NEW AND OLD APROACHES IN SOCIAL ASSISTANCE AND FAMILIES' THERAPIES PRACTICE

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Résumé

La thérapie familiale a débuté avec les années '50, et son évolution n'était pas le même sana la contribution marquante des assistants sociaux. Une présentation des périodes de l'évolution de la thérapie familiale et des formateurs des écoles en domaine est continuée dans cet article d'un court exposé de quelques assistants sociaux initiateurs des modèles thérapeutiques familiaux et de leurs contributions au développement scientifique du domaine.

En se développant comme une entité distincte, la thérapie familiale arrive à temps de créer pas seulement de modèle proches de l'intervention en assistance sociale, mais avec référence directe aux clients de services sociaux. La thérapie familiale et assistance sociale, comme domaines distinctes de connaissance et intervention, ont été enter-connectés et se sont influencés réciproquement tout au long du temps.

Mots clé: thérapie familiale, assistance sociale, approche historique, processus de l'aide, étapes de la thérapie familiale

Chronologic ...

Family therapy developed proper models of intervention by the help of some representative key figures from different areas as social assistance, psychiatry, clinical psychology. Psychiatry added a plus by the psychoanalytic approach, clinical psychology centered on the client, and social assistance by the privilege of direct work with the family, by visits at home and by the interventions that referred to family as distinct unity and part of socio-cultural context.

Therapy of family regards the person's psychological problems as member of one family as being created and maintained into family context. This new contextual perspective moved the responsibility for a problem from an individual to the whole family.

The '50th years marked the beginning of family therapy into four different centers, independently one from another and having as initiators John Elderkin Bell (1913-1995) at the University Clark, Murray Bowen (1913 -1990) at Menninger

Clinics, Nathan Ackerman (1908 – 1971) in New York and Jay Haley (1923-2007) in Palo Alto. (Nichols, M., Schwartz, R., 2005, p. 52)

In this essay of beginning years, the *systems metaphor* was the central concept, and none can be considered the founder of family therapy, but it considers that nobody has a more great influence on the manner in which families must be thought, as Gregory Bateson (1904-1980) and Milton Erikson (1901-1980).

In the beginning period, family therapy maintained and developed also because it explored neglect zones of psychiatry and psychology such as the services for children and pauper families, but also because the unity of intervention has exchanged – not the individual was referred to, but the family as a whole.

The first form of family therapy that has none other form in of individual therapy is the family therapy of communicational type. Communicational approach becomes very well-known in the same time with the Palo Alto School researches. Beside Bateson which develops the concepts of *digital communication* and *analogical communication*, Don D. Jackson (1920-1968) and John Weakland (1919-1976) had important contributions too, and they are those who insist on communication clarify, on status and family organization.

Later, in having as base the communicational therapy, some therapists as Virginia Satir (1916-1988) develop the *experiential therapy of communication* courant, and Jay Haley (1923-2007) develops the *strategic therapy* of family, in insisting on the repetitive sequences that stay at the bases of the family structure, and Salvador Minuchin puts the bases of an important courant of family therapy, the *structural therapy*, the accent is put on the family hierarchical organization in this model. (Mitrofan. I., Vasile, D., 2001, pp. 2-5)

In the '70th years it passes from the group therapies influence to the family therapy schools development. Kurt Lewin's researches that conducted to the idea that a group I more then the sum of its component parts constitutes a fort point in family therapy development. Moreover, the interdependence among a group members, such as in a family, looked to stabilize some maladaptive models of behavior, and the exchanges within group behavior produced only after the group lack of balance. This technique was taken over also by some family therapeutic models. The principles of the dynamics of group were relevant for the family therapists that are not working only with physical persons, but also with the entire familial system.

Into action dynamics, the family therapists understand not only what the family group members said (the content of the sent message) but also the manner in which these ideas are communicated (process). A series of other aspects of the dynamics of group has contributed to the development of other approaches within family therapy, and some of them are used today too, such as *the therapy of multiple family* that represents a family therapy in which five or six familial groups participate simultaneous at a therapy of group with opened end.

