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# Introductory Chapter: Family Therapy – Recent Advances in Clinical and Crisis Settings

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## 1. Introduction

Promoting recent advances in family therapy for the psychosocial strengthening of bonding, cohesion, healing, and behavior modification in response to adversity in clinical settings is a burning global public and mental health concern. Families are an important part of the social fabric and support system as well as an integral part of the psychological treatment and therapeutic processes involved in the management of individuals with mental illness potentially induced by traumatic events such as the loss of loved ones, disasters, accidents, addiction, and other causes. Family reactions and dysfunctional responses to disastrous events and catastrophes may induce the risk of anxiety, depression, distress, trauma, post-traumatic stress symptoms, and emotional and behavioral problems in individuals and may also lower the capacity for resilience and adjustment [1].

Families are sociological constructs for the level of relationships classified as parent to parent, parent to child, and sibling to sibling in immediate families and through even more combinations in extended families. Moos and Moos [2] characterized families by their structure, roles, and boundaries: emotional bonds and responsiveness, cohesiveness, flexibility, adaptability, and coping, communication, and decision-making and problem-solving. Typically, families are set up to support, nurture, and protect members all through life, especially within the context of disasters.

Individual psychological problems such as depression and anxiety, psychoses, child and adolescent-related problems, and alcohol use disorders also affect their families too. The emotional consequences and psychosocial burden of an individual's mental illness on family members and caregivers may include courtesy stigma or stigma by association, which is the stigma that family members experience because of their association with a loved one who suffers from drug addiction or other forms of mental illness [3]. Beside experiencing stigma associated with mental illness, other forms of stigma include those that are associated with physical deformation and those that are attached to race, ethnicity, religion, and ideology.

Family therapy interventions are needed to reduce the emotional consequences, the psychosocial and economic burden of psychological illness, depression, and associated psychosis related to humanitarian catastrophes, BIPOC LGBTQIA+, marital stress, domestic violence, spousal abandonment and neglect, divorce and intimate partner violence (IPV), among other.

Consequently, this chapter explores the importance of this book titled “Family Therapy – Recent Advances in Clinical and Crisis Settings.” It identifies categories of crisis setting in which family therapies could be applied. It highlighted MedFT and BSFT as *viable* options for the psychosocial management of families in crisis.

## **2. Importance of this book**

The book titled “Family Therapy – Recent Advances in Clinical and Crisis Settings” is unique in its presentation of recent innovative advances in the terrain of global humanitarian catastrophes, clinical and crisis settings, BIPOC LGBTQIA+ settings, and couple counseling settings. Each of the articles presented in this book highlighted varying forms of family therapy including supportive family therapy (SFP), cognitive-behavioral therapy (CBT), psychodynamic therapies, and systemic family therapy.

Supportive family therapy often provides opportunities for therapists to offer practical advice in a safe and open environment for family members to openly express their feelings and talk about the issues affecting them. CBT provides opportunities for therapists to assign homework tasks or draw up specific behavioral programs for each individual family member to complete in order to change their negative thought patterns and behavior. Psychodynamic ideas are used in family therapy in order to address the individual’s unconscious or subconscious mind so as to reduce the problem(s) by uncovering the underlying problems. SFP focuses attention on the entire family’s feelings, ideas, and attitudes to identify the problems within a family dynamic and attempt to shift the problem(s), attitudes, and relationships to a position that is more beneficial, less damaging, or simply more realistic.

## **3. Categories of crisis settings of medical family therapy projected in this book**

Family therapy often provides valuable opportunities for promoting growth and change that may result in the resolution of personal dysfunctional behaviors and family problems. Thus, this thought-provoking book shows that family therapy can be implemented in a range of settings including:

- **Home-based Setting:** The home-based family therapy (HBFT) is offered by clinicians and other mental health professionals to clients, family members, and other significant persons at their places of residence [4].
- **Global Humanitarian Catastrophes Settings:** This setting is appropriate for the delivery of couple and family therapy (CFT) intervention, especially through relational telehealth platforms.
- **Clinical Settings:** This implies the utilization of family therapy in the psychiatric scene. As Ackerman [5] puts it, an individual mental illness is an expression of symptoms of chronic pathology within the family as a whole. Effective intervention would, thus, require the inclusion of the entire family members in the treatment process.

