Systemic Couple Therapy for Depression
Jones & Asen

Basic Competences

Knowledge of systemic and psychological principles that inform the therapeutic approach

An ability to draw on knowledge of systemic theory, including structural, strategic, and social constructionist ideas.
An ability to draw on the systemic knowledge concerning the development of depression including :
the knowledge that current symptoms and behaviours are maintained by the client's various relationships and contexts.
the application of the idea of 'circular causality', accepting that actions may be both a consequence of, and trigger for, other actions, which affect both the individual and wider system.
the knowledge that a client's ability to adapt to and manage a potentially pathologising event may determine the subsequent behaviour and interactions of the couple.
an appreciation that the client's referral for professional help may be a result of previous unsuccessful attempts to resolve the problem,
maintaining an "open minded curiosity" to encourage exploration of experiences of the couple and their meaning in the current situation.

Ability to clarify the aims and focus of treatment

An ability to contextualise the presenting symptoms, placing them in the context of the individual's current and past relationships with family members and significant others, as well as wider social and cultural factors and discourses.
An ability to explore with the couple the history and meaning of their current situation and how they have tried to solve the difficulties.
An ability to use effective questioning with the couple to illustrate possible courses of action, allowing them to reach their own conclusions about appropriate behaviour.
An ability to elicit within the couple knowledge of the resources they have to develop interactional patterns that do not include the symptom(s) and associated behaviours.
An ability to equip the couple with the knowledge they require to resolve the problems on their own.

Ability to develop the treatment strategy

An ability to draw on knowledge of the general process of systemic couple therapy as it relates to depression
An ability to draw on knowledge of the different phases of systemic therapy as a whole, and also the phases within each therapeutic session
An ability to foster an appropriate therapeutic relationship by engaging the couple through maintaining curiosity and creating a safe context in which the couple's dilemmas can be expressed

An ability to explore the problem by:
eliciting information about how the problem has developed over time, the effects and the responses it engenders in others, and the meanings that are attributed to it
linking current problems to multigenerational patterns in the past, and fostering an understanding of what is contributing to their current form
paying attention to reported successes
exploring previous attempts to resolve the problem
An ability to progress the therapeutic process by:
recognising the need to be less problem-focused once initial concerns have been addressed and concentrating on the wider patterns that are maintaining (and being maintained by the problem)
focussing on the present and on altering habitual patterns of behaviour and/or belief that may be maintaining actions or symptoms
allowing the clients to become more active as therapy progresses in setting the agenda for sessions

Ability to promote joining and engagement

An ability to develop a therapeutic alliance that will allow therapist-introduced differences to be explored in a safe context through:.
putting the couple at ease and helping them feel comfortable in their surroundings
maintaining a stance of curiosity towards ideas, avoiding directly challenging behaviour
accepting and not challenging the presenting problem early in treatment (e.g. for the first two sessions)
giving equal time, attention and validation to more than one belief system and point of view within the session.
checking with the couple to determine whether he/she has understood what they are saying.
using a sympathetic, non-judgemental listening technique
monitoring how they (the therapist) may be perceived by the couple (for example, ethnicity, age, gender, class)

Ability to adapt the therapeutic stance

An ability to alter the therapeutic stance in accordance with how the therapy is progressing so as to:
take a non-blaming stance, by using sympathetic, non-judgemental listening techniques to understand respectfully how the couple have become stuck in difficult relationship patterns.
take a collaborative or co-constructive stance to invite feedback and questions from the client and family about the therapist's work and on tasks/events between sessions
adopt a stance of 'not knowing' which communicates to the client a genuine attempt to find out about their experiences and their understanding of them
maintain a stance of open-minded curiosity toward ideas, a person's point of view and outcomes
An ability to monitor the way in which the therapist may be perceived by clients, and the effect this may have on establishing a trusting working relationship

Ability to focus on strengths

An ability to access both the individual's and the couple's resources and strengths which may lead to more creative and appropriate solutions.
An ability to adopt the appropriate therapeutic stance and use the following techniques to allow access to these strengths by:
identifying competence in both individuals and in the couple's relationship, and identifying behaviours that have a positive effect on the couple
identifying past and current positive elements in their relationship
identifying exceptions to the depressive behaviour and reframing these positively as possible solutions
promoting small incremental changes

Ability to end treatment

An ability to draw on knowledge of when to bring treatment to an end
An ability to bring sessions to an end, acknowledging that relapse may occur, and anticipating this and addressing with the couple ways in which to prevent this.

Specific Competences

Ability to use hypothesising

An ability to formulate and test systemic hypotheses before, during and after therapy sessions including hypotheses that relate to:
the meaning of symptoms or problems
the reasons for referral;
the factors involved in the development and maintenance of the problem
gender and difference issues
An ability to develop hypotheses that attempt to explain the client's presenting symptoms in terms of the contexts in which they occur including hypotheses about:
the meaning of depression (e.g. as communication, system maintenance, or metaphor),
treatment as a couple,
maintenance and precipitating factors in relation to the depression
An ability to hold in mind and consider more than one hypothesis simultaneously, so as not to regard a hypothesis as a factual statement.
An ability to change hypotheses in relation to information and feedback in the therapy sessions.

Ability to use questioning techniques

An ability to use various questioning techniques to explore with the couple issues of difference, how they may be perceived in the other's eyes and the definitions of relationships.
An ability to use circular questioning to alter the couple's ways of thinking and behaving, in order to change the balance in the relationship, for example by using:
hypothetical questions and feed-forward questions
comparison questions
ranking questions
triadic questions
observer perspective questions
An ability to be responsive to feedback from the couple, shaping future questions appropriately.

Ability to use enactment

An ability to ask the couple to enact a transaction in the session (e.g. discussion, familiar argument, decision making).
An ability to observe an interaction in the session, looking for repeating sequences.
An ability to focus on a specific issue and then use the following techniques to find new resolutions in the session through:
raising the possibility that the couple interact around the issue
prolonging the time sequence
blocking parts of the transaction
exploring alternative transactions
interrupting a usual escalating interaction between partners by engaging one of the couple in a dialogue with him/herself.

Ability to use problem solving techniques

An ability to elicit a definition of a problem by tracking how problematic events occur.
An ability to encourage the couple to develop a detailed description of the events that lead to conflict or depression and then enable the couple to develop a problem solving stance through:
agreeing the exact nature of the problem sequence
specifying desired outcomes (goals)
listing previous (failed) solutions
tracking the pre-problem sequence of events
identifying early preventive actions
brainstorming other possible solutions, and highlighting the advantages and disadvantages of proposed solutions
choosing one specific solution
formulating a detailed plan to implement this solution
speculating about the consequences of implementing a specific plan, and discussing how to review its outcome.

Ability to adopt a challenging perspective

An ability to use a range of techniques to challenge belief systems and/or behaviours to facilitate different perceptions or interactions.
An ability to use the following 'challenging techniques':
unbalancing - where the therapist temporarily joins and supports one individual at the (apparent) "expense" of the spouse, by taking their point of view.
intensification – where the therapist increases the affective component of a transaction by increasing the length of time in which it occurs, or frequently repeating the same message, or by physically or emotionally altering the distance between the couple.
testing boundaries – by challenging each individual's and the couple's boundaries (e.g. their perceptions of private space, `ability to be close, emotional responsiveness, making decisions or use of hierarchies).
disrupting – where the therapist may interrupt a monologue by one partner by asking the partner to join in
perturbation – where the therapist is active in using challenging and persistent circular exploration of themes in order to disrupt the organisation of the system (so that new patterns can be found that are not structured) around the symptom.

Ability to use family life-space techniques

An ability to construct a genogram with the couple in a way that guides the couple to make new discoveries and connections.
An ability to use visual techniques with the couple to encourage them to make diagrammatic representations of their past, present and/or future life with the intention of allowing the couple to challenge each other's perceptions and discuss how to do things differently in the future.

Ability to use reframing

An ability to re-describe in a different (usually positive) way ideas and descriptions given by the couple, in a way that fits the facts of the situation but changes its meaning and potentially the behaviours of the couple.

