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Strategic Family Theory and Therapy

## I. Introduction

Strategic and Structural family therapy has been heavily influenced by Bateson's cybernetics model. They are mostly intent upon changing behavior rather than insight, and as such are famous for creative interventions. There are 3 main models in this theory

A. The **Mental Research Institute** (MRI) - Started by Jackson who worked with Bateson, as well as with Haley on the Bateson project.

B. The **Haley and Madanes** Strategic approach- They were heavily influenced by Erikson, Bateson, and Minuchin. Erikson believed the unconscious was full of wisdom - thus, he didn't need to give people insight, just help them get access to it on their own.

C. The **Milan Model** - Palazzoli was a prominent Italian psychoanalyst. She and her team of 8 other analysts read the works of Bateson, Haley... and did lots of research. In 1980, they split, with 1⁄2 continuing research and the other doing training.

## II.Major Assumptions

**MRI** - families make common-sense but misguided attempts to solve their problems. The solution selection as well as its success is governed by system rules. The attempts go awry and the result is a positive feedback loop that makes the problem worse. What do you do?

a. identify the feedback loop

b. find the rules governing it

c. change the loops and rules

They are not interested in long term change, insight, or what function the symptom serves in the family; only problem focused behavioral change is important.

B. **Haley and Madanes** followed these same ideas, but with some variations

1. Haley and Madanes were concerned with the function a symptom served, as it marked a payoff in the system that resulted due to the structure of the system. Haley and Madanes studied triadic interaction over long periods of time, say months. Haley even wrote a book on Leaving Home. Haley was particularly concerned with power struggles, and often prescribed the symptom such that the

cost of keeping it up outweighed the gains. Madanes was concerned with incongruous hierarchies, where a child uses symptoms to change the behavior of the parent.

2. Haley and Madanes also formulated that rules followed a hierarchical order, and thus improving the hierarchical and boundary problems would prevent dysfunctional feedback loops from starting, a sort of "plan ahead" strategy.

3. Haley and Madanes believe families go through dysfunctional stages to get to functional ones.

4. finally, Madanes posits four categories of problems resulting from;

a.desire to control and dominate

b.desire to be loved

c.desire to love and protect others

d.desire to repent and forgive

Thus, Haley and Madanes are interested more in short sequences, but also in long ones that last months or years and reflect chronic structural problems.

C. The **Milan Group** read and followed many of the works of MRI and Haley and Madanes, worked with power struggles and boundaries as well, and focused on long time spans spanning even multiple generations. They worked mostly with anorexic and schizophrenic families.

**III.Theoretical Formulations**

### A. Normal Family Development

1. The **MRI** group disdains concepts of "normality." They do, however, believe that families should be able to shift solutions when they aren't working, in order to prevent a run away positive feedback loop

2. **Haley and Madanes** emphasized clear generational boundaries, like the Milan group, but did hold a concept of normality and believed therapy should change the dysfunctional structure and create a more functional one.

3. The **Milan group**, like the MRI, also disdains concepts of "normality." They do, like Haley and Madanes, believe that 2 z 6families should have clear generational boundaries. However, unlike Haley and Madanes but like the MRI's, they believe that the therapy should be "neutral" and not have expectations of families. This way, the therapy helps the family by simply examining the family, asking questions to help them examine their own family structure, and exposing games after which they can redesign their family into a better structure on their own.

**B. Problematic Family Development**

There are three models for problem development;

a. cybernetic (runaway positive feedback loops)

b. structural (flawed family hierarchies)

c. functional (one member develops symptoms to control others)

The MRI use only the cybernetic model, Haley and Madanes use all 3 but Haley stresses the structural and Madanes the functional, and the Milan's use both structural and functional.

Example:

Tommy is 16 and has recently refused to go out of the house.

1. **MRI** would focus on getting Tommy out, believing the parents attempted solutions kept him home.

2. **Haley and Madanes** would focus on the triadic relationship between Tommy and his 2 parents. Haley would wonder about the parents unresolved conflicts and marital struggles, Madanes would wonder about how Tommy staying home helped one or both of his parents.

3. **Milan** would focus on the family's history and hidden power struggles, or family games, in which Tommy is embedded and has to stay home to help a family member "win."

### C. Goals for Therapy

1. **MRI** simply change the current problem (run away positive feedback loop) and send the family home, even if there are other serious problems. Unless the family asks for help on other problems, the therapy doesn't intervene.

MRI's help the family by making them form clear, straight forward, immediate, behavioral goals and sticking to them.

2. **Haley** is also behavioral, concerned with the immediate problem, and anti- insight. Unlike MRI, he wanted a structural re-organization of the family, like the structural therapies, but one which would proceed in steps and have sub-goals along the way all dealing with the presenting problem.

