Relationship Counselling for Children, Young People and Families

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Also by Kathryn Geldard and David Geldard

Counselling Children: A Practical Introduction (3rd edn, SAGE, 2008)

Counselling Adolescents: The Pro-active Approach (2nd edn, SAGE, 2004)

Basic Personal Counselling: A Training Manual for Counsellors (5th edn, Prentice-Hall/Pearson Education, 2005) (available in Australia and New Zealand)

Working with Children in Groups: A Handbook for Counsellors, Educators, and Community Workers (Palgrave Macmillan, 2001)

Counselling Skills in Everyday Life (Palgrave Macmillan, 2003)

Practical Counselling Skills: An Integrative Approach (Palgrave Macmillan, 2005) (available in UK and Europe)

Personal Counseling Skills: An Integrated Approach (C.C. Thomas, 2008) (available in the USA)

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**Kathryn Geldard and
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Introduction

This book provides a practical introduction to relationship counselling for members of the family and the whole family. As counsellors in our private practice we have focused for many years on counselling children, young people, and their parents. This work has encompassed whole family therapy together with individual and subgroup counselling. As a consequence of our counselling work, we saw the need for an introductory text-book which would be useful for new counsellors who were inexperienced in relation-ship counselling. Our hope is that this book will also be useful for experienced counsellors who wish to use it as a reference and source of practical ideas.

We believe that this book is different from other textbooks in the area as its focus is not only on family therapy, and is not limited to couple relationship counselling, but describes an integrative practical relationship counselling approach. The approach described in this book stresses the importance of Communication, Awareness, Choice, and Outcomes, hence the acronym CACHO. The CACHO model, is useful when working with individuals, subgroups within a family, and the family as a whole. Additionally, we believe there is a need for a text describing the practical application of those skills which are most suitable for producing relationship change. In this book, we have placed considerable emphasis on describing specific practical counselling strategies and techniques for addressing relationship issues.

Throughout the book we stress the importance of a clearly defined theory of change as being central to any integrative model of counselling. Consequently, we have explained the basis for the theory of change which underpins the CACHO model and which, we believe, best suits an integrative approach to relationship counselling.

By using an integrative approach based on a single, well-defined theory of change, we are able to take advantage of using a number of strategies taken from a variety of counselling approaches in order to promote change over a short period of time. As explained by Street (2006), it has been found that positive results from all types of inter-active and systemically based therapies typically occur in treatments of short duration, that is less than 20 sessions. In our experience, the practical strategies described in this book are generally effective in producing change within a limited period of time.

The book is divided into five parts. The first of these gives an overview of relation-ship counselling, describing established models and explaining the integrative CACHO model. Also in Part One, we describe the use of co-therapists and reflecting teams as part of the counselling process and discuss the counselling skills useful when practising relationship counselling. Subsequent parts of the book address relationship counselling issues specifically for different members of the family.

Theory and practice are sequentially described as the reader progresses through the book. However, we have also made each chapter complete and useful in itself, so that the book is user-friendly as a reference. In order to do this, we have cross-referenced from one chapter to other chapters where necessary so that when reading a particular chapter the reader can easily access relevant material which may have been discussed elsewhere in the book.

As counsellors, we are interested in people's perceptions of the differences between counselling and therapy, and counsellors and therapists. Cynthia Reynolds (2005), when discussing Gestalt therapy with children, writes about her training with regard to differentiating between counselling and therapy. Counselling was viewed as a more short-term, educational approach and therapy as a long-term remedial approach. However, Reynolds goes on to say that in working with children in schools she has found the boundary to be blurred and indistinct. We recognize that there are many different points of view with regard to the issue. We take the view that counselling is therapeutic, it may be short-term and educational, or it may be long-term and involve psychotherapeutic processes. Consequently, in this book we do not differentiate between counselling and therapy or counsellors and therapists; we use these words interchangeably.

We hope that you enjoy reading this book and will find it useful as an introduction to relationship counselling and a source of practical ideas for counselling a family and its members.