Ability to use inter-session tasks (homework)

An ability to create appropriate tasks for clients to perform at home that are constructed out of the ideas generated with the couple in the session.
An ability to identify and develop in collaboration with the couple a range of homework tasks including:
the use of a controlled argument about a specified agenda once weekly at a set time for a certain period
the use of diary keeping (separately or jointly) of observable activity
the prescription of "once-weekly physical closeness" or "odd and even-days" strategy
the prescription of more autonomy for either partner around specific issues
the encouragement of partners to experiment with perceiving one another differently and disrupt habitual assumptions that maintain the patterns of interaction around the depressive symptoms.
a focus on positives by asking the couple to list (separately) what they do not want to change about their partner

Ability to address issue related to gender

An ability to draw on knowledge of the different presentations of depression in men and women.
An ability to question gender roles so that clients can identify their "gendered belief systems" in relation to their current and past relationship patterns, and to the meaning and maintenance of the symptom.
An ability to raise these gender issues in relation to the following:
patterns of parenting
violence within the relationship
expression of emotions
financial implications of any change in relationship (e.g. as this affects possibility of separation)
close confiding relationships between women, and how these may impact on the couple's relationship.
use and abuse of power in relationships
family patterns and traditions of both partners in relation to gender
wider social context and its influence on the construction of male and female gender roles.

Ability to offer 'non-couple' sessions

An ability to offer individual sessions to either/both partners.
An ability to meet with an individual while clarifying that the therapist would not hold a secret in relation to the absent partner.
An ability to bring other family members in to the session (e.g. grandparents or children).

Ability to deal with separation

An ability to maintain a neutral stance in relation to one or both partners' threat of separation, or to a decision by the partners to separate
An ability to consider with both partners the implications and consequences of a separation using systemic interviewing techniques

Ability to manage suicidal threats

An ability to indicate that neither the therapist nor anyone else can stop someone who is determined to kill themself
An ability to obtain, as a condition of therapy, an anti-suicide contract between the client and therapist, in which the depressed person agrees not to make an attempt (this should also specify what action will be taken, if in the event, s/he feels that this agreement can no longer be kept)

Ability to respond appropriately to violence

An ability to identify hints of violence in the couple's narrative
An ability to ask specific questions about the frequency, occurrence and context of violence.
An ability to ask specific questions about issues related to safety
An ability, where the man is violent (the majority of cases), to help the man take responsibility for controlling the expression of his aggression, and to help the woman to take responsibility for ensuring her own safety.
Ability to judge (in terms of risk) when to work with the couple together and when to offer individual sessions.
An ability to offer information about places of safety (e.g. women's refuges), either in the presence of the man or in a separate session, depending on the judgement of the therapist.
An ability to liaise with appropriate agencies to help make the client safe (e.g. women's refuge, housing department).

Anorexia Nervosa:
Treatment protocol for adolescents and their families

(Eisler and Lock Combined Framework)

Knowledge

Knowledge of the structure of the intervention

An ability to draw on knowledge that the treatment can be seen as having three phases:
engagement in treatment
helping the family to challenge the symptom
exploring issues of individual and family development

Knowledge of eating disorders

An ability to draw on knowledge of the signs and symptoms of eating disorders and related disorders in order to achieve an accurate diagnosis of anorexia nervosa
An ability to draw on knowledge of the effects of starvation on:
physiological processes
cognitive processes
on mood
An ability to draw on knowledge of the physical risks of starvation (immediate and future)

Knowledge of parenting and child/adolescent development

An ability to draw on knowledge relating to positive parenting (e.g. a focus on reinforcing appropriate behaviour and the avoidance of punishment) and resilience factors (e.g. ability to cope with crises, manage difficult transitions) that are associated with a positive outcome
An ability to draw on knowledge of developmental issues associated with adolescence

Assessment and Engagement

Ability to undertake a systemic assessment

An ability to integrate ongoing assessment and therapy throughout all stages of the intervention
An ability to consider the implications of the referral process for treatment, including:
the role of professionals in the generation and management of the referral
the history and relationship of the family with other helping systems (particularly when there has been multi-agency involvement)
An ability to identify those factors which may impact on the eating problem (e.g. changes in relationships with peers, physical changes in the adolescent, emerging sexuality, family conflicts)
An ability to assess the family structure and interaction patterns including:
its hierachical structure
the nature of boundaries (whether rigid or 'permeable')
family communication styles
alliances and coalitions
sub-systems within the family

Ability to assess the impact of the eating disorder on the family

An ability to gather information about the history of the eating disorder
An ability to gather information about the ways in which the family has attempted to manage problems associated with eating
An ability to explore family beliefs about the problem and its development
An ability to assess how the family have become caught up in processes focused on anorexia and:
the ways in which this prevents them from using their resources and strengths
how this might need to change in order to initiate recovery
An ability to elicit different family members' "narratives" about their experience of the problem
An ability to notice when family members may be feeling guilty or blamed, and to address this early on

Ability to assess medical risk

An ability to assess the severity of the anorexia
An ability to work in a multidisciplinary team to get a detailed medical and risk assessment of the young person in order to ensure physical safety and permit outpatient treatment
an ability to use this assessment as part of the process of engaging with the family.
An ability to establish procedures for monitoring the client's weight, either directly or by liaising with a healthcare professional who is regularly weighing the client

Ability to convey the rationale for a family intervention

An ability to emphasise that the primary task is to overcome the young person's anorexia rather than to focus on the causes of the problem
An ability to explain that the reason for meeting the family is not because they are seen as the source of the problem, but because they are needed to help the young person to recover
An ability to convey that all families get caught up in the processes around anorexia, that this may prevent them from using their strengths
an ability to explain that the aim of therapy is to understand how this happened for this particular family, and how this might need to change in order to start the process of recovery
An ability to convey to the family that although the therapist (and team) have expertise in eating disorders, this is different from knowing what a family will need to do to overcome the problem
An ability to give an account of the development and course of the disorder and the impact of and course of treatment so as to establish a timeframe for recovery that goes beyond the immediate problem(s)

Ability to give information to the family while maintaining a therapeutic stance

An ability to impart information to the family while drawing on knowledge of the potential problems associated with taking an expert position (e.g. undermining the family by reinforcing a sense of dependency on professionals, or risking allying the therapist with the parents)
An ability to give the family information about the effects of starvation, including the physical risks, effects on mood and cognitive processes, and physiological effects
An ability to draw on knowledge of issues that may typically arise in adolescence and an ability to discuss this information with families

Ability to mobilise family resources by intensifying anxiety

An ability to convey to the family a knowledge of and familiarity with eating disorder behaviours, weight loss and other symptoms, whilst maintaining an appropriate level of concern and without minimising the seriousness of the problem
An ability to intensify the family's concern, whilst at the same time maintaining an optimistic approach to treatment, through:
explaining the gravity of the problem
explaining the significance of different aspects of the symptoms
refraining from offering reassurance ,

Ability to engage the young person with anorexia

An ability to engage the young person with anorexia in the room with their parents/family present.
An ability to maintain a therapeutic stance that empathises with the young person and their predicament while maintaining a clear stance against the anorexia and the risks that it poses, and to model this position for the parents.
An ability to convey to the young person a distinction between taking sides against the anorexia as opposed to taking sides against the young person

Ability to reframe the family relationship to anorexia using "externalising techniques"

An ability to use language that begins to label the eating problem as an external force taking over the young person's life and which they are unable to resist on their own.
An ability to use "externalising conversations" in which anorexia is labelled as separate from the young person
An ability to use an externalising stance as a way of giving new meaning to some of the behaviours and experiences of anorexia (e.g. describing the effects of starvation on healthy volunteers)
An ability to engage both parents and the young person in adopting an externalising stance to ensure that both retain responsibility for the management of the problem and to ensure that the parents do not take control

Ability to explore family background, family values and the cultural context of the family

An ability to explore further the family background, cultural context, belief systems, in order to focus on strengths and resilience
An ability to help the family discuss difficult issues in the family background through the use of :
future questioning
facilitating the adolescent observation of her parents discussing their own experiences of growing up

Helping the family to challenge the problem

Ability for the family to monitor eating behaviour and weight

An ability (while acknowledging taking an expert stance as the therapist) to communicate to the parents that they, as parents, know that their child has to eat to gain weight and that they have a key role to play in achieving this aim
An ability to help the parents not to listen to the *anorexic voice* speaking to their child, by using techniques such as:
giving a meal plan and using diet sheets (if needed)
having a joint consultation with a dietician (if needed)

Ability to describe behaviour at mealtimes

An ability to get a detailed description of what happens at mealtimes, including:
who makes decisions about food
who prepares the food
who serves the food
how much food is served
An ability to discuss in a non-judgemental way how the family interacts around food,
An ability to ask how mealtimes/food used to be managed by the family and how this has evolved to the current patterns