The '70th - '80th years are known as gold period of the family therapy. The '70th years apart to Minuchin and to the structural therapy, a therapy that looked to offer a simple significant model, a set of direct steps to treatment, and the '80th years are marked by the strategic therapy. The established models in this period of the '80th are (1) *group of short therapy* from *MRI*, represented by Paul Watzlawick (1921-2007), John Weakland (1919-1995) and later by Robert Fisch, Lynn Segal, Arthur Bodin, Wendel Ray; (2) *therapy of problems solving/ strategic*, represented by Jay Haley (1923-2007) and Cloe Madanes, and (3) *Milan's group/ systemic therapy*, having as representatives Mara Selvini Palazzoli (1916-1999), Gianfranco Cecchin, Luigi Boscolo, Giuliana Prata and so on. (Nichols, M., Schwartz, R., 2005, p. 47)

While the structural and strategic approaches arrived at their maturity, they began to lose their popularity, and other four models begin to outline: (1) the *experiential model* – having as representatives Carl Whitaker (1912-1995), Virginia Satir (1916-1988), Walter Kempler s.o.; (2) *psychoanalytic model* – among those which have incorporated the psychoanalytic theory into the family therapy are also Michael Nichols, Helm Stierling, Henry Dicks, David Scharff and Jill Savage Scharff, Samuel Slipp s.o., (3) *behavioral model* – as representatives are Neil Jacobson (1949-1999), Gerry Patterson, Robin Skynner (1922-2000), Robert Weiss, Richard Stuard, Michael Crowe, Norman Epstein s.o..; 4) *transgenerational* or *bowenian model*, with the representatives Murray Bowen (1913 -1990), Iván Böszörményi-Nagy (1920-2007), Betty Carter, Monica McGoldrick s.o. – models that are attaining different degrees of maturity in short periods relatively.

The '90th years bring within family therapy the idea of renouncing at the expert position used in the schools from that times and make accent on the force/power that the family has (family is the expert) and of the cultural and social context too. Representatives of that period and founders of school in domain, Michael White (1948 – 2008) and David Epston are those which consider that even from birth the human is modeled by his family and the culture from which he makes part, and these create to him the manner in which he perceives and speaks about himself and about the world. This premise stays at the bases of the new model – narrative therapy. The narratives think that the principal source of solutions is within the client interior and in his social network, and not within the therapist. Persons that make appeal to the family therapy are seen as having resources and potentialities, and client problem is not identified with the client himself; it is simply a problem with its own identity different from the client.

A final chapter in family therapy evolution is marked by the *integrator models* turning up. This approach encourages a combination between an interpsychical model (individual) and one of the interpersonal dynamic model or with systemic components. The result is to create new coherent, flexible, integrator models, having as bases such the eclectisme or the selective loan, or the innovation.

Among the representatives are William Walsh, Whilliam Nichols, Bill Pinsof, Joseph Eron, Thomas Lund, Virginia Goldner, Gillian Walker s.o.

Integrator models developed and mentioned in specialty literature are the *metacadres model*, represented by Douglas Breunlin, Richard Schwartz and Betty Mac-Kune-Karrer s.o., *integrator therapy centered on the problem*, represented by Willian Pinsoff s.o., *narrative solution approach*, represented by Joseph Eron and Thomas Lund, *integrator therapy of the couples*, represented by Neil Jacobson and Andrew Christensen s.o., *marital therapy of short time*, representative Alan Gurman. At all these models are added the *models* conceived for resolving the *specific clinic problems*, such as working with the violent families, a model developed by Virginia Goldner and Gillian Walker, and the *therapy of communitarian family*. Some other integrator model mentioned into the specialty literature are mixtures between the strategic and behavioral therapy, structural and strategic one, psychodynamic and systemic that.

During the time, the fundamental theses of family therapy suffered some modifications. In this way, the first family therapists gave more importance to evaluation and exchange of the sequences of behavioral interaction round about the problems, and after that the sequences were considered as manifestations of the family hidden structures and the structure became the exchange's target. Later, the structure of a family was seen as the product of a complex process on a long term, and the therapists directed their interventions to these situations. Recently, the therapists thought that these situations didn't appear into a vide space in manifesting interest for the cultural influences.

