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## FAMILY COUNSELING

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Family counseling may be beneficial when a family member or several members of the family experience difficulties with communication, balancing home and work, the loss of a family member, trauma, divorce conflicts, issues in blended or remarried families, family violence, substance abuse, or behavioral or school problems in children. Family counselors practice in community mental health agencies, managed care organizations, hospitals, private practice, employee assistance programs, and other settings. They provide individual, couples, and family counseling; prevention programs, including parent education programs; crisis management, and other intervention and educational services. Consumers of family counseling are best served by asking for a referral from someone they trust to find out if the counselor is a good fit for themselves and their family members. It may be necessary to schedule an initial consultation to determine if a particular family will work well with a particular counselor.

### Historical Overview

The field of family counseling evolved as families were changing, in particular after World War II. During that time, the divorce rates increased, and there were more demands on families as a system. In addition, people became more accepting of the idea of seeking help for family concerns. Counselors began to include family members to understand and treat individual psychological problems. During the 1950s,

counselors and therapists sometimes observed that when an individual's problem got better, someone else in the family developed symptoms. A patient's condition might have deteriorated after he or she returned home from a hospital stay. Therefore, therapists started concluding that if individuals were treated in isolation from their families, it might be nonproductive. At that time, there was also research attempting to understand the factors that contributed to schizophrenia.

In the 1940s, general systems theory was developed by the biologist Ludwig von Bertalanffy, who believed that the parts of a system are interrelated and that the whole is greater than the sum of its parts. The implication for family counseling was that one person's behavior is interconnected and interrelated to the behavior of all other family members.

Nathan Ackerman, the "father" of family therapy, was one of the first to work with the whole family. His work was during the late 1930s to early 1940s. In the 1940s, Gregory Bateson and his wife, Margaret Mead, began looking into patterns and organization in communication. Soon after that, Bateson was influenced by cybernetics, the study of how systems are controlled and how information is processed. Jay Haley and John Weakland also conducted research on the dynamics of schizophrenic communication. In 1959 the Mental Research Institute in Palo Alto, California, was founded. Bateson, Weakland, William Fry, Don Jackson, Jay Haley, and Virginia Satir made significant contributions to an understanding of how families and systems work. This is where concepts such as that of *equilibrium*, which is the tendency of families to resist change, and of *repetitive patterns of interaction* were developed. Haley was also influenced by

Milton Erickson, a hypnotist in Phoenix who developed a treatment called Brief Therapy. Erickson believed that people could make rapid and effective changes if they tried something new.

Murray Bowen, the developer of family systems theory, studied families who had a member who was diagnosed as schizophrenic in the 1940s and 1950s. He came to the conclusion that because the family was the unit of disorder, families needed to be treated together. He was interested in how a sense of identity is transferred across generations. He developed the concept of *differentiation of self*, which refers to autonomy relative to one's family as well as having the ability to separate one's thoughts and feelings. Bowen tried to remain neutral and nondirective in therapy, and he is often contrasted with Carl Whitaker, the developer of symbolic experiential family therapy, who was more experiential and provocative.

Salvador Minuchin was a pediatrician who came from Argentina and in the 1960s worked with poor families who faced several problems. Through his work he developed structural family therapy, which emphasized how a family's organization may be helpful or unhelpful. He became a director of the Philadelphia Child Guidance Clinic in 1965 and began an exchange of fruitful ideas with other colleagues. He paid attention to family boundaries and noticed that in families that were chaotic and tightly connected, the parents were too involved with their children. In contrast, some families had parents who were too uninvolved and distant. In 1974 he wrote the book *Families and Family Therapy*, claimed to be the most popular book in family therapy.

During the 1970s and 1980s, family therapy flourished. Several centers for family therapy and training were developed, and already-existing centers became more established and influential. During these two decades, the different models of family counseling and therapy were independent from one another and were led by charismatic pioneers. The therapists were experts who could diagnose and repair a family's dysfunction. In the 1980s, family counseling was impacted by feminism. Women such as Marion Walters, Olga Silverstein, and others advocated for counselors and therapists to be aware of and counteract gender-based power structures.