Ability to challenge beliefs about the impossibility of parental action

An ability to explore with the parents how their usual ways of managing have been undermined by the eating disorder
An ability to explore how the parents work together and how they deal with differences between themselves
An ability to explore differences between the parental positions as a potential resource
An ability to emphasise the need for parents to develop a united stance in facing anorexia
An ability to offer examples of ways that parents can cope by :
meeting parents' requests for instructions on how to manage mealtimes through the use of examples of approaches taken by other families, while being clear that these may not work for them.
offering examples as ideas and not as instructions thereby helping to foster thought about what can be done to challenge the anorexia

Ability to explore the role that anorexia has acquired in managing emotions and interpersonal relationships

An ability to stress how emotions and interpersonal relationships as a result of the anorexia have developed rather than the role they may have played in the development of anorexia
An ability to use examples of other illnesses where adaptive responses might have become unhelpful over time

Ability to explore the young person**'s motivation to change**

An ability to meet individually with the young person early in the treatment (while ensuring this does not become an alternative to family treatment)
An ability to explore areas that the young person may have found difficult to talk about in the presence of their parents, including the possibility of abusive experiences
An ability to explain and consider the implications of the limits of and boundaries to confidentiality with the young person in a family intervention

An ability to use techniques to explore the young person ‘s motivation to change, e.g.:
exploring the pros and cons of change
homework tasks such as writing letters to “anorexia my friend” and “anorexia my enemy”

Exploring issues of individual and family development

Ability to explore issues of individual and family development

An ability to draw on knowledge that exploring issues of individual and family development can only start when concerns around eating and weight recede and parents can hand back control of eating to the young person
An ability to draw on knowledge that the timing of exploring issues of individual and family development will need to vary according to the young person’s age, their motivation to change, stability of their weight, and the family’s negotiated role in the recovery process

Ability to identify issues as “adolescent rather than anorectic”

An ability to help the parents to differentiate between ‘adolescent’ and ‘anorexic’ behaviour by:
challenging the continued use of externalisation where all problems are seen as arising from anorexia
focusing the discussion on normal developmental issues that have been put on hold by anorexia
emphasising volition on the part of the young person
encouraging the parents to consider the possible causes of difficult behaviour other than the anorexia

Ending Treatment

An ability to decide when to end treatment according to the needs of the family
An ability to discuss with the family how they will decide when the time is right to give back control over eating to the young person
An ability to judge what is needed in order to end the therapeutic relationship with the family including any difficulties that the family may have in ending treatment
An ability to help families to reflect on progress and what they have learned about themselves
An ability to discuss with the family whose responsibility it would be to do something if eating problems re-emerged
An ability for the therapist to reflect on their own wishes to see continue working with the family until all problems have been resolved

Multi-Systemic Therapy (MST)

Source:
Henggeler, S., Borduin, C.M., Schoenwald, S.K., Pickrel, S.G., Rowland, M.D. & Cunningham, P.B.(1998) *Multi-systemic treatment of antisocial behavior in children and adolescents* New York: Guilford Press

Knowledge of systemic principles that inform the therapeutic approach

An ability to draw on knowledge of family systems theory including:
the principle that whatever affects one family member will affect all other family members
an understanding that patterns of interaction within and outside the family affect each member of the family.
an understanding of the impact of the system on the management of behavioural problems, including child non-compliance
An understanding of the multiple risks factors that determine adolescent delinquency and drug use (e.g. at the level of the individual, family, peer, school and community).
An ability to draw on knowledge of the principles underpinning MST interventions, including:
the concept of 'fit' between the identified problems and their broader systemic context (i.e. the relationship between, systemic factors and the maintenance of the young person's antisocial behaviour)
an emphasis on positive and systemic levers for change
the promotion of responsible behaviour,
a present and action focussed orientation to specific and well defined problems
An ability to draw on knowledge that the intention of MST is to promote treatment generalisation and long term maintenance
An ability to draw on knowledge that the family is a constant in the child's life while systems and personnel around the child may fluctuate
An ability to draw on knowledge of key structural family therapy constructs, including:
the importance of observing interactional patterns in order to understand sub-systems, boundaries and hierarchy within the family
the importance of assessing interactional patterns, communication sequences and hierarchies within the family
An ability to draw on knowledge of key behavioural family therapy constructs (including behavioural contingencies and the reinforcing nature of interaction patterns).
An ability to draw on knowledge of family phenomena commonly associated with the development of serious antisocial behaviour (e.g. family system interactions and parental style, marital interactions, individual parent factors (psychiatric disorders and social, educational and economic factors in an individual's life)
An ability to draw on knowledge of the importance of peer relations for youth development
An ability to on knowledge of the types of skills needed for positive peer development (e.g. perspective taking, empathy, capacity for collaboration and for the initiation and reciprocation of interactions).
An ability to draw on knowledge of factors that make association with negative peers more likely (e.g. low school achievement, harsh or inconsistent parental discipline, poor parental monitoring, low family support or high family conflict, substance use, formal placement with other deviant youth).

An ability to draw on knowledge that family processes will influence peer relations, and that peer relationships will influence family processes
An ability to draw on knowledge of factors that contribute to rejection by peers (e.g. the youth's aggressive behaviour, their physical appearance, low intellectual/academic abilities, cognitive distortions, deficits in social skills, or the impact of harsh family discipline or family conflict)
An ability to draw on knowledge of the long term economic and social consequences of dropping-out of school (e.g. reduced wages, limited career opportunities, housing restrictions)
An ability to draw on knowledge of the importance of "social capital" (connections within and between social networks) in offering protection to individuals against the normal "ups and downs" of life

Knowledge of MST techniques that facilitate therapeutic change

An ability to draw on knowledge and understanding of key factors that inform or support the delivery of effective MST interventions e.g.:	
	the interactions between parents and young people that support or maintain antisocial behaviours, such as persistent non-compliance, recurrent conflict and aggression
	the need to provide interventions that target not only antisocial behaviour but also the developmental needs of the youth
	the importance of consistent effort by family members in implementing agreed interventions and the therapist's role in fostering the family's ability to carry out these interventions
	a focus on continued evaluation from multiple perspectives, ensuring that both the young person and parent communicate their respective viewpoints and consider the viewpoint of the other
	a focus on the therapist holding accountability for overcoming barriers to success for all interventions.

Knowledge of mental health problems relevant to MST

An ability to draw on knowledge of the effect of marital distress on family problems (e.g. inconsistent parenting practices, child-parent conflict, depression in mothers, behavioural problems in children)	
An ability to draw on knowledge of diversity within families (e.g. racial, ethnic, cultural and socioeconomic), the particular context in which families raise children and the expectations of families in general	
An ability to draw on knowledge of mental health problems, including those of parents or carers, and their impact on the child and the family e.g.:	
	the range and nature of any substance misuse
	the range and nature of common mental health problems (e.g. depression or anxiety)
	the range and nature of parents with severe mental illness and personality problems
An ability to draw on knowledge of the empirically supported treatments for mental health problems and their integration into an MST intervention	

BASIC MST TECHNIQUES

Ability to engage the family in an MST intervention

An ability to adopt a family-centred approach and to recognise family strengths and individuality and to respect and promote different methods of coping
An ability to convey respect for, and understanding of, the parent's knowledge of their children
An ability to establish and reinforce contact by making persistent efforts to contact family, providing help with practical needs for the duration of meetings
An ability to encourage full parental participation in any intervention
An ability to share information with parents, in an open and supportive manner,
An ability to maintain a non-judgmental stance while using direct and straightforward language that is understood by the parents
An ability to design interventions that are flexible, accessible, culturally relevant and responsive to family identified needs
An ability to promote engagement by employing core clinical skills (such as empathy, warmth, reflective listening, reframing, flexibility and instilling hope for change)
An ability to continuously monitor and maintain a focus on engagement throughout the treatment process
An ability to encourage and facilitate family-to-family support and networking in order to address parental skills and needs
An ability to facilitate collaboration between parents and professionals at all levels of the service system