We can say that the family therapists understand the family and treat the problems as a series of existent movements and contra movements in cycles that repeat themselves, and they are not interested in that one which launched a problem, in "who began". Family is the problems context and it has emergent properties (the whole is greater than the sum of the component parts), properties classified in two categories: structure and process. Families' structure includes the limits, subsystems and triangles – patterns of interaction that are defining and stabilizing the relationships form, and the *process* describes family's interactions, the emotional reactivity, dysfunctional communication, and circularity – actions that are in relation by a series of circuits, loops or repetitive cycles. (Nichols, M., Schwartz, R., 2005, p. 53)

Social assistants and familial therapists

As we presented at the work's beginning, social work/assistance had an important contribution in family therapy forming and evolution. Centered on the support offered to the parents, counseling and parental education, but also on social performs for the pauper families, and specialized interventions for families in situation of crisis, the assistance domain made that important names become

formers of schools in family therapy. Social assistants as Virginia Satir, Lynn Hoffman, Betty Carter, Monica McGoldrick and Peggy Papp s.o. in the USA, Michael White in Australia, John Burnham, Gill Gorell Barnes and Bary Mason in Great Britain s.o., founded and developed new approaches in family therapy. (Carr, A., 2006, p. 51)

Virginia Satir (1916-1988), social assistant, representing the experiential therapy family, co-founder of the Neuro-Lingvistic Programme (NLP), a real legend, considered the most renowned humanist therapist of experiential orientation and of communicational tradition brought in the first plan the diagram of the roles within the family.

Among her published works, I mention here: (1976) Making contact. Berkeley, Calif: Celestial Arts./ with Bandler R; Grinder J (1976). Changing with families: a book about further education for being human. Palo Alto, CA: Science and Behavior Books / (1978). Your many faces. Berkeley, Calif: Celestial Arts. / with Stachowiak J; Taschman HA (1994). Helping Families to Change. Northvale, N.J: Jason Aronson. / (1983). Conjoint family therapy. Palo Alto, CA: Science and Behavior Books. / with Baldwin M (1983). Satir step by step: a guide to creating change in families. Palo Alto, CA: Science and Behavior Books. / (1988). The new peoplemaking. Palo Alto, CA: Science and Behavior Books/ (1976). Making contact. Berkeley, Calif: Celestial Arts. with Gomori M; Banmen J; Gerber JS (1991). The Satir model: family therapy and beyond. Palo Alto, CA: Science and Behavior Books. / (1972/1990 (reissue), Peoplemaking. Souvenir Press Ltd.

Lynn Hoffman, social assistant, editor at Journal of Marital and Family Therapy and Family Process. Formed in Gregory Beatson's School and in affirming herself as **strategic therapist**, is the adept of the post-modernist integrator models at the moment.

Among her published works, I mention here: (1976). *Making contact*. Berkeley, Calif: Celestial Arts./ with Bandler R; Grinder J (1976). *Changing with families: a book about further education for being human*. Palo Alto, CA: Science and Behavior Books / (1978). *Your many faces*. Berkeley, Calif: Celestial Arts. / with Stachowiak J; Taschman HA (1994). *Helping Families to Change*. Northvale, N.J: Jason Aronson. / (1983). *Conjoint family therapy*. Palo Alto, CA: Science and Behavior Books. / with Baldwin M (1983). *Satir step by step: a guide to creating change in families*. Palo Alto, CA: Science and Behavior Books. / (1988). *The new peoplemaking*. Palo Alto, CA: Science and Behavior Books/ (1976). *Making contact*. Berkeley, Calif: Celestial Arts. with Gomori M; Banmen J; Gerber JS (1991). *The Satir model: family therapy and beyond*. Palo Alto, CA: Science and Behavior Books. / (1972/1990 (reissue), *Peoplemaking*. Souvenir Press Ltd.

Betty Carter, social assistant, contributed outstanting in **transgenerational family therapy**, being one of the authors of the theory of family life cycles with Monica McGoldrick. Carter extended the matrix of familial life cycle taking into account also the steps of the divorce and family reconstruction (remarried). Her therapeutically model is addressed to reconstructed families.