In the 1980s and 1990s, the field was transformed by postmodernism, which suggested that there are no universal truths, only points of view, and emphasized language and meaning. Since then, counselors have

collaborated and worked as partners with families to create new meaning or useful views through language. Questions are asked in order to learn, reinterpret, and reframe experiences. Social constructionism is the primary postmodern school, and it includes solution-focused, narrative, and collaborative language systems. Solution-focused therapy was developed in Milwaukee by Steve de Shazer and Insoo Kim Berg, who de-emphasized the family's problem or its causes. Michael White and David Epton developed narrative therapy in Australia and New Zealand and were interested in creating a new narrative with families. The theory of collaborative language systems was developed by Arlene Anderson and Harry Goolishian, who believed that people create meaning through language.

### **Different Approaches of Family Counseling**

Family counselors with an experiential focus have goals for families to develop a sense of togetherness and autonomy, build self-esteem, relieve family pain, and overcome blocks to personal growth. Transgenerational family counselors focus on reducing anxiety, increasing self-differentiation, and rebuilding trust and fairness. Family counselors with an emphasis in structural family theory have a goal of restructuring the family organization, reducing symptoms, and creating flexible boundaries. Behavioral or cognitive counselors and therapists focus on modifying behavioral sequences, eliminating maladaptive behaviors, alleviating presenting symptoms, and restructuring cognitions. Social constructionists emphasize learning, creating new viewpoints, and giving new meanings to problems. Counselors identifying with the narrative approach focus on alternative stories helpful to the family, separating the person from the problem, re-envisioning the family's past and rewriting their future. All approaches have in common building a strong alliance with a family and its members based on trust and respect, assessment and utilization of support systems, and the negotiation of expectations, hopes, and resources to make counseling useful.

### **Family Developmental Life Cycles and Alternative Families**

Family counselors pay attention to the family life cycle because of the different adaptations family members make. When there is a transition from one stage to another, changes and stresses may interfere

with a family's functioning and well-being. For the average American family, life cycles may include leaving home as a single young adult, joining with another person to become a new couple, the family with young children, the family with adolescents, launching children and moving on, and the family in later life. Life cycles and events such as marriage, the birth of a child, retirement, and others may vary according to the family members' cultural or ethnic backgrounds. Other family events such as marital separation, divorce, illness, death, relocation, catastrophic events, loss of employment, and others have a tremendous effect on families and the strategies and the coping mechanisms they develop to overcome such events. Family counselors can be of assistance to families and family members with the stresses of moving from one stage of family life to another or when other disruptions occur in the family life cycle. Cultural diversity, including religion and spiritual background, history of immigration, race, and ethnicity also influence the family life cycle.

### ***Divorced Families***

Family counselors may work with family members when they are in the process of deciding to divorce, during the actual time of a divorce, or after a divorce has taken place. When the decision to divorce takes place, working on problems of custody, visitation, and finances becomes important. Mourning the loss of the intact family and adapting to living apart and not being attached to a spouse are some of the concerns family members can process in counseling. During the divorce process, working on the emotional separation and overcoming hurt, anger, and guilt may become the focus of counseling.

### ***Blended Families***

Family counselors may assist blended families with clarification of the rights and responsibilities of the stepparents, adjustments of children to stepsiblings, cohesion of the newly formed family, and integration of their separate family histories. In addition, family counselors help members deal with unresolved issues of loss and grief. Family counselors may see some members and not the entire family. Family counselors can help the family members gain different perspectives and develop strategies to cope with their new family life.

### ***Single Parent Families***

Single parent families may be the result of choice, but in many cases they are the result of divorce, or the death of a spouse. Family counselors may assist family members with issues of grief and loss and with stresses such as loneliness, financial pressures, sadness, and anger for both parents and children. Family counselors can be useful to families before, during, and after a divorce has occurred. If children are involved, there can be partial or total loss of a parent, and issues of custody become important as part of the counseling process. Mediation may be necessary for the couple to work out areas of agreement, especially when there is a need to coparent. Issues of children and remarriage may arise during the course of counseling.

