


Diane Gehart



THEORY AND TREATMENT PLANNING IN
Family Therapy

A Competency-Based Approach



Theory and Treatment Planning in Family Therapy: A Competency- Based Approach

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Australia • Brazil • Japan • Korea • Mexico • Singapore • Spain • United Kingdom • United States

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**Theory and Treatment Planning in Family
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WCN: 02-200-203

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Library of Congress Control Number: 2014939779

ISBN: 978-1-285-45643-0

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Dedication

In the past few years, the field of family therapy has lost many whose contributions are our mainstay. This book is dedicated to those who have paved the way for the next generation. We are forever in their debt.

Gianfranco Cecchin

Whose laughter, humility, and acceptance transformed me

Tom Andersen

Whose presence was angelic: the most “gentle” man I have ever met

Paul Watzlawick

Whose courage and kind words I shall never forget

Steve de Shazer

Whose brilliance dazzled me

Insoo Kim Berg

Whose energy and enthusiasm inspired the best in me

Michael White

Whose ideas opened new worlds for me

Jay Haley

Who taught me the logic of paradox

Ivan Boszormenyi-Nagy

Who reminded me to focus on what really matters



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Preface

The Purpose of This Book

Theory and Treatment Planning in Family Therapy is designed to introduce students to family therapy theories using a competency-based pedagogy. As an instructor in an accredited program and university that is required to measure student learning, I needed something that would enable me to effectively measure student learning. Although I created comprehensive assessment systems for measuring student mastery of competencies (Gehart, 2007, 2009), I realized that in order to enable students to actually learn the competencies I wanted to measure, they needed resources that meaningfully provided them with the detailed knowledge they need to actually develop real world skills. In short, I needed something more than a text that simply offered solid but old school “book knowledge”; I needed a resource that prepares my students for the realities of practicing therapy in the 21st century. This book provides the missing link between theory and practice that my students needed.

How This Book Relates to *Mastering Competencies in Family Therapy*

This text is an “essentials” version of *Mastering Competencies in Family Therapy* (Gehart, 2013). It includes the same theories, review of the evidence base, ethics discussion, and theoretical foundations section. The differences are as follows:

- *Theory and Treatment Planning in Family Therapy* is designed as an entry-level text for use in a theory or prepracticum skills class with students who are not currently seeing clients.
- *Theory and Treatment Planning in Family Therapy* does *not* include discussion and samples of clinical assessment, progress notes, or evaluation of progress.
- Unlike *Mastering Competencies*, *Theory and Treatment Planning in Family Therapy* teaches a form of theory-specific case conceptualization rather than emphasize cross-theoretical case conceptualization. A chapter on cross-theoretical case conceptualization is included as a final chapter, which educators can use as a culminating assignment for the class.
- The treatment plan in *Theory and Treatment Planning in Family Therapy* has fewer therapeutic tasks, making it more appropriate for students working with vignettes rather than actual clients.
- *Theory and Treatment Planning in Family Therapy* introduces theories at a slower pace for students learning them for the first time.
- The case studies in this book were created with a team of students and former students based on actual cases they saw in their first year of training to provide case studies that are truly relevant to students.

Text Overview

Using state-of-the-art pedagogical methods, this text is part of a new generation of textbooks, ones that are correlated with national standards for measuring student learning in mental health professions, including counseling, family therapy, psychology, and social work. Using a learning-centered, outcome-based pedagogy, the text engages students in an *active learning process* rather than deliver content in a traditional narrative style. More specifically, the text introduces family therapy theories using (a) theory-specific case conceptualization and (b) treatment planning. These assignments empower students to apply theoretical concepts and develop real world skills as early as possible in their training, resulting in greater mastery of the material. In addition, the text includes extensive discussions about how diversity issues and research inform contemporary practice of family therapy.

Furthermore, I use a down-to-earth style to explain concepts in clear and practical language that contemporary students generally appreciate. Instructors will enjoy the simplicity of having the text and assignments work seamlessly together, thus requiring less time in class preparation and grading. The extensive set of instructor materials—which include syllabi templates, detailed PowerPoints, test banks, online lectures, and scoring rubrics designed for accreditation assessment—further reduce educators’ workloads. In summary, the book employs the most efficient and effective pedagogical methods available to family therapy theories, resulting in a win/win for instructors and students alike.