She published in (1999) with McGoldrick, *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives*, IIIrd edition, Allyn & Bacon Classics Edition / (1988) with Monica McGoldrick, *Changing Family Life Cycle: A Framework for Family Therapy*, Hardcover.

Monica McGoldrick, social assistant, adept of the transgenerational model, that she completed it. She published with Betty Carter, theory of family life cycles and explains the genogram as fundamental technique in working with families. For she's contributions in developing the theory and practice into familial therapy, she received a lot of international distinctions.

She published in (2002) Re-Visioning Family Therapy: Race, Culture, and Gender in Clinical Practice, Paperback, / (1998) You Can Go Home Again: Reconnecting With Your Family, Hardcover / (2007) with Randy Gerson, Sueli Petry, Genograms: Assessment and Intervention, Second Edition (W.W. Norton) / (2005) with Joseph Giordano, Nydia Garcia-Preto, Ethnicity and Family Therapy, Second Edition (Guilford Press), / (2005) with Derald Wing Sue, Multicultural Social Work Practice, e-book, / (2004) with Froma Walsh, Living Beyond Loss: Death in the Family (Second edition), W W Norton & Co Inc, / (1999) with Betty Carter, The Expanded Family Life Cycle, Third Edition (Allyn & Bacon/Simon & Schuster), / (1989) with Froma Walsh (Editor), Carol M. Anderson, Carol M. Anderson (Editor) Women in Families: A Framework for Family Therapy, Hardcover / (1986) with Randy Gerson, Genograms in Family Assessment, W W Norton & Co Inc. / (1980) with Elizabeth A. Carter, The Family Life Cycle: A Framework for Family Therapy.

Peggy Papp, social assistant, professor at the Ackerman Institute, recognized as familial therapist by several received distinctions, tackles the problematic of gender in family therapy originally, and proposes an eco-systemic model for the families with a depressive member.

From she's publications, I mention here: (2001, 2000) Couples on the Fault Line: New Directions for Therapists, Guilford Publications, Inc. (1977) Family Therapy: Full Length Case Studies, Wiley, John & Sons, Incorporated, (1988) with Marianne Walters, Betty Carter, Olga Silverstein, Invisible Web: Gender Patterns in Family Relationships by Guilford Publications, Inc., (1994) with Stephen R. Shirk, Process of Change, Guilford Publications, Inc., (1988) with Marianne Walters, Betty Carter, Olga Silverstein, Invisible Web: Gender Patterns in Family Relationships, Guilford Publications, Inc., (1983) with Donald A. Bloch, Process of Change, Guilford Publications, Inc.

Michael White (1948 – 2008), social assistant, **founder of the narrative approach into familial therapy**. "All those who followed White in his therapeutically work say that he listened very attentively being entire centered on the person; he determined it to feel that its history is the most important for him; in addition he was preoccupied for that person more then this person preoccupied itself for it." Michael White affirmed several times: [...] "Ever matters the step size that is makes, but its direction." (Mitrofan, Vasile, 2001, pp. 223-224)

Among published works by Michael White I mention here the following: (1997) *Narratives of Therapists' Lives* (Adelaide, South Australia: Dulwich Centre

Publications, / (2000) Reflections on Narrative Practice (Adelaide, South Australia: Dulwich Centre Publications, / (2004) Narrative Practice and Exotic Lives: Resurrecting diversity in everyday life (Adelaide, South Australia: Dulwich Centre Publications, / (1989) with David Epston, Literate Means to Therapeutic Ends (Adelaide: Dulwich Centre Publications, / (1990) with David Epston, Narrative Means to Therapeutic Ends (New York: W. W. Norton, / (1992) with David Epston, Experience, Contradiction, Narrative and Imagination: Selected papers of David Epston & Michael White, 1989-1991 (Adelaide, South Australia: Dulwich Centre Publications, / (2007) with Alice Morgan, Narrative Therapy with Children and their Families (Adelaide, South Australia: Dulwich Centre Publications, 2006/Maps of Narrative Practice, New York: W.W. Norton.