Kathryn and David Geldard

Part 1

Overview of Relationship Counselling

In this part of the book we will begin by discussing a number of well-known, established models of relationship counselling which generally come under the umbrella of family therapy. We will explain why we believe that family therapy is most effective if integrated with individual counselling and/or subgroup counselling. In particular, we will describe our own integrative relationship counselling model, called the CACHO model. We will also discuss the advantages of using a co-therapist and/or reflecting team, and those counselling skills which are particularly suitable for relationship counselling.

1

Established Models of Relationship Counselling

Relationship counselling wasn't considered as an option for working with clients until the 1950s. Before that time all counselling work was carried out with individuals and relationships were only considered in terms of their past impact on the individual (Street, 2006). Interest in relationship counselling began with the work of Gregory Bateson in Palo Alto, California. He investigated communication processes in families and, in collaboration with others, examined the effect of the family system on family members diagnosed with schizophrenia (Bateson et al., 1956). Following on from this work, some British psychodynamic counsellors began to see clients conjointly rather than individually (Nichols and Schwartz, 2007). Since then a number of different approaches to relationship counselling have been developed.

In this book, we will promote the use of a particular integrative approach to relationship counselling that we have called the CACHO model. Before discussing this model (in Chapter 2), we will review a number of significant relationship counselling models that have been developed and which contribute to the CACHO model.

The majority of family therapy approaches have as their foundation the notion that families operate as systems. Notable exceptions to the systemic approaches to family therapy are those approaches that are based on constructivist theory. Consequently, before describing a number of significant relationship counselling models, we will discuss systems theory and constructivist theory.

Systems Theory

System theory describes a family as a system which includes both the individuals in the family and the way these individuals function together (Dattilio, 1998). Further, the family system is made up of smaller systems called subsystems. Typically, subsystems within the family include the parental subsystem, the spousal subsystem, and the sibling subsystem. In any family, there are likely to be other subsystems as a result of factors

such as gender, attachments, alliances, and coalitions. Additionally, a family as a group can be seen as a subsystem of a number of larger systems. For example, the family is a subsystem of the community in which the family lives. Also, the family will relate to a number of other systems, such as the school system, the work system, and the health system.

> **"Families are systems comprising interactive subsystems"**

There are boundaries surrounding every system and subsystem and the properties of these boundaries are important in understanding how the system functions. Most of these boundaries are semi-permeable; that is to say some things can pass through them while others cannot. In families, boundaries are invisible barriers which perform a number of functions, including regulating the amount of contact with others. Generally speaking, boundaries are useful in safeguarding the separateness and autonomy of the family and its subsystems.

Homoeostasis

Homoeostasis is an important concept related to family systems theory. Homoeostasis is a process that enables a system to maintain itself in a state of dynamic balance. However, the way balance within a family system is maintained can sometimes be problematic even though homoeostasis has a stabilizing influence on the family. For example, imagine that a family has come to counselling believing that an emotionally disturbed child is always causing tension between the parents. It may emerge that in order to avoid focusing on tension in their own relationship the parents are focusing their attention on the child who draws attention to herself by acting out. As a consequence, homoeostasis in the system enables the parents to maintain a stable but stressful relationship with each other but in this instance at the cost of the child's emotional well-being.

The effect of change on a system

The one central principle agreed upon by family therapy practitioners regardless of their particular approach is that change in one part of a family system is likely to cause responses from other parts of the system. These responses can sometimes be in the form of resistance to change, as the family will naturally tend to seek homoeostasis rather than allow the system to temporarily go out of balance before seeking a new homoeostasis.

" **Homoeostasis can be a restraint to change** "

Constructivist Theory

As discussed previously, not all family therapy approaches are grounded in systemic theory. The constructivist family therapy approaches, such as narrative therapy and solution oriented therapy, believe that focusing on systemic issues is unimportant. They contend that it is more important to take account of each individual family member's perceptions of the family and to discover how the family as a whole makes meaning of their family's experience of the problem. However, Lowe (2004) does suggest that in practice a considerable degree of overlap exists between counsellors trained in systemic approaches and constructive family therapists.

