasing the attractiveness of being absent.
13. What do you think about the Wilcoxon and Fennel (1983) letter to the non-attending spouse? (page 101)

14. In this business, you would be well-advised to know the research findings on page 102 by Gurman and Kniskern (1981) and Wohlman and Stricker (1983) which supports the systemic intervention v. traditional individual interventions. I'd probably be able to cite these in the future . . . if not to me (Dan), to your clients who have questions regarding the merits of family v. individual treatments.
15. Hey, here is a wild one. I (Dan) think one can do really powerful systemic treatment with only one person present in the session . . . in fact, having everyone in the system "in" on the treatment can even foul it up. We need to talk about this. Perhaps I'm goofy on this one, but it is something I've been contemplating (and practicing) for a long time. I wonder if I'm being "ethical" by practicing systemic therapy in the absence of the system? Convince me that I'm wrong here! I dare you. Some of my notions about this may be found back on my web page (where you got these talking points) down below under an item entitled "Some thoughts on the counseling process." Take a look and get back to me on this.
16. Power. A very delicate subject. Most of us who were raised as "individual therapists" have some disdain for the notion that a therapist must have "power" to be effective. We generally like to think of our role as that of being an "equal partner in client growth and development," and assert that therapist power would only be manipulative, or a deterrent to client autonomy. Family therapists, on the other hand, must have power, and in subtle ways, lots of power. They need to be agents of change, to push a bit, to direct change, to literally require structural changes in the system. The family therapist is going up against a dysfunctional system of long standing . . . sometimes the system has been dysfunctional for generations. Without power, a family therapist will be chewed-up and spat out in a therapeutic nanosecond! We need to talk about how a therapist can move between both worlds, one where s/he advocates for and models equality, and the other where s/he wields power for the sake of change. Frankly, I think this is one of the most confusing role dilemmas in all of therapy, and an area where it is critical that we have an understanding of our role and function, and can articulate the dilemma and defend our position. We'll chat about this for quite a while . . . be ready. Wow, this is HEAVY stuff. According to our text (later), Jay Haley suggests that the "MFT should function as a trained expert, not an equal partner."
17. What about this stuff on changing the family system by increasing the dysfunction to an intolerable level . . . which then initiates change? Wilcoxon et al. has provided an interesting (if not provocative) example with Salvador Minuchin applying (or increasing) the stress on a dyadic family/couple system (p. 107). What do you think about that little interchange? Can you see yourself doing this? Why/why not? Give another example from your realm of how increasing the pressure on a system can be effective . . . then be ready to argue the ethical issues. What are the risks of this kind of intervention? Could the risks be "legal" as well as "ethical?"
18. Paradoxical procedures. One of the most powerful tools of the MFT is also the least understood and perhaps the most dangerous. For paradoxical treatments to work, they can not be explained. Once explained, they are not longer paradoxical. Since they are applied in the absence of explanation, are we running afoul of our ethical obligation to define for clients the exact nature of their treatment? Per the book and according to Jay Haley (1976), "ethical prescriptions requiring MFTs to disclose to clients everything they sense about them are naive and that therapists who are unwilling to draw a boundary between themselves and their clients and insist on sharing all not only risk failure but also risk doing harm." Wow, what a dilemma we have here!

19. On page 114 is another letter to a non-attending spouse, this from a paradoxical perspective. Do you like it any better than the one on page 101?
20. On page 115, Cloë Madanes (1980) offers a six-step process for implementing paradoxical interventions. What do you think about citing this procedure from the witness chair as you defend your using these procedures? You know, there have been lawsuits initiated on the misunderstood basis of paradoxical interventions.
21. Triangulation. This has been a topic of general interest to family therapists for years, and is at the core of Murray Bowen's theoretical approach. Be aware that a dyadic unit is typically the most unstable, and dyads oftentimes seek stability through triangulation (e.g., unstable newlyweds seek stability by having a baby, hence forming a triangle). We need to talk about our being triangled-in by our clients, and becoming duped into serving as agents of dysfunctional systems.