Gill Gorell Barnes, social assistant, one of the pioneers of the family therapy in UK, professor at the Institute of Familial Therapy in London, adept of more therapeutical familial model. His last activity is centered on the study of children's experiences passed by them during their parents' separation, of divorce or family reconstruction and during the elaboration of some therapeutical models adequate for these situations.

He published in (2004, 1998) Family Therapy in Changing Times (Basic Texts in Counseling and Psychotherapy), Palgrave Macmillan / (1984) Working with Families (British Association of Social Workers (BASW) Practical Social Work) / (2009) with Elaine Arnold, Working with Families of African-Caribbean Origin: Understanding Issues Around Immigration and Attachment/ (2000) with Gorell Barnes, Gwynneth Down, and Damian McCann, Systemic Supervision: A Portable Guide for Supervision Training, / (1999) with Emilia Dowling, Working with Children and Parents Through Separation and Divorce: The Changing Lives of Children (Basic Texts in Counseling and Psychotherapy) / (1997) with Paul Thompson, Gwyn Daniel, and Natasha Burchardt, Growing Up in Stepfamilies/ (1997) with Archie, Jr. Smith, Navigating the Deep River: Spirituality in African American Families.

John B. Burnham, social assistant, **systemic** familial therapist, with Barry Moson contribute to the development of new techniques in their work with families.

Among his publications, I mention here Family Therapy, Routledge, (1986) / Family Therapy: First Steps towards a Systemic Approach, Routledge, (1988) / (1995) Systemische Familienberatung, Edition Sozial Beltz /Rim of Mystery, Hardcover.

Barry Mason, social assistant, debuted as familial therapist of a strategic orientation, in having as model Salvador Minuchin, and later he contributed to the systemic model, in centering upon the pauper family therapy and the importance of cultural influences into therapy.

He published inn (1991) Handing Over, Karnac Books / (2004) with Carmel Flaskas, Amaryll Perlesz, The Space Between: Experience, Context and the Process in the Therapeutic Relationship (Systemic Thinking & Practice) / (2002) with David Campbell, Perspectives on supervision, Karnac Books, / (2002) with

Alice Sawyerr *Exploring the Unsaid: Creativity, Risks and Dilemmas in Working Cross-culturally* (Systemic thinking & practice series).

I mention here only a little part of the familial therapists which passed a formation as social assistants without a pre-established criterion in select them, and I intended only to give some examples here. A complete list with names from social assistance that became recognized family therapist is too difficult to realize now and very small for an article pages.

In this work I do not refer only to present some contributions that some names had in scientific development of family therapy domain, but I'll try to mark some aspects that unify these two areas, especially in intervention.

Helping process in social assistance and family therapy

The central paradigm of social assistance, indifferently from the historical period, was "to treat the person in its milieu", a paradigm used before that the systems' theory to be introduced within family therapy, and anticipating the ecological approach of the family therapy. Moreover, case studies with families represented an important objective in knowing and developing theories from social assistance.

"Social diagnosis", as it appears named in the first works in social assistance, (Mary Richmond, 1917) represents the family evaluation as an whole, and the intervention is seen as prescription of a "treatment" of the whole family, without exclude family members from their own life context. (Nichols, M., Schwartz, R., 2005, pp. 19-20)

In social assistance, family is not an isolated entity, but it exists into a specific social context that influences it and that it influences it too in several sizes. It can talk about system, super-system and their interdependence, about eco-system into social assistance.

In social assistance practice, an important source in intervention represents the ecosystemic perspective which "(1) presents a dynamic image of human beings that are interactioning into context; (2) underlines the importance of transactions among human systems; (3) follows the manner in which the human behavior and the interactions evolute in time, as reaction to the intern and extern forces; (4) describes daily behavior as an adaptation of the person to divers situations; (5) conceptualizes all interactions as adaptable or logic in context; (6) reveals multiple possibilities of change for persons, their social groups and their social an physic milieus." (Miley, O'Melia, DuBois, 2006, p. 56)

In familial therapy, the systemic theory is that which is on the bases of each approach while the ecosystemic perspective characterizes the postmodernist period.