Whereas systems theory contributes to family counselling by enabling us to see how people's lives are shaped by the interchanges with those around them, constructivism emphasizes that individuals have their own subjective experience of reality which gives meaning to the way their families function. Constructivism invites us to look beyond behaviour to the ways each individual family member perceives, interprets, and constructs their experience of living in the family.

Established Models of Family Therapy

We have selected for discussion those models of relationship counselling that provide concepts and strategies which can readily be incorporated into an integrated model of counselling, such as the CACHO model described in Chapter 2.

The following approaches will be discussed:

- Multigenerational family therapy
- Strategic family therapy
- Experiential family therapy
- Structural family therapy
- Constructive family therapy

Multigenerational Family Therapy

Murray Bowen was one of the early pioneers in family therapy although he was more concerned with theory than developing techniques. This was evident in his work with families, where he focused on helping the family to develop insights (Bowen, 1978). His theory evolved from psychoanalytic principles and practices and is sometimes referred to as multigenerational, transgenerational, or intergenerational family therapy.

A brief outline of Bowen's theory and concepts follows.

Differentiation of self

Central to Bowen's theory was the emphasis he placed on the importance of each family member differentiating. He described differentiation as both an intrapsychic and interpersonal concept.

The intrapsychic concept of differentiation of self involved the psychological separation of the individual's intellect from their emotions, so that they were able to respond in a reasoned way without automatically responding in an emotionally reactive way. The interpersonal concept of differentiation of self refers to the ability of an individual to separate emotionally from others and become independent as an individual.

Multigenerational transmission processes

Bowen believed that unhelpful family dynamics from a previous generation are transmitted from one generation to the next. He suggested that individuals tend to repeat in their marital choices and other significant relationships patterns of relating learnt in their families of origin and that they pass similar patterns on to their children. Consequently, he believed that the only effective way to resolve current family problems was to change the individual's interactions with their family of origin.

An example of a multigenerational transmission process is the suggestion that people who are enmeshed with their family of origin tend to marry others with whom they can become enmeshed, resulting in two undifferentiated individuals seeking and finding each other and becoming a couple. This is a situation that Bowen perceived as undesirable.

Emotional cut-off

Bowen insisted that adults must resolve their emotional attachment to their families of origin. However, he did not believe that a satisfactory solution was to attempt to differentiate themselves from their family of origin by seeking geographic separation or by the use of psychological barriers such as not talking to their parents. Even though this might resemble a differentiation process and freedom in the form of emotional cut-off, according to Bowen such behaviour did not indicate true differentiation and emancipation, but was a flight of extreme emotional distancing in an attempt to break emotional ties (Nichols and Schwartz, 2007).

Triangulation

Bowen recognized that anxiety can easily develop within intimate relationships. He suggested that two people in such a situation might recruit a third person into the relationship,

thereby reducing their anxiety and gaining stability in the relationship. This is called triangulation and will be discussed further in Chapter 6. He believed that the more poorly people within the family were differentiated, the more intense and insistent triangulation efforts would be. Further, he suggested that the least well differentiated person in the family was particularly vulnerable to being drawn into a triangle to reduce the tension between others.

Using genograms with families

Bowen developed a graphic way of investigating the beginnings of the presenting problem. Called genograms, he used diagrams to map out the family over at least three generations (genograms will be discussed more fully in Chapter 7). When using genograms in Bowenian family therapy, the intention was to modify the influence of historical and predisposing factors arising from the family of origin. Genograms are a relatively emotion-free way of collecting information that makes sense to the family and connects them to the therapeutic exploratory process.

> "Genograms help family members share and disclose information about the family"

Strategic Family Therapy

Strategic family therapy was developed in the USA by a number of contributors, including Bateson, Watzlawick, Haley, and Madanes, who were associated with the Mental Research Institute, Palo Alto, California, and in Milan, Italy, by Selvini Palazzoli, Boscolo, Cecchin, and others (Nichols and Schwartz, 2007). In this model of relationship counselling emphasis is placed on cybernetic and structural explanations of family dynamics.