Ability to undertake an MST systemic assessment

An ability to gather information about the reasons for referral, including a clear behavioural description of the frequency, intensity, duration of the problem behaviour and the systems affected by the behaviour.	
An ability to identify all key participants from the youth's social world who have an investment in the youth's outcomes, including family members and other formal and informal key stakeholders.	
An ability to help each of the key participants to identify desired outcomes or initial goals, and to use this information to set overall treatment goals	
An ability to conduct a full systemic assessment, with a particular focus on key domains of family, peer, school, community and individual functioning	
An ability to conduct a full assessment of family functioning, including patterns of interactions and alliances, and including:	
	verbal and non-verbal cues and communication
	family conflict or low warmth
	negative affect between parents and child
	problems in family decision making for both parents and children
An ability to use appropriate assessment strategies, including direct family questioning, observation of behaviour within families, identification of the ways in which behaviour and emotional is regulated and managed, and how "rules" are implemented	
An ability to provide an overview of extended family and relationships by developing (as a minimum) a three generation genogram	
An ability to adopt a strengths-focused approach to assessment and intervention and	
An ability to use the family's strengths to increase the probability of change	

An ability to assess parental behaviour, including:	
	control strategies (e.g. rules, expectations and parental response to rule violations)
	warmth and affection (e.g. praise of youth and youth's response, expressions of concern, response to youth's positive behaviours)
	impact of family transitions (e.g. divorce, remarriage, single parent families and kin as parent figures)
	different parenting styles (e.g. authoritative, authoritarian, permissive and neglectful styles)
An ability to assess the problems associated with maltreating behaviours, including:	
	abusive or neglectful behaviour on the part of parents
	parental insecurity regarding parenting skills
	the impact of marital discord and marital aggression on child maltreatment
	the ability of the parents to manage impulsive or other difficult behaviours
	the overall level of parental stress
An ability to assess factors which may contribute to ineffective parenting, including:	
	concrete factors (such as poor housing
	lack of knowledge and/or unhelpful beliefs about the usual patterns of child development and the parenting needs of children at different ages
	parental mental disorder or substance misuse
	poor parental marital relationship(s)
	specific characteristics of the child
	a lack of commitment to child rearing
An ability to assess the youth's peer relationships, including consideration of:	
	the relationships between caregivers (e.g. teachers) and with peers and their parents
	the nature and extent of the child's involvement with both deviant and pro-social networks
	the child's competences in social interaction with peers
	interaction with peers in environments such as home, school and community,
An ability to ascertain the views of other key participants in the social system, such as teachers	
An ability to undertake school-related assessments, including assessment of:	
	the child's functioning in the school, including academic performance and school-related behaviour problems
	school resources (including , leadership, safety, structure, social context, the classroom environment),.
	the relationship of the family to the school
	the value placed on education by parents, and their support of academic work at home.

An ability to undertake an assessment of the stability of the local community, including the level of crime, poverty and population density
An ability to assess the type of support that the family will need to manage the behaviours for which the youth has been referred, and their capacity to sustain changes after treatment.
An ability to identify formal and informal support resources available to the family (with an emphasis on the identification of informal sources)
An ability to assess factors that may limit the use of any support offered including individual factors (e.g. problem solving ability) and contextual factors (e.g. resources in the school or community setting)
An ability to assess the appropriate degree of supervision and degree of autonomy that is given to children at each age level

An ability to identify the minimum necessary conditions that will be needed to allow parents to work effectively with behavioural interventions (e.g. boosting coherence in the family, managing any threats of violence)
An ability to develop (collaboratively with family members) treatment goals that relate to the behaviours identified in the referral, achieve the desired outcomes, guide the direction of treatment and establish clearly defined criteria for termination.
An ability to specify well-defined behavioural targets which reflect the outcomes agreed with key participants (e.g. family members, teachers or probation officers):
An ability to specify targets that can be measured, and to identify the criteria by which they will be measured
An ability to specify goals that are interpretable by external observers (such that they can determine whether or not the goal was met).

Ability to promote engagement and develop partnerships with parents

An ability to help the family set and develop their own treatment plan and to respect their rights to make decisions in this process
An ability to elicit (and respect) each family member's understanding of other family member's beliefs and reactions, and to use this to promote supportive family relationships
An ability to make an alignment with parents role as primary care takers to help them facilitate behavioural change
An ability to communicate knowledge about child development and the key principles of effective parenting, as relevant to the planning and delivery of the intervention

An ability to facilitate parental involvement in decision making about all elements of any intervention by:	
	developing a relationship with each parent as a person, not based solely on their parenting role
	ensuring that parents are included in all planning and that, wherever possible, meetings are not held without them.
	ensuring the parent is listened to at all junctures of planning of the intervention
	ensuring that wherever possible the parent is in agreement with all decisions, needs, planning, services and outcomes.

An ability to maintain parental involvement by, for example, scheduling meetings at times and in places that are convenient for family members
An ability to identify and focus on changes in parenting that will increase parent confidence and efficacy
An ability to communicate the rationale for focusing on positive and negative parenting practices
An ability to work with families/carers with informal or complex formal relationships (e.g. non-married couples, multiple adults in parenting/caring roles)

Ability to develop the context for an MST intervention

An ability to draw on knowledge of basic MST programme requirements (including eligibility criteria, therapeutic approaches, caseloads, team structure and size, 24-hour availability and relationship of the programme to other services)	
An ability to work intensively with families over an extended period of time (following a service model in which teams work intensively with small caseloads)	
An ability to work with a team-based assertive approach to engagement (i.e. assuming responsibility for engagement and taking active steps to avoid loss of contact)	
An ability to maintain a strong commitment to family involvement throughout the intervention	
An ability to assume responsibility for the achievement of change in the family and to avoid blaming the family when change does not occur	
An ability to deliver individualized interventions in a flexible manner that is consistent with the overall plan for the MST intervention	
An ability to convey the importance of the need for consistent effort on the part of family members in implementing agreed interventions	
An ability to foster the family's ability to participate in:	
	the development of parenting and relationship skills
	behavioural management programmes for the child
	interventions with which they may be unfamiliar (e.g. special education placements, referral to psychiatrists)
	monitoring and evaluation of these interventions from multiple perspectives
An ability to identify drivers for, or barriers to the delivery of, effective care at all levels of the system and:	
	to identify alternative behaviours or strategies, and where necessary developing interventions to overcome barriers
	to work with families, colleagues and agencies to evaluate the success of the tervention(s)

An ability to draw on knowledge of local procedures for confidentiality including communication to third parties and record keeping.
An ability to make active use of feedback from the different levels of MST supervision (including peer supervision, onsite clinical supervision and MST clinical consultation)
An ability to actively participate in professional development activities (including reviews of session tapes, field supervision, adherence data review, booster training, monitoring and participation in continuous quality improvement activities)

Ability to develop "fit circles" and formulations to help identify appropriate goals

An ability to understand the concept of "fit" (i.e. that all behaviour makes sense once it is understood from the perspective of those involved) and of a 'fit circle' (a diagrammatic formulation that identifies the factors that drive or maintain a target behaviour across all levels of the environment)
An ability to develop a fit circle for specific problems by using a brain storming exercise (e.g. with family members or colleagues) to develop testable hypotheses which lead directly to specific and effective interventions
An ability to develop a fit circle that:
identifies well-defined target behaviours in specific and concrete terms
identifies problems that are considered as such by family members/care givers
places the behavioural difficulty or target in the centre of the circle
identifies factors that drive or maintain specific problems/targets
ensures that drivers (*fit factors*) are specific and concrete
collects evidence from multiple sources to support the development of a *fit factor*
An ability to take into account the full "ecology" of the system when developing fit circles (i.e. the fact that specific problems will have multiple drivers located in a range of systemic domains)
An ability to revise and further develop and update fit circles as work progresses and new information becomes available.