### ***Gay and Lesbian Families***

In families in which the parents are gay or lesbian, in addition to the above issues, family counselors may help with issues related to living in a homophobic society and to internalized messages that challenge a client's self-validation due to strong cultural and internal nonacceptance and isolation. Issues of coming out of children to their parents or parents to their children are important issues that can be dealt with in counseling.

## **Special Issues in Family Counseling**

### ***Family Violence and Physical and Sexual Abuse***

Family counselors must assess for abuse in the family, noting the extent of danger and the possibility of lethality. Factors included in the assessment are a history of violence in the family of origin, low self-esteem, isolation, economic stress, male dominance, use of weapons, and substance abuse. Couples counseling is contraindicated if counseling is court mandated for treatment of violent behavior either toward a partner or toward children. If the abuse has been revealed in a private session, bringing it into the couples or family work may risk the partner's safety. Unless adequate safety plans have been made, the abuse may not be discussed with the abusing partner.

In regard to child abuse, family counselors are mandated to report incidents of abuse or reasonable suspicion of abuse. When families have been informed that abuse has been reported, they are often shocked, angry, or in denial. The child may change or recant his or her

story of abuse. It is important for the counselor to find ways to prevent further abuse, help family members recuperate from the effects of the abuse, and develop different ways of interacting within the family.

### **Family Counseling and Substance Abuse Problems**

Substance abuse significantly impacts the sense of well-being of the family system. Adults who are addicted to substances affect their own lives and those of their children. The children experience increased risk for depression, behavioral problems, and substance abuse. Child abuse and neglect is often related to drug and alcohol abuse. Other related issues include mental and physical illness, side effects of drugs, family violence, and criminal activity to maintain the addiction. Family counseling can play an important role throughout the treatment process for both the person who is using substances and for family members. Family-based treatments have been found more effective in reducing adolescent drug use and behavioral problems than other treatments. Adolescents tend to stay longer in treatment and benefit more from family-based counseling.

### **Code of Ethics**

The International Association of Marriage and Family Counselors (IAMFC) has developed a code of ethics for family counseling in order to enhance, inform, and improve the professional's abilities to effectively serve clients. The ethical code increases public trust and improves the integrity of the family counseling profession. The most common ethical issues include client welfare, confidentiality, competence, and multicultural issues. The term *privileged communication* refers to therapists' being prevented from testifying in court about their clients without their consent.

### **Licensure and Certification**

The first state to adopt a marriage and family therapy licensure law was California in 1963. As of fall 2006, 46 states as well as the District of Columbia license and certify marriage and family therapists. In general, to be licensed, family counselors must have at least a master's degree and have received supervised experience following graduation.

## **Professional Organizations**

The primary association for family counselors is the IAMFC, and its official journal is *The Family Journal: Counseling and Therapy for Couples and Families*. The purpose of the journal is to advance theory, research, and practice of counseling with couples and families from a family systems perspective. The specialty for family counselors was emphasized in prevention, education, and remediation. The IAMFC was developed in 1992 with Jon Carlson as the founding editor of the journal. The IAMFC sets the practice standards and establishes the professional identity of counselors working with families. The IAMFC is a division of the American Counseling Association. The National Credentialing Academy for Marriage and Family Therapists is an affiliate of IAMFC and is included in several of the state licensure laws in marriage and family therapy. Another professional organization is the American Organization for Marriage and Family Therapy (AAMFT), which publishes *The Journal of Marital and Family Therapy*.

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*See also* Adult Development (v1); Brief Therapy (v2); Child Maltreatment (v1); Couple and Marital Counseling (v1); Gay, Lesbian, and Bisexual Therapy (v2); Group Therapy (v2); Legal Issues in Parenting (v1); Multiracial Families (v3); Solution-Focused Brief Therapy (v2); Teenage Parents (v1); Transracial Adoption (v3); Work-Family Balance (v4)

### **Further Readings**

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