Defining principles of Strategic family therapy

Strategic therapy focuses on present observable **behavioral interaction** and uses **deliberate intervention** to change the ongoing system. Family therapy doesn’t consist in having everyone present in the therapist’s office but in working from an **interactional** point of view. Effective intervention usually requires **reframing**. Strategic family therapy is **brief**; its duration is about 3 months and ten sessions.
I. Defining principles

1. Reality is constructed: there is no truth

Reality is a social concept, fluid, not fix. We are all in a different chair, so we have our own perspectives of reality. We perceive things differently (filters). We have inner belief that we believe the same thing but there is nothing such as a reality.

The therapist has a view of what the problem is and his view determines how he organizes the therapy, who is involved and what intervention he will be doing.

2. The problem is not individual: it is interactional, in the system

All behavior is viewed as being structured and maintained by interactions between people, especially in the family system but also in other systems such as school or organisations. Problems are outcome of everyday difficulties in adaptation to a life change or transition, mishandled by the parties involved. The question is: what behavior in the system is maintaining the problem?

Sometimes, the problem seen through a subsystem is unsolvable. Situating in a larger system gives the necessary information to understand it and the leverage to solve it.

The unit (the client) is all people involved in the problem.

3. The attempted solution is often the problem

The attempted solution maintains the problem and makes the problem worse. It’s a vicious cycle. Change must be of the second order to break the pattern.

We draw from our past something that worked before. People with difficult problems have a hard time in finding a new coping. What’s important is to give up the old coping: 180° turn is not the opposite but a significant shift in another direction.
4. The therapist enters the client’s world

Through attentive observation of verbal and non-verbal behavior, the therapist tries to understand the client’s language, perception, beliefs, values in order to find motivation for change.

5. The therapist changes the meaning by reframing

He reframes the problem situation so that the values and motives of the client will allow him to accept the change. He uses the belief system and the social context of the client to disrupt his pattern.

He changes the perception by reframing. For instance: “Anxiety is an important function. It is your body’s signal that something is wrong. It’s a protective signal”. What do you need to do to answer the signal? Learn how to use it and to lower it.

In understanding the situation, the therapist assumes that any behavior is protecting a person in the system. He rewrites the story.

6. The therapist builds a contract with the client

The therapist asks the client to define clearly a minimum goal for the therapy in terms of observable behavior. What new behavior would be satisfactory to him?

The therapist has to agree to the contract as feasible and ethically acceptable.

7. The therapist elaborates a strategy

What has been tried: work or did not work? He proposes a solution that generally fixes the hierarchy or interrupts the sequence of interaction that maintains the problem.

He uses hypnosis tools:

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Confuses the process by dissociation

Amplifies the confusion

Makes Indirect suggestions

Offers alternatives

Proposes metaphores, anecdotes

8. The therapist uses paradox

The therapist prescribes the symptom. Do more the same: low level primitive type of paradox. When you tell people to do what they are doing, they cannot do it any more. Still, paradox is not used systematically, but with oppositional clients when other things didn’t work.

Example: Schedule your anxiety. When can you be anxious and still be safe? If you can bring it on, you can get rid of it. To limit the risk, build safeguards: how do you sense that anxiety is too much? How do you stop it when it’s too much? Activate a sense of control.

9. The therapist gives homework

Often the homework is initiated and enacted during the session.

It extends the therapy to the week and makes the client collaborate with the therapist.

It helps him experiment a small change and allows him to build his strength step by step.

The change disrupts the homeostasis of the system and allows to experiment new behaviors.

The therapist always starts the new session inquiring about the realization of assigned homework. If the homework is done, the therapist compliments the client and listens to his report about how it was and its benefits. If the homework isn’t done, the therapist acknowledges the fact and shifts to an indirect approach.
10. The therapist seems concerned about the progress

The therapist: it is too much. You need to slow down and have real small change. Restraining progress allows client to feel in control, no pressure. Then, he is more likely to do it himself.

11. The client decides when the therapy is over and his goal is reached

The client is master of the duration of the therapy.

Strategic family therapy differs as well in its spirit and procedure of more traditional therapies that are individual, strive to seek the origin of the troubles in the past and expect the change from the insight of the causes of the behavior. The therapist abandons his passive and neutral attitude, limited to interpreting the Speech of his client, to become an actor and partner responsible for the change. Doing so, the therapist gets close to the Gestalt approach and hypnosis and away from psychoanalysis.

II. COMPARISON OF STRATEGIC THERAPY , GESTALT AND HYPNOSIS

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<thead>
<tr>
<th>Strategic therapy</th>
<th>Gestalt</th>
<th>Hypnosis</th>
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<tbody>
<tr>
<td>1. Reality is constructed: there is no truth</td>
<td>Reality is awareness of ongoing experience, actual touching, seeing, moving, doing. What’s real for each of us is what we perceive. Now is all that exists. How covers structure, behavior, the ongoing process.</td>
<td>Hypnosis is a modified, enlarged state of consciousness. We have different levels of consciousness. Our unconscious state is powerful and protects us or intends to protect us by blinding us.</td>
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<td>2. The problem is not individual: it is interactional, in the system</td>
<td>The symptom of the holes in our personality is avoidance. The neurotic person is a person who doesn’t see what is obvious.</td>
<td>The symptom is the result of the conflict between different parts of the client’s personality.</td>
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<td>3. The attempted solution is often the problem</td>
<td>A person only believes she has not her resources at her disposal. She prevents herself from using them by catastrophic expectations.</td>
<td>The intention of the inadequate behavior is to protect the client of a worse situation. Unconsciously, the fear serves a positive intention.</td>
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<td>4. The therapist enters the client’s world</td>
<td>To make a person whole, the therapist first has to understand what in her perception is merely fantasy and irrationality and discover where she is in touch with. Holes in the personality of the client appear in his projection on the therapist. The therapist mirrors him the parts of him he disowned and his potential to own himself.</td>
<td>The therapist observes the language, the modes of perception of his client, his values and beliefs, his strength to be able to speak the same language and communicate with him better.</td>
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<td>5. The therapist changes the meaning by reframing</td>
<td>Nothing has a meaning without its context. The therapist frustrates the client until he is face to face with his blocks, his inhibitions.</td>
<td>The therapist helps the client to understand himself better by helping him to access his unconscious.</td>
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<td>6. The therapist builds a contract with the client</td>
<td>The client decides of his exploration program, its itinerary and rhythm. The therapist accompanies him to guarantee his safety.</td>
<td>The therapist answers his client’s demand</td>
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<td>7. The therapist elaborates a strategy</td>
<td>The therapist provides the person the opportunity to discover what she needs and he creates the situation where she can grow.</td>
<td>Through indirect suggestions and different tools, the therapist helps his client to activate his strengths and initiate the desired change.</td>
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<td>8. The therapist uses paradox: the therapist prescribes the symptom. Do more the same: low level primitive type of paradox.</td>
<td>The symptom is a signal it says “pay attention to me or things will get worse.” It is encouraged and amplified so that the therapist can perceive its meaning. To get the spontaneity, we need to simply understand the now and how and put aside anything else.</td>
<td>The therapist encourages the symptom so that the client is able to feel it and play with it in order to get rid of it.</td>
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<td>11. The client decides when to end the therapy</td>
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