An ability to develop hypotheses that are problem-focused and consistent with MST theory, informed by evidence from the family, and written in language which is specific and well-defined
An ability to derive hypotheses that identify the factors which most likely explain occurrences of target behaviours, and which need to be addressed before success can be obtained (including barriers to change such as marital conflict), ensuring that these factors are:
current and located in the family's current environment
immediately related to the cause of the problem (i.e. focused on proximal issues)
amenable to change
An ability to develop incremental or intermediate goals that are logical steps toward an overarching goal(s), and that are rapidly attainable (i.e. over days or in a week).
An ability to develop intervention steps to meet the intermediary goal which build on systemic strengths, can be carried out simultaneously or sequentially, and include an outcome measurement strategy
An ability to help the key participants implement the intervention steps by including any necessary practice or role play

An ability to anticipate and plan for potential barriers that may be encountered in the intervention implementation phase
An ability carefully to evaluate the outcomes of planned interventions, and to use this information to revise hypotheses and to inform the next steps in treatment planning process

Ability to identify and promote a safe environment

An ability to assess all potential problems related to aggression and risk of harm in the family (including by the youth or family member; towards the youth by family members or others; or towards self either by youth or family member).
An ability to observe and inquire about risk of harm by youth or family members, toward the youth by family members, or others, or towards self
An ability to gather information about sequences of aggressive behaviour and risks of harm
An ability to form alliances with children, family and members of the wider network in relation to plans to avoid violence
An ability to deliver interventions that reduce the risk to self or others from violence (e.g. domestic violence, suicide), including reducing opportunities to harm self or others, informing others (including other care agencies), and completing written safety plans.
An ability to develop monitoring plans with caregivers to keep the youth and others safe, including tailoring the intensity and frequency of supervision in areas where there are particular safety risks.
Where clear risks have been identified, an ability to develop plans with caregivers to conduct specific searches at an appropriate frequency
An ability to collaborate with caregivers to secure or remove high risk items from the home

SPECIFIC MST TECHNIQUES

Ability to improve family relationships

An ability to improve family relationships and build positive relationships among family members by:	
	establishing clear and appropriate boundaries
	improving family decision making
	changing negative patterns of interactions
	improving family problem-solving skills
An ability to use a range of techniques to improve family relationships by:	
	helping family members practise skills within sessions, using role play and offering specific feedback
	changing the seating position and space between family members within sessions to facilitate desired changes in boundaries and/or warmth in relationship
	identifying homework assignments aimed at reinforcing change.
	asking for feedback on homework assignments, and using this to shape further interventions

Ability to improve parent-child relations

An ability to assess the parent's commitment to parental skill development and care-giving	
An ability to help parents reappraise their assumptions about interactions between them and their child (by understanding the basis of their beliefs, addressing any cognitive "distortions", building on the strengths of the caregiver, improving knowledge about parenting and how parenting strategies affect children)	
An ability to help improve child-parent interactions by:	
	promoting the parent's understanding of their child's need for affection .
	discussing the long-term cost of ignoring the child's needs
	garnering social support systems to help caregivers overcome difficulties
	reducing parent-child conflict
	improving co-parenting
	increasing parental monitoring of the child's behaviour and their need for affection
	reducing practical challenges faced by the parents(s)
An ability to assess and address specific characteristics of the child that may impact on parental behaviours (e.g. differences in temperament, physical abilities or cognitive abilities)	
An ability to help parents focus on their own needs (including psychiatric or substance abuse) and address these to facilitate more effective parenting .	

An ability to improve the child's behaviour by helping parents understand and implement behavioural strategies, including:
the use of privileges and of appropriate reinforcement schedules (including punishment and reward)
the importance of clarity and consistency when implementing reinforcement schedules
possible 'paradoxical' patterns of response to these schedules (e.g. an increase in problem behaviour in the initial stages of a reinforcement schedule)
appropriate styles of parenting behaviour that support effective implementation of the schedules (e.g. positive, non-punitive reactions to the child's response to a reinforcement schedule)
An ability to support the parent's capacity to implement behavioural strategies, including:
identifying specific targeted behaviour(s)
facilitating parental involvement in developing clear rules
using reinforcers and developing explicit contracts (which are known to all parties).
using punishment to manage misbehaviour and ensuring that this employed in a timely and consistent manner

Ability to promote effective peer relationships

An ability to draw on knowledge the nature of deviant relationships with peers
An ability to emphasise the central role of parents in promoting effective peer relationships by recognising and reinforcing their place as:
experts in the interests and talents of their child
sources of discipline and monitors of behaviour
primary facilitators of exposure to school and community activities
key individuals in effective liaison with parent peers
being most likely to be able to help the child sustain changes in peer relationships
An ability to develop interventions that improve the parent's link / involvement with the child's peers (e.g. parental support for attending peer social groups, timetabled discussion of peer group activity)
An ability to develop interventions that improve the self-monitoring skills of the youth and their family's (e.g. establishing jointly negotiated timetables for the youth's activity)
An ability to develop interventions which focus on decreasing interactions with deviant peers and increasing affiliation with prosocial peers and activities (including the use of reward and punishment systems)
An ability to recognise the positive role of caregivers beyond the immediate family (e.g. sports clubs, church groups, recreation centres) and to work with them to promote pro-social peer networks
An ability (in collaboration with the caregiver) to enhance the youth's ability to apply problem solving skills in social contexts
When peers are exclusively deviant, an ability to develop peer extraction plans as a last resort (i.e. removal from deviant peer groups).

Ability to work with educational institutions

An ability to develop and deliver interventions for use in an educational setting, and where appropriate to foster the active involvement of teachers, parents and others in the delivery of these interventions, by:
improving the home-school link (by increasing caregiver involvement, developing a home-school communication plan, preparing caregivers for interactions and improving relationships)
focusing on improving academic functioning (e.g. by increased parental monitoring, changes to home environment for school work, increased planning and collaboration with school staff to meet academic needs)
reducing school truancy and improving attendance (e.g. through discipline practices, increased monitoring, leveraging youth's strengths and interests and improved youth relationships at school with staff and peers)
improving youth behaviour at school (e.g. through a joint communication plan between home and school, classroom management, encouraging relationships with positive peers)
connecting youth to educational or vocational alternatives
planning and implementing school meetings to foster collaboration among all key participants

Ability to build sustainable "ecological" supports to address family needs

An ability to help parents obtain appropriate support to facilitate the MST intervention including:	
	an ability to engage parents in building supports for the child and the family
	an ability to help the family identify resources to meet their own support needs
	an ability to develop new sources of support for the family when this is needed
	an ability to identify ways of overcoming any potential barriers that will make it harder for the family to access support
An ability to prepare the family to accept and make use of support, and to be able to offer support to others in return	

Ability to provide specific treatment interventions in an MST context

Cognitive behavioural approaches

An ability to draw on knowledge of the use of individual cognitive behavioural approaches for both children and adults in an MST intervention
An ability to assess the need for individual cognitive behavioural approaches for both children and adults in an MST intervention
An ability to deliver individual cognitive behavioural approaches for both children and adults, making use of appropriate supervision
An ability to understand the limitations of individual interventions for both parents and children including:
the potential limits to the effectiveness of individual CBT in the context of the problems faced by the family
the need to consider a referral for more specialised individual CBT

Couple therapy

An ability to assess couple functioning when this is identified as a barrier to treatment progress on MST goals.
An ability to identify difficulties in the couple relationship and their impact on the implementation of MST interventions (e.g. poor communication skills, inter-parental inconsistency over discipline, no or passive participation from one partner, lack of mutual support or complaints about the other partner)
An ability to assess the couple's commitment to the relationship
An ability to assess intimacy and warmth in the relationship, including observations of verbal and non-verbal cues, positive qualities of each partner and satisfaction with quality of sex life.
An ability to assess decision-making power within the relationship (e.g. who makes decisions and the typical response to such decisions, or the division of household responsibilities) and to identify desirable changes in these areas.
An ability to develop hypotheses about factors contributing to the couple's difficulties
An ability to use the formulation of couple's difficulties to devise an appropriate marital intervention (e.g. improving conflict resolution and promoting compromise, improving intimacy and warmth, increasing positive focus, negotiating roles and responsibilities and facilitating mutual decision making).