Cybernetic explanations of family dynamics

The cybernetic concepts of *circular causality* and *feedback loops* provide an explanation of the way problems escalate in a family when family members continue to respond to a problem by applying more of the same attempted solutions (see Chapter 6 for a discussion of circular causality).

Structural explanations of family dynamics

Structural explanations of how problems develop rely on the recognition that families have *unspoken rules* that govern behaviour. In strategic family therapy it is assumed that

problems result when family members try to protect or control one another covertly by using the unspoken rules. These rules do serve a purpose, and this is to preserve family homoeostasis. They help the family to continue in a stable equilibrium when confronted 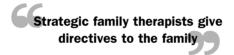by behaviours, events, or situations which threaten to alter the family dynamic. Because the unspoken rules inevitably constrain change, strategic therapists attempt to change the rules. They do this through the use of a number of strategies, including reframing behaviour or changing the interpretation of particular behaviours.

The counsellor is the expert

In strategic therapy, the counsellor is considered to be an *expert* consultant who is in charge of the session and has the responsibility for initiating change. The counsellor gives family members specific directives on what they are to do with the aim of changing the manner in which the individual members behave in their relationships with other family members. The directives given may be straightforward or paradoxical.

> “Strategic family therapists give directives to the family”

Straightforward directives

Straightforward directives include giving advice, making suggestions, coaching, and giving assignments. For example, if a father was indirectly siding with his daughter (who was wetting her bed) against his wife, the strategic therapist might direct the father to wash the sheets when the daughter wet the bed. This directive would be designed to disengage the daughter and father.

Paradoxical interventions

Paradoxical interventions are intended to circumvent the clients' natural resistance to change. In using such interventions, clients may be asked to exaggerate or even perfect problematic behaviour. For example, a mother who is overly involved with her daughter, watching everything she does, may be asked to increase her behaviour and 'hover' over her daughter every waking minute. This intervention would be intended to entice the mother to protest that the daughter is not taking enough responsibility for herself.

Use of a co-therapist and/or therapeutic team

Strategic therapists from the Milan group stress the importance of working with co-therapists and of the counselling session being observed by other members of the

therapy team (Selvini Palazzoli et al., 1980). This has the advantage of providing different perspectives of the family and its interactions.

Use of circular questions

The Milan group placed considerable emphasis on the use of circular questions, as described in Chapters 4 and 8. Additionally, they believed that it was important that the clients should not view the therapist as being aligned with, or forming a judgement about, any member of the group.

> " **The Milan group introduced the use of circular questions and an observing team** "

Use of positive connotation

Another important strategy employed by the Milan group, was that of positive connotation. Positive connotation was achieved by using a reframing technique which positively connotes the problem and the behaviours of all members of the system, and in particular that of the symptomatic member. For example, the therapist might say, 'We think we understand why you are all behaving in this way, and believe your behaviour is motivated by good intentions and the desire to alleviate your anxiety about …'.

Hypothesizing

The Milan group also believed in hypothesizing about the family's interactions and in particular about the function the symptoms served in the family. The counsellor would then explore the hypothesis with the family. When a hypothesis was rejected by the family, it was not considered a failure but was seen as promoting greater understanding.

Experiential Family Therapy

Major contributors to experiential family therapy included Carl Whittaker, Virginia Satir, August Napier, David Keith, and Leslie Greenberg (Nichols and Schwartz, 2007). Experiential family therapy is existential, humanistic, and phenomenological.

An *existentialist* perspective suggests that the only way human beings can make sense of their existence is through their personal experiences. Thus, existentialist counselling requires the clients to have a personal experience which will bring them in touch with their emotions during the therapeutic process.

A *humanistic* perspective requires a belief in the natural wisdom of honest communication and emotion, and that people are naturally resourceful and, if left to their own devices, will be energetic, creative, loving and productive.

Phenomenology is concerned with how we try to make sense of the world. The phenomenological perspective involves forming constructs which encapsulate an individual's concepts but these constructs can be revised and replaced by new constructs as new information becomes available.
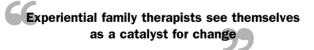
According to this model, healthy families allow for individuality as well as togetherness, and individual family members feel safe enough to be honest about their feelings and free enough to be themselves. In contrast, families who experience problems are seen to be locked into self-protection and avoidance. In seeking security they restrict their emotions and desires.