Appropriate Courses

A versatile book that serves as a reference across the curriculum, this text is specifically designed for use as a primary or secondary textbook in the following courses:

- Introductory or advanced family therapy theories courses as a primary or secondary text
- Prepracticum or fieldwork skills classes

Assessing Student Learning and Competence

The learning assignments in the text are designed to simplify the process of measuring student learning for regional and national accreditation. The case conceptualization and treatment plans in the book come with scoring rubrics, which are available on the student and instructor websites for the book at www.CengageBrain.com. Scoring rubrics are available for all major mental health disciplines using the following sets of competencies:

- *Counseling*: Council on the Accreditation of Counseling and Related Educational Programs (CACREP) standards
- *Marriage and Family Therapy*: MFT core competencies
- *Psychology*: Psychology competency benchmarks
- *Social work*: Council for Social Work Education accreditation standards

Rubrics are provided correlating competencies for each profession to the skills demonstrated on the learning assignments: case conceptualization and treatment plans.

Organization

This book is organized into three parts:

Part I Introduction to Competency, Theory, and Treatment Planning provides an introduction to competencies, research, ethics, philosophical foundations, and treatment planning.

Part II Family Therapy Theories covers the major schools of family therapy:

- Systemic Theories: MRI and Milan
- Strategic theory
- Structural family therapy
- Satir’s human growth model
- Symbolic-experiential and internal family systems
- Intergenerational and psychodynamic theories
- Cognitive-behavioral and mindfulness-based family therapies
- Solution-based therapies
- Narrative therapy
- Collaborative therapy and reflecting teams
- Evidence-based couple and family therapies: Emotionally focused therapy and functional family therapy
- Evidence-based couple and family group therapies

Part III Cross-Theoretical Case Conceptualization and Integration:

- **Cross-theory case conceptualization:** This text introduces a comprehensive cross-theoretical approach to case conceptualization

The theory chapters in Part II are organized in a user-friendly way to maximize students’ ability to use the book when developing case conceptualizations, writing treatment plans, and designing interventions with clients. The theory chapters follow this outline consistently throughout the book:

Each theory chapter includes the following:

- **In a Nutshell:** The Least You Need to Know
- **The Juice:** Significant Contributions to the Field: If there is one thing to remember from this chapter it should be ...
- **Rumor Has It:** The People and Their Stories
- **The Big Picture:** Overview of the Therapy Process
- **Making Connection:** The Therapy Relationship
- **The Viewing:** Case Conceptualization
- **Targeting Change:** Goal Setting
- **The Doing:** Interventions
- **Putting It All Together**
 - Case Conceptualization Template
 - Treatment Plan Template for Individual
 - Treatment Plan Template for Couple/Family
- **Tapestry Weaving:** Working with Diverse Populations
 - Ethnic, Racial, Gender, and Cultural Diversity
 - Sexual Identity Diversity
- **Research and Evidence Base**
- **Online Resources**
- **Reference List**
- **Case Example:** Vignette with a theory-specific case conceptualization and treatment plan

Available with the Text

Instructors will find numerous resources for the book online at www.CengageBrain.com or at the author’s sites (www.masteringcompetencies.com; www.dianegehart.com).

- **Online Instructor’s Manual:** The Instructor’s Manual (IM) contains a variety of resources to aid instructors in preparing and presenting text material in a manner that meets their personal preferences and course needs. It presents chapter-by-chapter suggestions and resources to enhance and facilitate learning, as well as

sample syllabi for how to use this book in a theory class, prepracticum skills class, or practicum class.

- **Cengage Learning Testing, Powered by Cognero:** Cognero is a flexible, online system that allows you to author, edit, and manage test bank content as well as create multiple test versions in an instant. You can deliver tests from your school's learning management system, your classroom, or wherever you want.
- **Online PowerPoint®:** These vibrant Microsoft® PowerPoint® lecture slides for each chapter assist you with your lecture by providing concept coverage using content directly from the textbook.
- **Digital Downloads:** The Digital Downloads include important forms and exercises to foster interactive learning exercises. These downloads include cross-theoretical case conceptualization and treatment plans.
- **CourseMate:** Available with the text, Cengage Learning's CourseMate brings course concepts to life with interactive learning, study, and exam preparation tools that support the printed textbook. CourseMate includes an integrated eBook, glossaries, flashcards, quizzes, videos, downloadable forms and more—as well as Engagement Tracker, a first-of-its-kind tool that monitors student engagement in the course.
- Online lectures by the author.
- Scoring rubrics precorrelated for national accreditation bodies:
 - *Counseling:* Council on the Accreditation of Counseling and Related Educational Programs (CACREP) standards
 - *Marriage and Family Therapy:* MFT core competencies
 - *Psychology:* Psychology competency benchmarks
 - *Social Work:* Council for Social Work Education accreditation standards