An ability to deliver a couple based intervention which should:
identify mutually agreed goals with associated specified outcomes
establish clear pre-conditions for safety and the avoidance of violence
focus on affective relationships, intimacy, and instrumental or power relationships
adopt a problem-solving approach
teach specific communication skills

Substance misuse

An ability to assess substance misuse in the child or parents, where this is determined to be an MST treatment goal for the youth, or when there is evidence that parental misuse creates a barrier to MST treatment progress
An ability to identify difficulties arising from substance misuse and their impact on the implementation of assessment or any subsequent MST intervention
An ability to include substance misuse in the MST conceptualisation and to develop a "fit circle" for the youth's substance misuse
An ability to deliver systemic substance misuse interventions for both children and adults

Ability to collaborate with all key community stakeholders

An ability to draw on knowledge of the need to collaborate effectively with key stakeholder agency staff in order to obtain positive outcomes for youth in MST (including those agencies with the power to place, and those likely to have significant impact on the youth's behaviour, funders and referral sources)
An ability to develop mutual understanding and knowledge between key stakeholders in the community (including their legal mandate, mission and desired outcomes)
An ability to follow up interventions with the intention of:
building collaboration and facilitating positive relationships with key participants
developing regular communication in a form and at a frequency tailored to the level of involvement and desires of the key participants.
An ability to explain the MST model to health and social care professionals working in other agencies and be able to work constructively with them in a way that is consistent with the MST model
An ability (from the outset of treatment) to work those professionals responsible for determining "out of home" placement in order to establish clear agreements on the use of such placements in response to incidents of antisocial behaviour
An ability to build and sustain relationships with the criminal justice system and where necessary and appropriate providing reports for criminal justice system

Multidimensional Family Therapy

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Knowledge of the rationale for the MDFT approach

Knowledge of systemic principles that inform the therapeutic approach

An ability to draw on knowledge of family systems theory, including:	
	structural family therapy theory and techniques
	an understanding of the concept of 'reciprocal interactions' (i.e. an adolescent's behaviour will elicit parents' reactions, and parenting practices will influence the adolescent's behaviour and elicit reactions)
An ability to draw on knowledge of the principles of MDFT, including knowledge that:	
	MDFT is built on a family systems approach
	the family is a primary context for healthy identity formation and ego development
	peer influence is contextual: it interacts with the buffering effects of a family against the deviant peer subculture
	adolescents need to develop an independent rather than emotionally separated relationship with their parents

Knowledge of other theories informing MDFT

An ability to draw on knowledge of child and family developmental processes (e.g. cognitive development; developmental tasks for adolescents, parents and families; aspects of parenting that promote 'prosocial development'; 'normal' changes in adolescent-parent relationships)
An ability to draw on knowledge of problem solving, relapse prevention, and functional analysis models of intervention

Knowledge of drug misuse related to MDFT

An ability to draw on knowledge of the substances that might be used and their biological effects
An ability to draw on knowledge of the 'psychosocial ecologies' of drug-taking adolescents and their families, and the effects of these on behaviour
An ability to draw on knowledge of the developmental psychopathology perspective in terms of how drug problems form, develop and are maintained
An ability to draw on knowledge the risk and protective factors for the development of drug problems, both at the systemic level (e.g. extreme economic deprivation) and the proximal level (e.g. family conflict and disruptions in family management)

Knowledge of the MDFT approaches that enable therapeutic change

An ability to draw on knowledge of the MDFT theory of change, that symptom reduction and enhancement of prosocial and normative developmental functions occurs by:
targeting the family as the foundation for the intervention
simultaneously facilitating curative processes in several domains of function across several systemic levels
An ability to draw on knowledge that the primary goals of MDFT are to change the adolescent-parent relationship in developmentally normative ways, and to change the family environment generally
An ability to draw on knowledge of the principle of 'relational epigenesis' (i.e. that there is a preferred sequence of developmental processes in change, involving attachment and caregiving, communicating, joint problem solving and mutuality)
An ability to draw on knowledge of the following "rules" guiding clinical orientation and behaviour in MDFT:
adolescent drug use is a multidimensional problem
problem situations provide information and opportunity
change is multi-determined and multifaceted
motivation is malleable
working relationships are critical
interventions are individualized
planning and flexibility are two sides of the therapeutic coin
treatment is phasic, and continuity is stressed
the therapist's responsibility is emphasised
the therapist's attitude is fundamental to success

BASIC MDFT TECHNIQUES

Ability to initiate systemic therapy

Ability to initiate contact and undertake a MDFT systemic assessment

An ability to undertake an 'ecosystemic assessment', i.e. obtaining relevant information from all members of the system including the adolescent and family members, and professionals from the school and/or other relevant systems (e.g. the judicial system)
An ability to assess the 'biopsychosocial ecologies' of the adolescent
An ability to assess the circumstances of drug use, patterns of use and social environments of use
An ability to assess the adolescent's functioning and the mechanisms of interconnection among the various levels and kinds of systems affecting their life
An ability to assess individual attitudes and beliefs (especially around presenting problems and parenting style), individual development (prosocial, identity-orientated issues; self efficacy) issues, affiliation with and access to deviant peers, failure with and disconnection from prosocial institutions (school and religious affiliation), the family environment (which may include the mental health issues of a parent), and parenting practices
An ability to assess potential strengths and resources in the system (including the

adolescent's competence in key areas of development and life skills) that may support therapeutic change
An ability to work with all members of the system
An ability to plan an overall strategy for treatment, and to plan the strategy for each session

Ability to develop formulations and help the client(s) identify appropriate goals

An ability to develop an MSFT formulation based on:	
	the emotional connection between parents and adolescent;
	generic/universal knowledge of how families operate, risk and protective factors involved in substance misuse and adolescent developmental
	idiosyncratic knowledge of the particular set of individual circumstances, events, personalities and history
	the cultural context.

An ability to promote engagement

An ability to join with the family to form a new system, made up of the treatment system and the family system	
An ability to develop a collaborative mindset (presenting therapy as a collaborative process)	
An ability to establish a therapeutic relationship with all family members by:	
	welcoming and demonstrating understanding for all members
	addressing circumstances that have brought them into treatment, and establishing points of cooperation and resistance
	use of relevant cultural themes to form a point of connection with individuals (e.g. the 'journey from boyhood to manhood' theme to connect with adolescent males)
	demonstrating therapeutic leadership
	explaining the treatment programme in a positive light, taking into account previous treatment experiences
	showing respect and support for each family member
	facilitating family members to define goals for therapy
	generating hope (e.g. through making statements challenging hopelessness, and through presenting self as an ally)
An ability to utilise (or even amplify) the system's distress to facilitate motivation for treatment	
An ability to validate the family as a system, and attend to each individual's experience.	
An ability to use the self of the therapist to demonstrate genuine interest and commitment to the teenager's and family's well-being	
An ability to define the therapeutic agenda as a mutual struggle (i.e. change not just up to one individual)	

Ability to establish the context for a systemic intervention

An ability to identify and utilise recent crises to create a focus for the treatment
An ability to engender hope in the system, through creating expectations that the teen's life course can be redirected
An ability to identify who attends which sessions, based on therapy stage and sub-system specific goals.
An ability to create a collaborative agenda
An ability to identify themes from the content of the sessions, and to use these in helping to create a focus for change
An ability to work at different levels of the system and manage the interface between these (e.g. Adolescent, family, school, judicial system)
An ability to identify the different contexts influencing presenting problems (e.g. the culture of 'street life', gender differences in drug use, cultural stories, peer group pressures, life stage, family beliefs, spiritual beliefs, specific episodes) and to utilise these in tailoring interventions
An ability to choose which focal area will lead to the highest clinical yield
An ability to create the frame for the intervention by engendering motivation, and establishing the seriousness of problems with the current situation

Ability to structure the course of the intervention

An ability to structure the course of the intervention into three phases:	
	building the foundation (engagement, explaining the intervention, assessment and formulation)
	facilitating change (through specific techniques)
	cementing change and ending the intervention
An ability to tailor level of therapist activity/directiveness depending on stage of therapy (e.g. therapist takes more of an active/directive role in initial stages, relinquishing some responsibility for this to appropriate others as treatment progresses)	
An ability to structure the therapy into the four modules of MDFT:	
	the adolescent module (therapy related to individual work with the adolescent)
	the parental module (therapy related to individual/conjoint work with parents or guardians)
	the family interaction module (therapy related to familial work and assessment/alteration of relationships and interactions)
	the extra-familial subsystem module (therapy related to work with any system in the adolescent's/parent's social world)
An ability to structure each session (setting the stage, addressing issues, closing down the work and setting the stage for the next session)	
An ability to determine who attends which session, based on therapy stage and sub-system specific goals	

Ability to maintain and develop a systemic approach

Ability to facilitate communication across the system

An ability to facilitate communication across the wider system through:	
	collaborative working with all parts of the system
	use of advocacy for client(s) less able to communicate effectively
	increasing lines of communication between systems
	challenging beliefs about relationships
An ability to facilitate communication between adolescent and parental system through:	
	enactment techniques
	identifying and shaping patterns of communication
	encouragement of 'emotional expression and clarification'
	discussion of particular themes
An ability to use a variety of media with the client and wider system to promote more effective communication	