Experiential family therapists focus on the subjectivity of the individual. They believe that all members of a family have the right to be themselves and the needs of the family sometimes suppress this individuation. Experiential family therapists help individuals to get in touch with their honest emotions, disclose them, and then forge more genuine family ties from this enhanced authenticity. They believe that these encounters must be reciprocal, which requires the therapist to be genuine instead of hiding behind a professional role.

Role of the therapist

The therapist is seen as a catalyst for change, using their personal impact on the family. Thus, Carl Whitaker, an experiential family therapist, insisted on sharing his own feelings with the family. Clearly, this raised transference and counter-transference issues. However, he believed that to minimize counter-transference it was essential to share his own feelings openly (Whitaker, 1976).

As an experiential therapist Virginia Satir's goal was to help clarify communication in the family and move people away from complaining towards finding solutions. She supported the self-esteem of family members by pointing out their positive intentions (Satir and Baldwin, 1983).

> **"Experiential family therapists see themselves as a catalyst for change"**

Experiential therapists are usually active and personally involved in the counselling process, making use of expressive techniques such as strategies from Gestalt therapy and psychodrama. In using these techniques, the experiential counsellor focuses on the immediate here-and-now experience, and expression of feelings. The goal in using these techniques is to give the family an experience which enables them to get in touch with

their emotions and increases their awareness of how they function. The experiential techniques provide an opportunity for experimentation with alternative ways of functioning. A good example of an experiential technique is the use of family sculpture. This strategy and a number of other experiential strategies are described in Chapter 9.

Structural Family Therapy

Salvador Minuchin was the originator of structural family therapy. Minuchin (1974) placed emphasis on:

1. Family structure.
2. Subsystems.
3. Boundaries.

Family structure

In any family, the family members will interact with each other in particular sequences or organized patterns. These define the family structure. For example, most families have some kind of hierarchical structure with adults and children having different amounts of authority. Even though most family structures have some common features, each family will have its own idiosyncratic ways of relating which are particular to the family. Thus, in a particular family, we may find that one parent assumes a powerful role as an organizer while the other parent takes a low-key role. In another family, the two parents may work collaboratively, sharing their responsibilities.

Subsystems

A family system contains subsystems of members who join together for various purposes. According to structural family therapy, a subsystem may consist of only one family member, or of a dyad, or of a larger group of family members. In most families, there is a parental subsystem and a sibling subsystem. However, there are likely to be other subsystems. For example, there may be a subsystem consisting of a mother and son who are acting in partnership or coalition for a specific purpose, such as mutual support against a perceived aggressor in the family. It is important to recognize that an individual family member may belong to more than one subsystem; if a mother and son are in a subsystem, it is also possible that the mother will be in a subsystem with her spouse and that the son will be in a subsystem with other siblings.

Boundaries

The family system and the subsystems within the family will all have boundaries around them. These boundaries protect the separateness and autonomy of each system or

subsystem. While some boundaries will be rigid, others will be more diffuse. Rigid boundaries limit contact with outside systems with the advantage that a subsystem protected by a rigid boundary can operate very independently. A disadvantage of a rigid boundary is disengagement from other systems, with the result that contact, warmth, affection, and nurturing from those outside the boundary is restricted. Diffuse boundaries permit a higher degree of contact with other subsystems, which may result in feelings of mutual support at the expense of independence and autonomy. Whereas rigid boundaries may result in disengagement, diffuse boundaries may result in enmeshment. Members of a family where there is a high degree of enmeshment are likely to be supportive of each other and emotionally close but at the cost of their independence and autonomy.

Adaptive family functioning

Structural family therapists emphasize the need for a parental hierarchy where the parents work together in managing the family, but believe that what is required is for a family to be able to vary their family structure on an ongoing basis in order to adapt to changing family circumstances and developmental stages. For example, as children grow into adolescence it is usually appropriate for the style of parenting to change to meet the needs of the emerging adult. In particular, as an adolescent seeks to individuate their relationship with the family and the subsystems within the family are likely to need to change.