If the understanding the family as a system represents a constant for the two domains of activity, there are common elements found also into intervention/helping process.

As distinct stapes in intervention, we find planning, evaluation, treatment and therapy finalization into familial therapy, and the helping process in social assistance that passed in time by multiple adaptations and re-adaptations contains in the last period: case taking over, evaluation, intervention (with services planning, services delivering, monitoring and reevaluation) and case finalization (figure 1).

Over the similarity from the stages, the two areas of action are governed also by ethic codes that contain likewise principles where the client/ patient interest is prioritar, and the objectives /work hypotheses readapting during the intervention is another common element to the intervention into social assistance and family therapy. Moreover, as social assistance, as family therapy share the same target group excepting necessary situations.

Within one of his works, Bell elaborates the thesis about the therapist provokes the exchange into familial group if he respects five postulates: (1) in all social groups, and especially in family, communication and interaction are structures among some operational limits that produce stereotype patterns of reaction among family members, and also a restriction concerning the permitted delimitations of individual behavior. (2) Majority of great children and heir parents have at their disposal possible behavior patterns, out of all those used within the family. (3) Therapist is a figure from its community face to whom the family individual member could manifest a behavior that can be extend over all what he shows normally into his family. (4) As a reaction to the new revealed patterns, the other family members must revise the stereotypes that refer to that individual, must re-evaluate him, reaction to him with new attitudes and new accommodations of his own behavior. (5) Family consolidates the new patterns after it developed new modalities of interaction, based on the mutual engagement that says that these are better and must be continued. (Erickson, Terrence, 1972)

Social assistance and family therapy evaluated and developed all together within the social champ, the social assistance being one the bases of starting for family therapy, and the family therapy develops in time models addressed to families in difficulty, to pauper families, to families that make appeal to social services.

During the time, social assistants saw the importance of family therapy into intervention, in giving a plus of value to the creation and developing of domain by their experience. In family therapy, social assistances passed from the communicational approach to the experiential that – centered on emotion, and then to the systemic, transgenerational, ecosystemic one and they arrived to develop also integrator models too.

Stages of family therapy and helping process in social assistance (figure 1)

STEGES OF FAMILY THERAPY

(Carr, 2006, p. 216)

STAGES OF CASE MANAGEMENT IN SOCIAL ASSISTANCE

(Cojocaru, Cojocaru, 2008)

PLANNING

Establish what persons will participate at meetings Meetings planning (number, frequency, duration)

EVALUATION

Realize the evaluation contract Administrate the provocations Complete the evaluation form Form the therapeutic alliance Offering the feedback

TREATMENT

Establish the therapeutic objective and elaborate the contract of treatment

Intervention – apply the therapeutic model

Administrate the resistance in exchange

IDENTIFICATION, EVALUATION AND CASES TAKING OVER

Pointing out registration

Establish persons that will be interviewed for the evaluation

Establish the emergency of case taking over Identify and define beneficiary's problem

DETAILED/COMPLEXE EVALUATION

Comprehensive and multidimensional evaluation of needs (what must be changed; when it can be made the change; how much it can be changed)

SERVICES AND INTERVENTIONS PLANNING

Formulate the objectives

Evaluate possible strategies

Services and interventions planning is concretized by realizing

Services Plans (SP)

Individual Plans of Protection (IPP)

Plans of Specific Intervention (PSI) – for child protection

- Plan exchange in failure case

SERVICES AND INTERVENTIONS DELIVERING

Services offered by delivers of services are primary services which refer to all services of prevention and specialized services

MONITORING AND PERIODIC REEVALUATION

Monitoring realizes on interventions, but on the manner of their realizing too

Progress evaluation

Evaluation of the relationship between social assistant and beneficiary

Social services evaluation

ENDING THERAPY

Understand the ending therapy as a distinct step of the therapeutic process
Discussions on the passed exchanges
Exchanges exercising

Ending therapeutic process

CASE CLOSING

Case closing is realizing generally when it attained the proposed aim in the intervention beginning, when social assistance process is not necessary, but the beneficiary gets it optimum capacity of autonomy.

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