While strategic therapy don't use relationships and personality (supposedly) to achieve their goals and instead rely on strategies, by focusing on the problem at hand, he kept resistance down and built trust with the family. After the immediate problem is resolved, Haley would explore other problems (unlike MRI), but only at this point after building trust. Therapy did not necessarily end with the

immediate problem resolves, but could end with the change in the structural factors that caused the problem.

While both Haley and Madanes take responsibility for change, Madanes believes that additional goals such as happiness and the ability to work, love, and play are

important also.

3. **Milan** held that the therapy was responsible for change, and had to basically manipulate and outwit the family and their games though strategies designed to expose games and reframe member's motives. Palazzoli focused on exposing

"dirty games," and Boscolo on understanding the games and the family better. Boscolo did not take responsibility for the family's change, and wanted to collude with them and get them to make their own changes to whatever new structure they would devise.

### D. Conditions for Change

1. **MRI** believed that by attempting first order change, or change in the behavior, second order change, or change in the system's structure, could be achieved. They don't need insight as to why they have problems, nor do they need to understand why the change in behavior is needed. They simply need to act differently and see for themselves that the family's rules for problem-solving can be more flexible. They try to keep resistance low and motivation high.

2. **Haley and Madanes** also believed insight to be of little use, tried to keep resistance low, and focused on behavioral change, arguing that before the family can think or feel differently, they must act differently.

3. The **Milan** also try to keep resistance low and motivation high. They also try to find the "customer" or the most motivated family member and work with them. While they may not have the "problem," they may be the most motivated for change, and since one person can change a system, they may be the most successful level to use in producing change.

## IV.Techniques

The Strategic approach focused mostly on strategies adapted to the specific situation of the person and problem, as did Erikson. Each of the three models is somewhat different.

A. **MRI** Techniques - there are basically 6 steps to treatment

1. introduction and setup - MRI's limit session to 10 and set up a powerful motivator

2. definition of the problem in clear behavioral terms

3. estimation of the behavior (run away positive feedback loops) maintaining the problem

4. setting goals

5. selecting and making interventions

a. reframing - providing the family with a rational for treatment. The MRI therapist may not believe what they tell the family, but that is unimportant as long as its a rational explanation. The point of it is not to bring insight, but to induce compliance

b. outpositioning - having someone take the role other family members place on them to the extreme

c.paradoxical interventions - compliance based, to simply get the family to change

their behavior by complying with a directive, or defiance based, in the hopes that the family will defy the directive and improve

d. symptom prescription or an exposure based paradox - to expose the family's hidden relationships

e. restraining techniques - telling the family they can't move very fast because they aren't ready

6.termination

B. **Haley and Madanes** use many of the same strategies listed above, but with the hope of changing the family's structure in the long run. Therapy begins by

1. a social stage - everyone is greeted and spoken to in order to make everyone feel more relaxed and less defensive

2. a problem stage - introduce yourself and repeat what you know, then speak to each person and get their opinions and ideas about the problem. Haley engages the father first, and observes all the family members interactions to uncover hidden triangles.

3. an interaction stage - Haley has members talk about differing perspectives on the problem. He can observe then the family interactions around the problem. By asking what they have tried before, he gains information and also underscores the family's need of his help. Haley may end a first session with a simple directive, not advice, but a directive. Haley may prescribe some ordeal, such that the cost of maintaining the symptom is more than the benefit of the symptom. Usually each member is told they will benefit from the directive to increase compliance. Madanes often had people follow a directive by telling them it was just for pretend or play. Haley focused more on restoring power to the parents, while Madanes focused more on creating new and pleasurable interactions for the parent and child. Madanes developed a classification system for families, as well as guidelines for when to use hers, Haley's, or MRI techniques.

C. **Milan** - There are several Milan models. The original model was very strategic. Families were treated by a male and female cotherapist team; therapy were observed by other members of the team; families were seen once a month for only 10 sessions. Therapy were supposed to be neutral and distant. Sessions had 5 parts

1. presession - tentative hypothesis are made

2. session - the hypothesis are tested and refined

3. intersession - the team would meet with the therapy while the family waited

4. intervention - the therapy would return todeliver the intervention. There are several interventions usually used

a. positive connotation - reframe the problem but in a way that the family

members are not blamed or labeled as bad

b. rituals were directives to engage the whole family in some behavior that

exaggerated or broke rules and family myths. Family members may thank each

other for their respective symptoms, mother and father may alternate days for

parental responsibilities....

5. post-session - the team would analyze the family's reaction and plan for the next session

Later, Palazzoli explored dirty games and power struggles in the family, ways to restore boundaries, and separate members. Boscolo continued the interviewing, but made that the focus of his intervention, rather than strategies.