Ability to work with an intergenerational approach/across a range of contexts

An ability to employ the different competencies needed to work with adolescents, parents and other family members (e.g. using age related language and media)
An ability to work with multiple systems in a coordinated, active way, inside and outside of the family
An ability to research and engage with community resources (e.g. Job centres, recreational schemes etc)

SPECIFIC MDFT TECHNIQUES

An ability to use enactment techniques

An ability to make use of spontaneous enactments, and to create enactments between family members, to facilitate change in the kinds of conversations that are possible, and therefore change relationships
An ability to make use of enactments to facilitate emotional expression, and to help adolescents develop a language for expression through the therapist shaping and guiding the dialogue
An ability to make use of heightened emotion to increase the motivation for change
An ability to use specific techniques such as intensification, physically changing position of family members in the room, encouraging family members to speak directly to one another, and 'shift strategy' (i.e. moving the conversation to a more personal level)
An ability to use status as an expert/authority figure to remobilize parental commitment
An ability to utilize crises as opportunities to mobilize a system's resources and create a focus

An ability to challenge belief systems/behaviours

An ability to use shaping to change behaviours (e.g. helping adolescents to develop a more sophisticated language for expressing their feelings and beliefs through a process of successive approximations)
An ability to use coaching to challenge beliefs (e.g. helping parents to develop their parenting skills through training in this)
An ability to search for and reinforce examples of success, and validate abilities that exist, in order to challenge beliefs that the system is unable to change
An ability to present alternative outcomes and possibilities to the family, to challenge expectations
An ability to foster self-examination and appraisal in the adolescent
An ability to reformulate cognitive attributions
An ability to use multimedia interventions, such as psychoeducational videos, popular films, music, and written or internet materials to facilitate discussion of beliefs/experiences

An ability to work towards problem solutions

An ability help create opportunities for 'pro-social' activities, and developmentally appropriate alternatives to drug lifestyle
An ability to facilitate adolescent's communication of emotions and experiences, to help close the communication gap between teenager and parents
An ability to facilitate parental competence (e.g. through coaching techniques or highlighting previous successes)
An ability to use behavioural/cognitive- behavioural techniques such as:

functional analysis, to assess the pertinent factors preceding, during and following use of drugs
successive approximation (or shaping) to help an adolescent practice a 'new language' to help communication with parents
anger management
out of session behavioural experiments
generalisation of skills learned to new settings
rehearsal of new behaviours
organising new behavioural opportunities for the teenager to explore
relapse prevention

An ability to use parenting relationship interventions to redirect the derailed developmental tasks of parents and adolescents, and to increase emotional connection between them.
An ability to use an 'ecomap' (i.e. a visual representation of a social world and its influences) to enable the family to recognize the forces of influence on the adolescent's life, and to work to develop alternative social possibilities

An ability to promote the use of newly learnt skills to solve problems in present and future
An ability to use 'reconnection' (an intervention that helps one family member recall positive feelings about another family member) to alter interactions between two family members

An ability to end therapy

An ability to assess progress towards goals, and establish whether a ‘rough around the edges’ or ‘good enough’ outcome has been achieved
An ability to use relapse prevention techniques
An ability to help engage the teenager/family with appropriate community resources towards the end of treatment
An ability to establish meaning for the changes that have occurred and articulating changes that still need to be made
An ability to identify and highlight specific successes and accomplishments that have been made, and to utilise these as evidence of and prompts about how new crises can be overcome

Brief Strategic Family Therapy (BSFT)

Szapocznik et al

Knowledge of the rationale for the BSFT approach

Knowledge of systemic principles that inform the therapeutic approach

An ability to draw on knowledge of family systems theory including:	
	the principle that what affects one family member will affect all other family members
	an understanding that patterns of interaction (i.e. habitual and repetitive interactions) in a family affect each member of the family
	an understanding of what constitutes a family 'structure' (i.e. the constellation of repetitious patterns of interaction)
An ability to draw on knowledge of principles of BSFT including:	
	that BSFT is built on a family systems approach
	that symptoms in a family member are in part indicative of problems in the family system
	that patterns of interaction in the system affects the behaviour of each family member (where patterns of interaction are defined as the sequential behaviours among family members that become habitual and repeat over time)
	the principle of planning of interventions that carefully target and provide practical ways to change patterns of interaction that are directly linked to the problem behaviours
An ability to draw on knowledge that the intention of BSFT is to create 'second order' (i.e. self sustaining) change in a family system.	
An ability to draw on knowledge that 'systems' are a special case of context; are made up of parts that are interdependent and interrelated; and must be viewed as a whole.	
An ability to draw on knowledge that the family is the primary context for socializing children and adolescents	

An ability to draw on knowledge that adolescent problem behaviours are linked to family problems (e.g. parental drug use; parental under or over-involvement; parental over or under-control of adolescent; poor quality of parent-adolescent communication; lack of clear rules or consequences for behaviour)
An ability to draw on knowledge that the organisation of the family system (e.g. leadership, subsystem organisation and communication flow) shapes the behaviours of its members, through, for example, spoken and unspoken expectations; particular alliances; conflict resolution style; and implicitly and explicitly assigned roles.
An ability to draw on knowledge of the principle of 'complementarity' (i.e. an action by one family member, complements or facilitates the actions of other members of the family)
An ability to draw on knowledge of developmental stages and the conditions that promote development
An ability to draw on knowledge of the problems associated with failure of a system to adapt to a developmental transition (i.e. failure to establish new behaviours that are adaptive to the new stage will cause some family members to develop behavioural problems)

An ability to draw on knowledge that the focus of BSFT is the process of therapy (i.e. how family members interact) rather than the content (i.e. what is said), and that the aim of BSFT is to change the interactions that constitute a family's process

Knowledge of drug misuse related to BSFT

An ability to draw on knowledge that some families may have problems before the adolescent begins using drugs, whilst others may develop problems in response to this
An ability to draw on knowledge of the importance of context on an individual (social influences – particularly family, peers, neighbourhoods, and culture), especially during the critical years of childhood and adolescence, and the necessity of understanding this in order to understand the development of drug use and related problems
An ability to draw on knowledge of the behavioural profile of drug-abusing adolescents (which may include school truancy; delinquency; associating with anti-social peers; conduct problems at home and/or at school; violent or aggressive behaviour; oppositional behaviour; and risky sexual behaviour)
An ability to draw on knowledge that families of drug-abusing adolescents can exhibit high degrees of negativity, often taking the form of family members blaming each other for the problems, which can impact negatively on the adolescent.

Knowledge of BSFT approaches that enable therapeutic change

An ability to draw on knowledge that any intervention takes place in a context that is also associated with rules, expectations and experiences and that the cultures of the client, the therapist, the agency and the funding source can all affect the nature of the intervention.	
An ability to draw on knowledge of different types of conflict resolution that occur in families that may either promote or inhibit change, including:	
	denial (where conflict is not allowed to emerge)
	avoidance (where conflict begins to emerge but is inhibited)
	diffusion (where conflict begins to emerge, but the discussion is diverted)
	conflict emergence without resolution (where different opinions are expressed but no solution accepted);
	conflict emergence with resolution (where different opinions are clearly expressed and the family negotiates a solution acceptable to all members).
An ability to draw on knowledge that reducing family negativity early in treatment (for example, by reducing blame in the family) increases the likelihood of families remaining in treatment	

BASIC BSFT TECHNIQUES

Ability to initiate systemic therapy

Ability to initiate contact and undertake a BSFT systemic assessment

An ability to assess the structure and organization of a family taking into account life context, culture and developmental stage, the identified patient and conflict resolution and to be able to specifically focus on:
leadership and hierarchy (i.e. the distribution of authority and responsibility in a system);
subsystem organization (i.e. the organization of small groups within the family that are composed of family members with shared characteristics)
coalitions (where two members of a system unite against a third)
triangulations (where a third, less powerful member of a system is involved to resolve a conflict between two family members)
communication flow (the nature of communication, for example, the directness and specificity of a communication)
resonance (emotional or psychological accessibility or distance between family members)
boundaries (the firmness and clarity of boundaries both within the family and between the family and wider context)