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Acknowledgments

*I would like to thank the following **content experts** who gave their time and energy to ensure that the information in this textbook was accurate and current:*

Wendel Ray and his doctoral students, **Todd Gunter** and **Allison Lux**: Philosophical Foundations and Systemic Therapies (Chapters 3 and 5)

Marion Lindblad-Goldberg: Structural Therapy/Ecosystemic Structural Family Therapy (Chapter 7)

Lynne M. Azpeitia: Satir Growth Model (Chapter 8)

Stephen Lankton: Satir Growth Model (Chapter 8)

Michael Chafin: Symbolic-Experiential Therapy (Chapter 9)

Richard Schwartz: Internal Family Systems (Chapter 9)

Michael Kerr and **Cynthia Larkby**: Bowen Intergenerational Therapy (Chapter 10)

Naomi Knoble: Gottman's Marriage Clinic Approach (Chapter 11)

Bill O'Hanlon: Solution-Based Therapies (Chapter 12)

Stephen Lankton: Ericksonian Hypnosis (Chapter 12)

Terry Trepper: Solution-Focused Therapy Research (Chapter 12)

Gerald Monk: Narrative Therapy (Chapter 13)

Harlene Anderson: Collaborative Therapy (Chapter 14)

Scott Woolley: Emotionally Focused Therapy (Chapter 15)

Thomas Sexton: Functional Family Therapy (Chapter 15)

Eric McCollum: Group Therapy (Chapter 16)

Ron Chenail: Competencies Assessment System

Thorana Nelson: Competencies Assessment System

William Northey: Competencies Assessment System

Julie Diaz: Clinical Forms

The following reviewers provided invaluable feedback on making this book work for faculty:

William F. Northey, Jr. (Bill Northey): Former AAMFT Staff

John K. Miller: University of Oregon

Joshua M. Gold: University of South Carolina

Brent Taylor: San Diego State

Randall Lyle: St. Mary's University

Cynthia T. Walley: Old Dominion University

Stephanie Hall: Monmouth University

Lisa Wilson: Hope International University

Tim VanderGast: William Paterson University

Forrest Kelly: West Texas A&M University

Teresa Wilcox: Hope International University

Michelle Hinkle: William Paterson University

The Case Study Team: Current and former students who helped draft the case studies in the book based on clients they saw in the first year.

Brooke Clark

Corie Lee Losiselle

Leyla Klumehr

Bryan Shyne

Manya Khoddami

Instructor and Student Materials:

Diana Pantaleo

Rena Jacobs

Kayla Caceres

The following students and colleagues assisted in researching and proofing the second edition:

Hiroko Okuishi

Alejandra Trujillo

Kayla Caceres

I would also like to thank the following people for their generous assistance:

Julie Martinez: My amazing and thoughtful editor and product manager.

Lori Bradshaw: For her diligent editorial assistance throughout.

Sean Cronin: For his guidance with the instructor and student materials.

Jitendra Kumar: For detailed and patient copy editing.

Joseph McNicholas: My husband, whose encouragement, support, and understanding made the process fun.

Michael and Alexander: My two sons who make it all worth while.

About the Author



Photo by Jones Photo Art

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- *Mindfulness and Acceptance in Couple and Family Therapy*
- *Collaborative Therapy: Relationships and Conversations That Make a Difference* (coedited)
- *Theory and Treatment Planning in Counseling and Psychotherapy*
- *Mastering Competencies in Family Therapy*
- *The Complete MFT Core Competency Assessment System*
- *The Complete Counseling Assessment System*
- *Theory-Based Treatment Planning for Marriage and Family Therapists* (coauthored)