- **Family Crisis Settings:** Psychopathology of the family system is a sign of dysfunctionality within the family system. Walsh [6] opines that “how families view their problems and their options can make all the difference between coping, healing, and growth or dysfunction, and despair. Beliefs that we are unworthy can fuel self-loathing, destructive behavior, or social isolation [6].” Thus, MedFT and BSFT are very apt treatment options for families in crisis.
- **BIPOC LGBTQIA+ Settings:** Malpas, Pellicane [7] opines that transgender and gender expansive (TGE) individuals sometimes are sometimes faced with disproportionate and challenging mental health and developmental outcomes. They also posit that family acceptance of TGE individuals’ gender identity, and expression is crucial to preventing poor psychosocial outcomes and advocated for family-based therapies that will provide psychoeducation; enhance the protective power of family acceptance and provide opportunities for family members to express their reactions to TGE, gain allyship and advocacy, and connect with TGE community resources.
- **Couple Counseling Settings:** Systemic family therapy is useful for helping families and couples in intimate relationships to gain a deeper understanding of their interactions with each other: manage and resolve marital conflicts, communication problems, sex issues, anger, illness and stress, and nurture change and development [8].

#### **4. Medical family therapy (MedFT) and brief strategic family therapy (BSFT) for families in clinical settings**

Medical family therapy (MedFT) and brief strategic family therapy (BSFT) are forms of short-term counseling psychotherapies designed for assisting family members to improve communication with partners, children, or other family members and to resolve conflicts in troubled and dysfunctional relationships. According to Doherty and McDaniel [9], MedFT and BSFT are premised on the belief that all health and relationship problems are biological, psychological, and social in nature. MedFT and BSFT are active, directive, and task-oriented therapies, which include a range of psychoeducation, counseling, and coping skills.

Medical family therapy, (MedFT) and BSFT, are systemic biopsychosocial meta-frameworks by which clinicians provide therapeutic services to patients and their families who are experiencing physical health problems [4]. With MedFTs and BSFT, the families are conceptualized holistically, while clinicians help family members to develop a sense of agency and communion to improve their lived experience.

MedFT and BSFT are usually provided by accredited psychologists, clinical social workers, or licensed therapists. The therapy sessions are often designed to address issues such as marital or financial problems, the conflict between parents and children, or the impact of substance abuse or a mental illness on the entire family. It may also be useful in teaching skills to deepen family connections and get through stressful times.

Zubatsky, Harris [10] and Szapocznik, and Schwartz [11] claimed that the main objective of MedFT and BSFT is the promotion of healing and well-being of clients and their family members. It aims at strengthening family cohesion and emotional bonds among family members, and their adaptability or capacity to adjust the family

power structure, the structural interaction patterns, roles, and norms, which make up the family environment [1]. Through the exploration of agency and communion, MedFT and BSFT may be used to create a better home environment, solve family issues, and understand the unique issues that a family might face in diverse circumstances, especially during humanitarian catastrophes [12]. MedFTs and BSFT assist family members to develop a sense of agency in order to identify and develop strategies for managing what is within and outside of their control in regard to the illness experience [9].

Communion refers to one's connection and quality of social relationships with others [13]. MedFTs and BSFT assist clients and their families to develop strong communion through psychotherapeutic guidance for the creation and utilization of effective coping tools with the illness, thereby resulting in increasing connectedness, a sense of being cared for, loved for, and supported by each other [9].

MedFT and BSFT sessions are short-term models that typically consist of 12 to 17 weekly sessions, depending on the severity of the presenting problem. A typical session lasts 60 to 90 minutes. Both MedFTs and BSFTs utilize techniques such as joining, tracking and diagnosing, and restructuring to understand and change problematic family dynamics and behaviors.

Other forms of family therapy are Bowenian family therapy, communication family therapy, family systems therapy, functional family therapy, narrative family therapy, psychoeducation, structural family therapy, supportive family therapy, systemic therapy and transgenerational therapy.

## **5. Conclusion**

In crisis settings, family therapy is advantageous in maintaining and building strong family cohesion, as well as for creating healthy and functional family relationships. These are conditions necessary for the creation of good psychological health and the elimination of psychopathological conditions within the family system. Medical family therapy and brief strategic family therapy are solution-focused and short-term therapies designed to help families going through any form of stressful events that may pull strain on their relationships. Examples of such stressful events are financial hardship, divorce, the death of a loved one, violent conflicts, and vulnerability to natural disasters.


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