

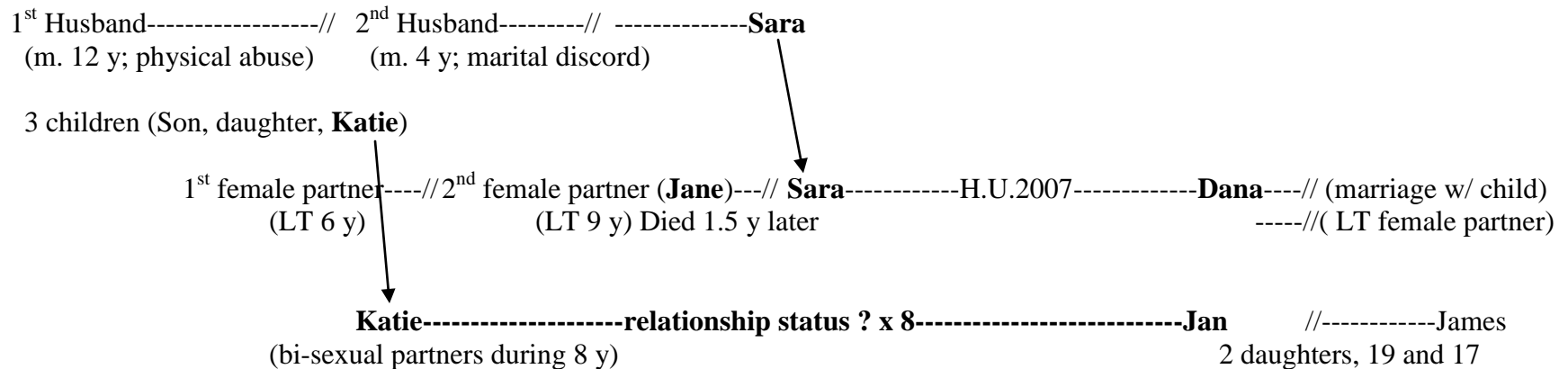
## Therapy with the LGBTQIQQA Population: Conceptualizing Across Theories

Objective: This presentation will focus on the clinical application across various marriage and family therapy theories (i.e., intergenerational, traditional, and postmodern theoretical frameworks) when conceptualizing cases involving the LGBTQIQQA population.

### Conceptualization Contexts

- FAMILY UNIT (Who came? Who else is involved? Who is “the client”?)
- REPORTED CONCERN (What do they say they came to therapy for? What is your guess?)
- FAMILY PICTURE (How do you “see” them?)
- CONTEXTUAL ASPECTS (What else interacts with their picture?)
- MISSING PIECES (What/who is not there that should/could be there?)
- FAMILY INVOLVEMENT (How/where are they in the recovery path?)
- RECOVERY PATH (How are they getting there or expecting to get there?)

Family of Origin resides in just below Mason Dixon Line



## Theoretical Hints

**Intergenerational Theories** – psychodynamic origins; views family of origin and family of choice as inter-connected with past and future generations.

**Bowenian Theory** – views individuals as struggling with ability to self-soothe anxiety, thus would attempt to resolve inner turmoil by bringing in third person to side with him/her against dyadic partner (e.g., discordant parents and child). Goal: to be autonomous and emotionally connected.

1. Genograms
2. Differentiation
3. Fusion/cut-off
4. triangulation

**Satir – Growth Model** – views individuals as made with all necessary resources, but growing up in families with unhealthy communication patterns (e.g., placating, blaming, super reasonable, irrational) results in lowering of self-esteem. Goal: to transform toward congruent communication, thus increasing self-esteem.

1. samenesses and differences
2. Survival stances
3. Experiential events
4. Congruence, affirming language

**Contextual Family Therapy** – views families as living in state of destructive entitlement (i.e., intergenerational patterns of unfairness and injustices). Goal: to move toward constructive entitlement: this is living in a manner that is caring for and being considerate of others.

1. Four Dimensions (history, ind. psych., patterns, relating)
2. Loyalty/Fairness
3. Exoneration
4. Entitlement

**Traditional Theories** – influenced by sociology and in contrast to psychodynamic theory; views families in their nuclear position from a developmental perspective (i.e., newly married; first-born child; parents with adolescents; empty nest; retirement)

**Structural** – views nuclear family in strong traditional perspective (as origins were initiated in mid-1950s). Goal: to restructure family so that proper hierarchy was in place.

1. Joining
2. Boundary making
3. Holons & organisms
4. Spontaneity

**Strategic/MRI** – views dysfunction in a nuclear family’s communication as “playing an unconscious dirty game” (e.g., “whose to blame?”). Goal: through the family’s unknowing use of the therapist’s expertise, the family will change their cyclic undesired behavior to a more desired behavior pattern through paradoxical interventions.

1. Paradoxical intervention
2. Metacommunication
3. Directives
4. Resistance vs. Change
5. Interactional patterns
6. Therapist maneuverability
7. Go slow; reframing/prescribing the symptom
8. shifts

**Cognitive-Behavioral Couples/Family Therapy** – views dysfunctional patterns in families as due to a negative schematic pattern. Goal: to dispute patterns by addressing thoughts, emotions, and behaviors.

1. cognitive distortions
2. techniques
3. Emotions/Beliefs
4. Family schemas

**Postmodern Theories** – in opposition to Traditional Family Theories and initiated through work of Goolishian on collaborative language systems as well as Social Constructionism; i.e., the therapist and client work collaboratively through their understanding and use of a transparent and contextually-filled dialogue).

**Narrative** – views dysfunction as a life story that has not been resolved because the client is using language that keeps his or her perception bounded by that language. Goal: restory (i.e., deconstruct and then reconstruct) the client’s language collaboratively so that a preferred story is developed and becomes client’s life through living that story.

1. Deconstructing of stories
2. Shifting meanings
3. Problem-saturation
4. Preferred story

**Solution-Focused** – views therapy as a very brief experience (including one session) as it attempts to assist clients in resolving the presenting concern only using a behavioral perspective.

1. Possibilities
2. Solution-constructing
3. Pattern of questioning

**Integrative Couples Therapy** – views couple dysfunction as a struggle due to capability, thus interventions guide couple toward emotionally accepting one another as presented and incorporating new tools to promote change. Goal: through use of behavioral interventions and communication skill building, couples interact in a more effective manner (e.g., less discord).

1. Behavioral + communication skills
2. Unifying against the problem
3. Compatibility
4. Acceptance and change

**Emotionally-Focused Therapy/Attachment-Based Couples Therapy** – based in Bowlby’s research on attachment, therapy focusing on repairing attachment injury and then reestablishing a secure base and safe haven with each partner for the other partner.

1. Within and between
2. Attachment/Anxious vs. avoidant
3. Emotional availability/Secure base & safe haven
4. Forgiveness & softening/Relational reframing – alliance building

**Systems Theory** – perspective of family interaction; views dysfunction through scientific lens; families interact in positive feedback loops (i.e., one behavior promotes next behavior, etc. in a cycle) that maintain unhealthy communications and interactions. Goal: therapist enters system willingly to change cyclic pattern to a negative feedback loop (i.e., a new behavior forces change/removal of expected behavior, etc. in a cycle), and then therapist exists system. Thus, therapy aims to move family into an interconnected morphogenesis state (i.e., stable and flexible).

1. Cybernetics
2. Therapist as a part of the system
3. Homeostasis, morphostasis, morphogenesis vs. openness & closedness