She has also written extensively on postmodern therapies, mindfulness, mental health recovery, sexual abuse treatment, gender issues, children and adolescents, client advocacy, qualitative research, and counselor and MFT education. She speaks internationally, having given workshops to professional and general audiences in the United States, Canada, Europe, and Mexico. Her work has been featured in newspapers, radio shows, and television worldwide, including the BBC, National Public Radio, Oprah's *O Magazine*, and *Ladies Home Journal*. She is an associate faculty member at three international post-graduate training institutes: the Houston Galveston Institute, Taos Institute, and the Marburg Institute for Collaborative Studies in Germany. Additionally, she is an active leader in state and national professional organizations. She maintains a private practice in Thousand Oaks, California, specializing in couples, families, women's issues, trauma, life transitions, and difficult to treat cases. For fun, she enjoys spending time with her family, hiking, swimming, yoga, salsa dancing, meditating, and savoring all forms of dark chocolate. You can learn more about her work on www.dianegehart.com.



Author's Introduction

If you were hoping this book would provide a simple and straightforward set of guidelines for magically repairing relationships gone awry, let me start by saying you will be disappointed. Although magic wands are sometimes involved (see Chapter 12), the theories of family therapy are anything but linear, logical, or predictable. If you actually come to fully understand the concepts in this book, your way of looking at the world will forever be transformed. The assumptions and constructs you and most of Western society have used to view human problems will be systematically—or perhaps suddenly—dismantled. You will no longer be able to pretend that an individual's behavior can be understood or evaluated apart from his/her environment. Psychiatric symptoms such as depression, anxiety, or paranoia will not be seen as a sole individual's problem but rather a distinctive form of communication within a particular relational system. Furthermore, you will come to see how *you*, the therapist, significantly affect and cocreate what you observe in session. You will also learn how new frames and descriptions can suddenly liberate people from what seem intractable problems and inherent personality characteristics. As these ideas sink in, you will feel a bit like Alice tumbling down a rabbit hole into a strange new world—everything seems upside down and backwards. Reality will not be what it once was. You will witness seeming miracles. You will wonder and marvel at how humans construct and reconstruct their realities in and through relationships.

I should also warn you that family therapy theories will not put you in the position of an all-knowing guru who calmly sits outside the fray. No, you will join the family systems you intend to help. You will help cocreate new realities, not from the position of an expert but from the humble position as a collaborator in creating new meaning. Most of the time you will find therapy like Mr. Toad's wild ride, with many bumps, twists, turns, misfortunes, and unexpected good luck. You will always have theory to guide you but will not always know for certain where you will end up. But I promise you the journeys you will embark upon will leave you richer and wiser.

Enjoy the adventure!

Diane R. Gehart, Ph.D.
Westlake Village, California

Part I

Introduction to Competency, Theory, and Treatment Planning





CHAPTER

1

Competency and Theory in Family Therapy

Lights, Camera, Action!

Wilder and more unpredictable than anything Hollywood could conjure up, family therapy in the real world is enough to keep you on the edge of your seat. Some days it feels as though the room is lurched to a 45-degree angle and that the ship—once thought to be unsinkable—is going down. Other times your own head starts to spin in such a way that an exorcist might be warranted. By the time you begin to feel the Darth Vader death grip around your throat, you are ready to slip out to get some popcorn and catch your breath. But you can't quite do that when you are cast in the leading role in a therapy session! So, there you are, still sitting with them.

The entire Jackson family has their eyes fixed on the floor or a wall—anything but another person. The session is *not* going well. The otherwise jovial and free-spirited father has suddenly and harshly attacked his 8-year-old son for his lack of respect after the son used language and hand signals only allowed in R-rated movies. The heretofore demure and seemingly compliant mother then gives the father an equally punitive lambasting for his overreaction. The 6-year-old “perfect” sister is frozen: silent with tears welling. This all unraveled in less than 60 seconds, before which time you thought things were going pretty well. In fact, you were starting to fantasize about whom you might thank as you accept the award for Most Brilliant Family Therapist of the Year.

Now, *you* are the one expected to somehow rewrite the scene to ensure a reasonably happy—or at least not dramatic—ending. *How* are you going to do it? What are you going to *say*? *Which* issue are you going to address first? *Who* are you going to address first? What is your *plan*? You have some decisions to make, and less than 60 seconds to do so—no time for popcorn.