> **Family structures need to change to adapt to circumstances and developmental stages**

Unfortunately, in response to situational and developmental changes, some families respond by trying to increase the rigidity of structures that are no longer functional. This often leads to disturbance and unhappiness in the family.

Therapeutic processes

Structural family therapists attempt to bring about change to a family's structure with the expectation that doing this will result in solving the family's problems. Frequently, the goal will be to create an effective hierarchical structure where the parents are in charge and functioning together as a cohesive subsystem.

The structural family therapist makes hypotheses with regard to the family structure and invites family members to communicate directly in an attempt to modify unhelpful patterns. During this process the therapist will intervene forcefully at appropriate

times in order to directly confront the family with what the therapist considers are unhelpful elements of the family structure.

Constructive Family Therapy

Constructive family therapy relies on understanding families rather than focusing on theories about how families 'normally' function. Thus, constructive therapists view each family as unique, with its own preferred way of functioning. Instead of focusing on pathology, or what is wrong with the family, they focus their attention on the experiences and hopes of family members. They view the family as being made up of different members, each with their own individual stories about the family (Parry and Doan, 1994). Family therapy is then seen as counselling, where the focus is on helping individual family members to get along better with each other by coordinating their differing stories (O'Hanlon and Wilk, 1987).

Gergen (2000) identified four characteristics underpinning constructive therapy practice:

1. A focus on meaning.
2. Therapy as co-construction.
3. A focus on relationship.
4. Value sensitivity.

A focus on meaning

Rather than focusing on what is 'really there', constructivist therapists seek to find out through the language of conversation, narrative, and consultation, the way the family makes sense of their experience through the 'story' they have created about the family. The 'story' of the family is not derived directly from the facts, but is negotiated and co-constructed through social conversations within the family.

Therapy as co-construction

Therapy as co-construction suggests that from a constructionist perspective meaning is not communicated from the therapist to the client but is generated collaboratively. The therapist's role is in structuring the conversation using a consultative approach and this structuring is continually guided by client feedback.

A focus on relationship

The constructivist approach believes that meaning is not made from one individual mind but is derived from the relationship between people and involves an ongoing

process of negotiation and coordination with others. Constructive family therapy uses the therapeutic session as a space in which clients can discover and expand their 'stories'.

Value sensitivity

Constructive therapists are sensitive to the values held by them and those held within a family. Constructive therapy practice encourages a process of reflexivity so that assumptions which are taken for granted can be suspended. Consequently, there is a shift in emphasis from the objective application of professional knowledge to a consideration of the values inherent in the therapist's practice.

Constructivist approaches

Under the umbrella of constructive family therapy there are a number of distinct approaches, with solution-oriented family therapy and narrative family therapy being the two most commonly practised.

Solution-oriented family therapy is derived from brief solution-focused counselling pioneered by Steve de Shazer (1985). The emphasis is on what clients want to be different, how making the required changes will make a difference to their lives, how they will identify that these changes are occurring, whether these changes have occurred already and how this was achieved.

Narrative family therapy was developed by Michael White and David Epston (1990). Narrative therapists spend time discussing the problem in a way that avoids blame and invalidation, and encourages the possibility of an alternative picture. Narrative therapists use a process of externalizing and encourage family members to take a position with regard to this externalized story of their lives. By separating the problem from the people in the family, family members are invited to reflect on the effects of the problem, to adopt a preferred stance towards the problem, and to discover the choices that are available.

Summary

Table 1.1 summarizes the models of family therapy which have been described in this chapter. These are not the only models of relationship counselling available, but they are models which provide concepts, strategies, and techniques that we have found to be useful when developing the integrative relationship counselling CACHO model. The CACHO model, which guides our family counselling practice, is described in the next chapter.

