IWK/Dalhousie Family Therapy Training Program

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Family Therapy Training Program

- Acknowledgements to all course participants and their feedback which has helped shape the development of the courses
- Thanks to Rosie Woodworth, PhD for use of her video of the X family and obtaining consent from the family.
Objectives

- To describe the IWK/Dalhousie Family Therapy Training program; parts 1 & 2;
- Present a case example to illustrate the ax/tx model & use of Executive Skills in part 2 of the course;
- Discussion/problem solve about future of FT in psychiatric training programs.
Family Therapy Training Program

- Level 1 - Brief Solution Focused Family Therapy + Reflecting Team (6 months, half-day/week-Child and Adolescent PGY-3)
- Level 2 - McMaster Family Assessment & Structural Family Therapy + Reflecting Team (6 months, half-day per week after completing level 1 - PGY-4 elective)
Short History of Program


- Psychiatry residents: Part 1 available since 1996; Part 2-since 2012
Situation the Need

- Core competency requirement of Royal College for general residency training
- Plus a strong component of C&A subspecialty training; understanding family dynamics in case formulation/treatment
- Multi-disciplinary training; permits closer relationships btw professions/reflects team work in current C &A mental health models
Did you know?

- Family-based work is a ‘best practice’ in child & adolescent psychiatry
- “Family assessment is always indicated in the psychiatric evaluation of a child or adolescent”

(AACAP Official Action, 2007, JACAP, 46, p. 922)
Did you also know?

- The quality of interpersonal relationships within families can provide a buffer against child/adolescent mental health difficulties & family/parenting stressors.

- However, reality is few child mental health clinicians know how to do family assessment or practice systemic family therapy (uneven training across Canada and USA)
Level 1 Training Program (Goals)

- Enhance FT/systems core competency for working therapeutically with families impacted by child/adolescent MH diffs/illness

- Train Psychiatry residents, C&A Subspecialty residents & clinicians (SW, Psychologists, Nursing etc.) in multidisciplinary approach.
Level 1 Training Program (Goals)

- Offer brief FT to families to enhance family functioning/relationships by helping to identify & amplify the family’s existing strengths, coping & problem solving abilities;
- For trainees to develop working knowledge of concepts & practice skills in FT;
- Examples of skills: engagement, systemic formulation, goal setting, tx planning, intervention, termination.
Experiential & theoretical training in FT

didactic instruction, research review (wks 1-3)

live/supervised session + observation/reflecting team (wks 4 to 24)

videotape review, verbal & written feedback, role play, case presentation

group-based supervision (reflective & multidisciplinary-several perspectives)
Solution Focused Therapy

- Present & future focused, goal directed;
- Focused on solutions & behavioural change; collaborative, relationship-centered;
- Helps family develop desired vision of preferred future;
- Explore & amplify related exceptions, strengths, resources & pathway to desired changes;
- Eg SFT questions; exceptions, miracle, scaling
Reflecting Team

- PM philosophy & technique frequently used in FT – integrated in levels 1&2 (Andersen T., 1987, Family Process)
- basic premise=conversation about a conversation-
  ↑collaboration w family via sharing joint formulation, suggestions related to family goals & therapeutic change; multiple perspectives;
- Intention: “highlight & invite” family to perspective shift, adopt “meta” observing or noticing position towards new ideas/possibilities for behavioural/therapeutic/relationship change
Level 2 Training Program

- Offered to graduates of the Level 1 program
- Introduce two further therapeutic models
- Increase the range of therapeutic intervention skills
- More complex families accepted for the program
Level 2 Training Program (Goals)

- Teach the McMaster Family Assessment model;
- Acquire FT Genogram & Structural FT intervention skills;
- Use Karl Tomm’s model of acquiring perceptual, conceptual & executive skills*
- Complete at least two family tx to closure.
McMaster-basic assumptions

- One part cannot be understood in isolation
- Family functioning more than sum of parts
- Transactional patterns important in shaping individual behaviour (or individual behavior only makes sense when understood in context of transactional pattern); roles, tasks beliefs within families.
McMaster Family Tasks

- Basic tasks
- Developmental (both individual and family)
- Crises
McMaster dimensions of FF

- Problem solving - instrumental and affective
- Communication - verbal and non-verbal
- Roles - management, allocation, accountability
- Affective responsiveness - welfare, emergency
- Affective involvement - lack, non-feeling, inconsistent, narcissistic, empathic, over, symbiotic
- Behavioural controls - rigid, flexible, laissez-faire, chaotic
Macro stages of therapy

- Assessment
- Contracting
- Treatment
- Reassessment/contracting/treatment
- Closure
Structural Family Therapy

- Structure & organization of family important in understanding behaviour of an individual;
- Boundaries between individuals and sub-systems (e.g. clear, diffuse or rigid)
- Relationships: affiliative, over-involved, conflictual
- Use of the relationship style in the construction of the genogram
Genogram

- Map of family patterns vertically (across current relationships) & horizontally e.g., across generations w repeating cycles of adaptive/maladaptive patterns.
- Reciprocal back & forth patterns btw psychopathology, trauma & family roles/coping styles.
- Interaction of individual & family developmental tasks.
Executive skills

- Establishing and maintaining a focus
- Clarifying and expanding communication
- Stimulating transactions
- Labeling and interpreting transactions
Executive Skills

- Trainee chooses specific skills to be worked on prior to session & depending on macro stage of therapy (beginning, middle, end);
- Provided with “bug in the ear;” instructed by supervisor who is behind one way mirror; S. supports therapist to stimulate family interactions;
- Therapist instructed to adopt a “meta-position” to the system (e.g., like a sheep-dog-provides only enough direction or support so that family can notice their own process & propose their own solutions)
Family Relationships
Emotional Relationships
DCS Involvement

In group home (temporary care)
2 Divorce
1 Casual relationship and separation
2 Cutoff / Estranged
1 Distant / Poor
1 Friendship / Close
1 Hostile
2 Distant-Hostile
1 Neglect (abuse)

Together 10 yrs
1st Marriage
2nd Marriage
Together 16 yrs

Zac
13

Billy
33

Larissa
30

Dave
30

Sherry
50

Max
6

Adopted

Emotional Relationships
Clip 1

- S1 1:20-2:15- Introducing the family to family therapy
Clip 2

- S1 3-8 mins- Problem description
Clip 3

- S1 28-30 mins: Structural move/enactment (seating change and getting step father Dave to talk to Zach).
Clip 4

- S2 Reflecting team and family reflection
Thank you! Any Questions?