You might be surprised—and relieved—to learn there is more than one effective way to handle the situation, just as you can imagine there are many poor ways to respond. The purpose of this book is to help you develop a clear sense of the responses that are most likely to succeed. The options you will learn for handling such a situation and many others like it come from family therapy *theories*. These theories describe how generations of therapists have helped families like the Jacksons navigate the intimate, intense, and unpredictable adventure of helping couples and families learn to better express and experience their love for one another. The essence of becoming a competent therapist lies in the effective use of theory to inform what you do and say in session, and that is precisely the plot of this screenplay in which you will take center stage.

Competency and Theory: Why Theory Matters

Although much has changed in the past decade in mental health—better research to guide us, new knowledge about the brain, more details about mental health disorders, increased use of psychotropic medication—the primary tool that therapists use to help people has not changed: that tool is *theory*. Therapeutic theories provide a means for quickly sifting through the tremendous amount of information clients bring; then targeting specific thoughts, behaviors, or emotional processes for change; and finally helping clients to effectively make these changes to resolve their initial concerns. Even with fancy fMRIs, neurofeedback machines, and hundreds of available medications, no other technology has taken the place of theory. However, the transforming landscape in mental health care has changed how therapy theories are understood and used. Specifically, theory and how it is being used and understood has been recontextualized by two major movements in recent years: (a) the competency movement, which includes multicultural competency, and (b) research or evidence-based movement, which emphasizes the use of research to making in-session clinical decisions (discussed in more detail in the next chapter). These movements have not ended the need for theory but have instead changed how we conceptualize, adapt, and apply theory.

Why All the Talk About Competency?

All health professions, including mental health, have been abuzz in recent years with talk of *competencies*, detailed lists of the knowledge and skills professionals need to effectively do their job. The main source of this movement has been external to the field, from stakeholders who believe that professionals should not only be taught a consistent set of skills but their learning should be measured on real-world tasks (for a detailed discussion see Gehart, 2011). Thus, this movement is asking educators to shift their focus from conveying content to ensuring students know how to meaningfully apply the knowledge and skills of their given profession, such as effectively responding to the Jackson family outburst with grace and aplomb.

Each major mental health profession—including counseling, marriage and family therapy, psychology, psychiatry, psychiatric nursing, and chemical dependency counseling—has developed a unique set of competencies. Thankfully, there are many similarities across them. Two of the more commonly used sets of competencies specifically used in family therapy are the Marriage and Family Therapy Core Competencies developed by a task force commissioned by the American Association for Marriage and Family Therapy (Nelson, Chenail, Alexander, Crane, Johnson, & Schwallie, 2007) and the Marriage, Couple, Family, and Child Counseling standards developed by the commission that accredits counseling programs (CACREP, 2012). On nights when you have insomnia, you may find it helpful and interesting to read through what will be expected of you as a family therapist or counselor regardless of the title on your license.

These competencies are being used to more clearly define what family therapists must know and do in order to be competent. If you are new to the field, this actually will make the task of learning to be a family therapist far easier: the goals are now clearly defined. This book is designed to help you develop many of these essential competencies as quickly and directly as possible.

Competency and (Not) You

Although at first it may seem insensitive, the vernacular expression commonly used by my teen clients sums up the mindset of competency best: “*It’s not about you.*” It’s not about *your* theoretical preference, what worked for *you* in your personal therapy, what *you* are good at, what *you* find interesting, or even what *you* believe will be most helpful. Competent therapy requires that *you* get outside of your comfort zone, stretch, and learn how to interact with clients in a way that works for *them*. In short, you need to be competent in a wide range of theories and techniques to be helpful to all of the clients

with whom you work. If you allow me to go on, you might even begin to see how this makes some sense and might even be in your best interest.

Perhaps it is best to explain with an example: you will likely either have a natural propensity for generating a broad-view case conceptualization using therapy theories or have a disposition that favors a detail-focused mental health assessment and diagnosis; humans tend to be good either with the big picture or with details. However, to be competent, a therapist needs to get good at both even if one is easier, preferred, and philosophically favored. Similarly, you may prefer theories that promote insight and personal reflection; after all, that may be what works for *you* in *your* life. However, that may not work for your client and/or research may indicate that such an approach is not the most effective approach for your client's situation or cultural background. Thus, you will need to master theories of therapy that may not particularly interest you or even fit with your theory of therapy. Although at first you may not like this idea, I think that by the time you are done with the book, you might just warm up to it.