TABLE 1.1 *Established models of family therapy*

	Multigenerational family therapy	Strategic family therapy	Experiential family therapy	Structural family therapy	Constructive family therapy
Key figures	Bowen	Bateson, Madanes, Selvini Palazzoli	Satir, Whitaker	Minuchin	de Shazer White
Goals	To block triangulation and encourage members of the family to move towards differentiation	Identify interactional sequences that maintain a problem	Attempt to reduce defensiveness and facilitate open and honest expression of feelings and thoughts	Realign psychological boundaries and strengthen hierarchical organization	Identify resources for overcoming the problem. Deconstruct the problem and co-construct a new life story
Function of counsellor	To guide objective research, teach	Active director of change, problem-solving	Active facilitator, challenger	Promoter of change in family structure	Listener and questioner, collaborator to find solutions
Process of change	Cognitive processes lead to an understanding of family of origin	Change occurs through action-oriented directives and paradoxical interventions	Awareness-raising and seeds of change are planted in therapy confrontations. Family moves to new possibilities and new integration	Therapist joins the family in a leadership role to change structures and sets boundaries	Focus on solutions. Life stories are reauthored
Techniques	Genograms and de-triangulation of relationships	Hypothesizing, reframing, amplifying	Empathy, sculpting, role-playing, self-disclosure, confrontation	Boundary-making techniques, unbalancing and tracking	Adopting a not-knowing position, questions of curiosity, externalizing the problem

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KEY POINTS

- Systems theory involves the notion that families are systems that interact with other systems and have subsystems within them.
- Families naturally seek homoeostasis, but for change to occur the system needs to temporarily destabilize before seeking a new position of homoeostasis.

- Multigenerational family therapy places emphasis on the way patterns of behaviour are passed from generation to generation.
- Strategic family therapy is based on cybernetic, structural, and functional explanations of family functioning.
- Strategic family therapists offer straightforward and paradoxical directives to the family.
- Experiential family therapists use expressive techniques to help the family experience their emotions and enhance their awareness of how the family functions.
- Structural family therapists intervene in an attempt to change the family structure with the expectation that this will solve the family's problem.
- Constructive family therapy relies on understanding families rather than on focusing on theories about how families 'normally' function.
- Constructive family therapy focuses on meaning, relationship, and value sensitivity. It focuses on helping family members to improve their relationships by coordinating their differing stories.

QUESTIONS FOR GROUP DISCUSSION OR STUDENT ASSIGNMENTS

1. Describe your own family or another family you know in terms of family systems theory.
2. Describe a family, either real or invented, where there is a problem within the family. Briefly describe how two different approaches to family therapy might try to address this problem.
3. Compare differences between strategic family therapy, structural family therapy, and experiential family therapy, in the therapist's style of working and understanding of their role.
4. How might systems theory and constructive family therapy overlap in practice?

2

The CACHO Model of Integrative Relationship Counselling

As discussed in the previous chapter, each of the single-model approaches to relationship counselling tends to emphasize a particular way of conceptualizing the family, or couple relationship, and to rely on the use of specific strategies or techniques in promoting change. As a consequence, each of the single models has limitations when working with particular families (or couples) as each family has their own idiosyncratic ways of functioning, of perceiving their relationships, and of responding to processes intended to produce change. We would strongly suggest that, as with individual counselling models, no one relationship counselling approach can meet the emotional, psychological, behavioural and social needs of diverse families, couples, and individuals. It is not surprising, therefore, that for some years now many, if not most, relationship counsellors have tended to make use of concepts and strategies taken from several of the single-model approaches.

Nichols and Schwartz (2007) point out that there are three different ways in which counsellors can make use of concepts and strategies drawn from a variety of single-therapy approaches. These can be described as:

- eclecticism
- selective borrowing
- specially designed integrative models.

Eclecticism

Until recently, many relationship counsellors have described themselves as eclectic. They have been flexible in making use of concepts, strategies, and techniques from a variety of single-model approaches. They have done this in the belief that an eclectic approach enables them to choose those particular interventions, aimed at producing change, which are most appropriate for a particular family or couple. Although this approach may have some advantages when working with particular families, compared with a single-model approach, it does have some quite serious limitations. When using such an approach, the counsellor is unlikely to consistently rely on a single clearly defined