I first humbly learned this particular competency lesson when working with families in which the parents had difficulty managing the behaviors of their young children. I was never a huge fan of behaviorism, but it did not take too many hysterically screaming, clawing, and biting 2-year-olds before I was preaching the value of reinforcement schedules and consistency. Given my strong—admittedly zealous—attachment to my postmodern approach at the time, I have every faith that you will be driven either by principle (ideally) or by desperation (more likely) to move beyond your comfort zone to become a well rounded, competent therapist.

Common Threads of Competencies

Whether you are training to be a counselor, family therapist, psychologist, or social worker, you will notice that there are common themes across the various sets of competencies. You will want to take particular note of these:

- *Diversity and Multicultural Competence:* The use of therapeutic theory is always contextualized by diversity issues, which means that the application and applicability varies—sometimes dramatically—based on diversity issues, such as age, ethnicity, sexual orientation, ability, socioeconomic status, immigration status, etc.
- *Research and the Evidence Base:* To be competent, therapists must be aware of the research and evidence base related to their theory, client populations, and presenting problem.
- *Ethics:* Perhaps the most obvious commonality across sets of competencies is law and ethics. Without a firm grasp of the laws and ethical standards that relate to professional mental health practice, it is safe to say that you won't be practicing very long. A solid understanding of ethical principles such as confidentiality is a prerequisite for applying theory well.
- *Person-of-the-Therapist:* Finally, unlike most other professions, specific personal qualities are identified as competencies for mental health professionals, which will be discussed in more depth below.

Diversity and Competency

Over the past couple of decades, therapists have begun to take seriously the role of diversity in the therapy process, including factors such as age, gender, ethnicity, race, socioeconomic status, immigration, sexual orientation, ability, language, and religion. These factors inform the selection of theory, development of the therapy relationship, assessment and diagnosis process, and choice of interventions (Monk, Winslade, & Sinclair, 2008). In short, everything you think, do, or say as a professional is contextualized and should be informed by diversity issues. If you think effectively responding to diversity is easy or can be easily learned or that perhaps your instructors, supervisors, or some famous author has magic answers to make it easy, well, you are going to be in for an unpleasant surprise. Rather than a black-and-white still life, dealing with diversity issues is more like finger painting: there are few lines to follow, it is messy for everyone involved, and it requires enthusiasm and openheartedness to make it fun.

I have often heard new and experienced therapists alike claim that because they are from a diverse or marginalized group that they don't need to worry about learning more regarding diversity because they have lived it. Conversely, I have heard therapists from majority groups say things, such as "I don't have any culture." Both parties have much to learn on the diversity front. First of all, we are all part of numerous sociological groups that exert cultural norms on us, with the more common and powerful ones stemming from gender, ethnicity, socioeconomic class, religion, and age. Many, if not most, people belong to some groups that align more with dominant culture and some that are marginalized, resulting in a complex and often contradictory matrix of internalized beliefs, values, and aspirations. Additionally, some groups experience far more traumatic and painful forms of marginalization than others, with each individual within the group responding to these pressures differently.

To illustrate, some people experienced the process of coming out as gay as highly traumatic, especially if they were rejected by their families, and want therapists to address these issues gingerly while others find it insulting when therapists *assume* they feel oppressed due to sexual orientation because they have families, friends, and communities that are largely supportive. Furthermore, many Americans seem unaware that there is a very strong and distinct "American culture" of which they are a part; in fact, the various regions of America have very unique characteristics of which therapists need to be aware. As another example, midwestern men typically express their emotions far differently than men in California and therapists who expect the two types of men to handle emotions in a similar way are going to unfairly pathologize one or the other.

Suffice it to say, that competently handling diversity issues requires great attention to the unique needs of each person, and it is a career long struggle and journey that adds great depth and humanity to the person of the therapist. In this book, you will begin this journey by examining diversity issues related to each of the theories covered and start integrating these issues into case conceptualization and treatment planning. Diversity is so central to using theory, you will find discussions of diversity throughout each chapter in addition to an extended section at the end of each chapter covering various forms of ethnic, gender, and sexual identity diversity related to the implementation of the specific theory. In addition, you will be asked to concretely specify how diversity issues will inform treatment through case conceptualizations and treatment plans.

Research and Competency

Another common thread found in mental health competencies is understanding, and more importantly, *using* research to inform treatment and to measure one's effectiveness and client progress. In recent years, there has been a powerful movement within the field to become more evidence-based in mental health, which involves two key practices: (a) using existing research to inform clinical decisions and treatment planning, and (b) learning to use evidence-based treatments, which are specific and structured approaches for working with distinct populations and issues (Sprenkle, 2002). These movements are discussed in detail in Chapter 2, and issues related to the evidence base for each therapeutic theory are also discussed at the end of each theory chapter, with related evidence-based treatment highlighted. In addition, Chapters 15 and 16 cover leading evidence-based treatments in the field of couple and family therapy. If you were hoping to escape discussion of research in your theory text, you will be initially disappointed; but I hope by the end you find the integration an invigorating addition.

Law, Ethics, and Competency

I often quip with students entering the field that if they think therapists can cut corners with legal or ethical issues that they should transfer to a business program so that they can make some money without worrying about such details and avoid a felony prison sentence after working as an unpaid intern for four plus years. Okay, this is an exaggeration—there is such a thing as business ethics—but in the mental health fields the standards are much, much higher and strict. Therapists who fail to develop significant competence in legal and ethical issues will not last long. Although this book does not directly cover these issues,

they are so central to the profession that even before you begin reading about theories and treatment planning, you need a brief introduction because you might just be tempted to run off and start applying the concepts and techniques in this book to your clients, friends, family, neighbors, pets, and self. All mental health professional organizations—such as the American Association for Marriage and Family Therapy, American Counseling Association, American Psychological Association, and the National Association of Social Workers—have codes of ethics which their members must follow. Thankfully, there is significant agreement between the various organizations resulting in general agreement on most key issues; federal and state laws also generally agree on the key principles. These issues are covered in more depth in Chapter 2.

Person-of-the-Therapist and Competency

Finally, being a competent therapist requires particular personal characteristics that are often difficult to define. Some qualities are basically assumed to be prerequisites for a professional—integrity, honesty, and diligence. These commonly take the form of following through on instructions the first time asked, raising concerns before they spiral into problems, staying true to one's word, etc. It is hard to establish competency in anything without these basic life skills.

The more subtle issues of the person-of-the-therapist come out when building relationships with clients. To begin with, the research is clear that clients need to feel heard, understood, and accepted by therapists, which often takes the form of offering empathy and avoiding advice giving (Miller, Duncan, & Hubble, 1997). Furthermore, therapists need to identify and work through their personal issues to avoid bias, inappropriately label a client, or what psychodynamic therapists call *countertransference* (see Chapter 10). Although more difficult to quantify, these issues often become quickly apparent by strong emotions or unusual interactions in relationships with clients, supervisors, instructors, and peers. Managing these well is part of being a competent therapist.

Finally, a more difficult aspect to define is *therapeutic presence*, a quality of self considered to have intrapersonal, interpersonal, and transpersonal elements, including elements of empathy, compassion, charisma, spirituality, transpersonal communication, patient responsiveness, optimism, and expectancies, making it elusive and difficult to operationalize (McDonough-Means, Kreitzer, & Bell, 2004). Clients—rather than a professional—are the best judges of this subtle quality, because in the end, it comes down to how the client experiences the therapist as a human being in the room. Although these competencies are more difficult to measure, they are nonetheless some of the more important to develop.

How This Book Is Different and What It Means to You

Theory and Treatment Planning in Family Therapy is a different kind of textbook. Based on new pedagogical model, learning-centered teaching (Killen, 2004; Weimer, 2002), this book is designed to help you *actively learn* the content and develop real-world competencies rather than simply deliver the content and hope that you will memorize it. Thus, learning activities are a central part of the text so that you have opportunities to apply and use the information in ways that facilitate learning. The specific learning activities in this book are (a) theory-specific case conceptualization, (b) cross-theory case conceptualization, and (c) treatment planning; these translate the theory learned in the chapter to practical client situations. This book teaches real world skills that you can immediately use to better serve your clients.

Also, this book is different in another way: it is organized by key concepts rather than general headings with long narrative sections. This organization—which evolved from my personal study notes for my doctoral and licensing exams back before I had email service (and, no, dinosaurs were not roaming the planet then)—facilitates the retention of vocabulary and terms because of the visual layout. Each year I receive numerous emails from enthusiastic newly licensed therapists thanking me for helping them to pass their licensing exams—they all say that the organization of the book made

the difference. So, spending some time with this text should better prepare you for the big exams in your future (and if you have already passed these, you should be all the more impressed with yourself for doing it the hard way).

Lay of the Land

This book is organized into three parts:

Part I: Introduction to Family Therapy Theories provides an introduction to competencies, research, ethics, treatment planning, and philosophical foundations.

Part II: Family Therapy Theories covers the philosophical foundations and major schools of family therapy:

- MRI and Milan systemic theories
- Strategic theory
- Structural family therapy
- Satir's human growth model
- Symbolic-experiential and internal family systems
- Intergenerational and psychodynamic theories
- Cognitive-behavioral and mindfulness-based family therapies
- Solution-based therapies
- Narrative therapy
- Collaborative therapy and reflecting teams
- Evidence-based couple and family therapies: Emotionally focused therapy and functional family therapy
- Evidence-based couple and family group therapies

Part III: Cross-Theory Case Conceptualization:

- Cross-theory case conceptualization: This text introduces a comprehensive cross-theoretical approach to case conceptualization.

Anatomy of a Theory

The theory chapters in Part II are organized in a user-friendly way to maximize your ability to use the book to support you when developing case conceptualizations, writing treatment plans and progress notes, and designing interventions with clients. Theory chapters follow this outline:

Anatomy of a Theory

In a Nutshell: The Least You Need to Know

The Juice: Significant Contributions to the Field: If there is one thing to remember from this chapter it should be...

Rumor Has It: The People and Their Stories

The Big Picture: Overview of the Therapy Process

Making Connection: The Therapy Relationship

The Viewing: Case Conceptualization

Targeting Change: Goal Setting

The Doing: Interventions

Putting It All Together: Treatment Plan Template

- Treatment Plan Template for Individuals with Depression/Anxiety Symptoms
- Treatment Plan Template for Couples/Families with Conflict

(continued)

Tapestry Weaving: Working with Diverse Populations

- Ethnic, Racial, Gender, and Cultural Diversity
- Sexual Identity Diversity

*Research and Evidence Base**Online Resources**Reference List*

Case Example: Vignette with a complete set of clinical paperwork described in Part III, including case conceptualization, clinical assessment, treatment plan, and a progress note.

In a Nutshell: The Least You Need to Know: The chapters begin with a brief summary of the key features of the theory. Although it may not be the absolute least you need to know to get an A in a theory class or help a client, it is the basic information you should have to memorize and be able to quickly articulate at any moment to help you keep your theories straight.

The Juice: Significant Contributions to the Field: In the next section, I use the principle of primacy (first information introduced) to help you remember one of the most significant contributions of the theory to the field of family therapy. In most cases, well-trained clinicians who generally use another approach to therapy are likely to be skilled and use this particular concept because it has shaped standard practice in the field. This section is your red flag to remember a seminal concept or practice for the theory. Feedback from students indicates this is often one of their favorite sections (I only hope that isn't because they skim the rest of the chapter; but, of course, *you* would never think of such a thing).

Rumor Has It: The People and Their Stories: In this section, you can read about the developers of the theory and how their personal stories shaped the evolution of the ideas. And, yes, some of the rumors are juicier than others. As the focus of this text is how therapy theories are actually used in contemporary settings, I have de-emphasized the history and development of the theory, but you will find brief summaries of such history here.

The Big Picture: Overview of the Therapy Process: The big picture provides an overview of the flow of the therapy process: what happens in the beginning, middle, and end, and how change is facilitated across these phases.

Making Connection: The Therapy Relationship: All approaches start by establishing a working relationship with clients, but each approach does it differently. In this section you will read about the unique ways that therapists of various schools build relationships that provide the foundation for change.

The Viewing: Case Conceptualization: The case conceptualization section will identify the signature theory concepts that therapists from each school use to identify and assess clients and their problems. This really is the heart of the theory and where the real differences emerge. *I encourage you to pay particularly close attention to these.* You can also read more about case conceptualization in Chapters 4 and 17.

Targeting Change: Goal Setting: Based on the areas assessed in the case conceptualization and the overall therapy process, each approach has a unique strategy for identifying client goals that become the foundation for the treatment plan.

The Doing: Interventions: Probably the most exciting part for most new therapists, the doing section outlines the common techniques and interventions for each theory. In some cases, a section for techniques used with special populations is included if these are notably different than those in standard practice.