An ability to assess the system's adaptation to developmental transitions (e.g. by examining the appropriateness of roles and tasks assigned to each family member, considering the age and position of each person within the family)
An ability to assess appropriate developmental functioning (e.g. the degree of supervision and autonomy that should be given to children at each age level), taking culture into account
An ability to identify and understand the contexts in which the identified patient lives (e.g. family, peers, neighbourhoods and culture), the effects of these on his/her values, behaviours and relationships, and on the drug-abusing and associated behaviours
An ability to assess support systems available to the family (such as friends, extended family and social resources) by, for example, inviting key members of the network to a session.
An ability to use BSFT specialised engagement strategies to invite and retain all family members in therapy, so that sessions are conducted with the entire family system present.
An ability to negotiate confidentiality (e.g. to directly communicate that the therapist will not withhold information given by one family member from other family members)
An ability to distinguish between content (i.e. what is talked about) and process (i.e. how family members interact), and to focus on the process during sessions in order to identify repetitive patterns of interaction and intervene to change these
An ability to maintain both a 'symptom focus' (i.e. focus on reducing the adolescent's problem behaviours) and a 'system focus' (i.e. focus on changing the family interactions associated with maintaining the problem behaviours)
An ability to identify and decide on which problems (symptoms or systemic) to focus on during an intervention
An ability to work with all members of the family system using an intergenerational approach
An ability to plan an overall strategy for treatment, and to plan the strategy for each session

Ability to develop formulations and help the client(s) identify appropriate goals

An ability to develop a BSFT formulation based on: structure and organization of family; developmental stages of the family members; resonance (emotional and psychological accessibility or distance between family members); conflict resolution style; experience of the identified patient; and life context
An ability to identify adaptive and maladaptive patterns of family interaction in order to plan and facilitate practical, strategically efficient interactions

An ability to promote engagement

An ability to join with the family to form a new system – the therapeutic system – made up of therapist and family, where the therapist is both a member and a leader, and is thus able to prepare the family for change	
An ability to validate the family as a system, and attend to each individual's experience.	
An ability to identify and where appropriate support the existing power structure by showing respect to family members who are in positions of power and to assess the power that these members have to accept or reject potential interventions	
An ability to establish a therapeutic relationship with all family members by:	
	making an alliance with each member
	agreeing individual goals that family members can reach in therapy
	demonstrating leadership
	adopting the family's ways of behaving and talking
	initially supporting the existing family power structure
	showing respect and support for each family member
An ability to protect and disengage the adolescent from a relationship with another member of the system, by creating a boundary between them and the problematic member, where risk is identified (such as a drug-abusing parent who refuses treatment)	
An ability to work with resistance to therapy by use of tracking (i.e. identifying family interaction patterns) in order to reach the most powerful family member directly, and negotiate a treatment contract	

Ability to establish the context for a systemic intervention

An ability to use relevant social and professional services networks to support the family intervention
An ability to restructure the family organisation in order to make use of the family's assumed skills (e.g. facilitating parental leadership skills by restoring parents to their position in the hierarchy and redefining the parental subsystem)
An ability to share a developing rationale for the intervention with the client(s) in a transparent, empathic and understanding manner
An ability to use information about the client(s) and the wider system to help the clients to develop solutions to identified problems using their own capacity and resources
An ability to facilitate communication across the system through using tracking (following a pattern of interaction), enactment and restructuring techniques to guide a family towards more positive patterns of interaction, which will facilitate communication

Ability to work in a reflexive manner

An ability of the therapist to see him/herself as part of the new 'therapy system'
An ability for the therapist to work in a reflexive manner by :
using client feedback and discussion with colleagues to reflect on their own values, prejudices, thoughts and emotions and to consider the effects of these on the therapeutic process
using knowledge gained from the impact of the work on themselves to modify their behaviour and interventions
using knowledge gained from the impact of the work on themselves to support and maintain engagement throughout the course of the intervention

SPECIFIC BSFT TECHNIQUES

An ability to use enactment techniques

An ability to generate enactments (e.g. by asking family members to talk directly to one another in order to observe the process of an interaction)
An ability to make use of spontaneous enactments to track both content and process of family interactions (i.e. by learning how the family interacts, and making use of this knowledge to plan interventions)
An ability to make use of family crises in order to identify problematic family interactions

An ability to challenge belief systems/behaviours

An ability to challenge resistance to therapy (e.g. through identifying maladaptive patterns of interaction, joining with the most powerful members, using reframes and task setting)
An ability to challenge belief systems/behaviours indirectly through interventions targeting interaction patterns
An ability to challenge behaviours directly, for example using behavioural contracting in order to re-establish parents as leaders in the system
An ability to use reframing as a technique, including reframing of the symptom, from being within an individual to being a problem for the family/system, in order to challenge beliefs

An ability to work towards problem solutions

An ability to identify and target interactional patterns most directly related to the symptoms through, for example, use of 'tracking' questions (e.g. 'How do you ask A to do X? When he gets angry at you, for asking him to do X, what do you do next?')
An ability to plan and deliver interventions that target and provide practical ways to change patterns of interaction that are directly linked to the problem behaviours
Ability to use restructuring techniques to change the family's patterns of interaction including:
working in the present
reframing negativity (using a different 'frame' which fits the facts, but changes the meaning)
'reversals' (i.e. coaching a member of the family to do the opposite of what they would normally do in an interaction, thereby bringing about new outcomes)
working with boundaries and alliances (e.g. by encouraging different types of interactions between family members)
rearranging the seating of family members in sessions
setting tasks within and between sessions to give families the opportunities for behaving differently with one another
strengthening the executive sub-system so that the parents function as effective leaders of the family system
de-triangulation' (e.g. by stopping a third party from participating in conversations between a dyad in a session; or by asking the third party not to attend particular sessions so that the two parties can work out issues directly)
opening up closed systems (i.e. by intensifying and focusing on covert emotional issues)
An ability to promote the use newly learnt skills to solve problems in present and future
An ability to use 'reconnection' (an intervention that helps one family member recall positive feelings about another family member) to alter interactions between two family members
An ability to use emotion to 'move' the family to new, more adaptive interactions (i.e. emotion is used to promote interactions that both respect the emotion and promote a deeper level of understanding in family members)

Functional Family Therapy (FFT)

Source: Sexton, T.F & Alexander, J.L. (2004) *Functional Family Therapy Clinical Training Manua*l. Seattle: WA Anne E. Casey Foundation

Knowledge of the rationale for FFT

Knowledge of systemic principles that inform the therapeutic approach

An ability to draw on knowledge that the relational model of family functioning assumes that families develop their own definition of a "problem", and that this definition has the following components:	
	the problem is usually attributed to one member of the family
	it has a negative emotional component
	it is accompanied by blaming interactions that have become central to the relationship patterns of the family
An ability to draw on knowledge of FFT principles:	
	that FFT is designed to empower, not to rescue or control families
	that FFT is based on a respect for the diversity of family life and does not seek to impose a single model of family functioning
	that FFT aims to develop family members' inner strengths and sense of optimism
	that FFT seeks to promote viable change in family function that is adaptive and productive, given the resources and value of the system in which it operates
An ability to draw on knowledge that the focus of FFT is multi-systemic and multi-level (i.e. the focus is on the treatment system, the family and the individual).	

Knowledge of problem behaviours in relation to FFT

An ability to draw on knowledge of risk and protective factors, including:	
	family factors (e.g. family conflict)
	adolescent and parent factors (e.g. poor parental supervision)
	social and environmental factors (e.g. low income, poor housing)
An ability to draw on knowledge of developmental stages and aspects of parenting that promote development (such as structure, nurture, guidance and monitoring)	

Knowledge of the FFT approaches that enable therapeutic change

An ability to draw on knowledge of the three-phase approach to assessment and intervention in FFT:	
	engagement
	behaviour change
	generalisation
An ability to draw on knowledge of the need to develop individualised change plans that "fit" the family's needs and focus on increasing the family's competence in:	
	parenting skills
	family communication
	problem solving skills
	conflict management skills

An ability to draw on knowledge of the role of relational and organising themes in the supporting and structuring the development of an FFT intervention
An ability to draw on knowledge that FFT requires sustained effort to understand and respect youth and their families on their own terms

BASIC FFT TECHNIQUES

Ability to initiate contact and undertake an FFT assessment

An ability to adopt a "*family first"* perspective as the organising principle for any assessment and subsequent interventions (construing the family as both the focus of the intervention and the agent for initiating and maintaining change)	
An ability to describe and understand the family's motivation in seeking help and to use this to inform all further interventions	
An ability to structure an assessment process in a manner that supports the phased approach of FFT, specifically:	
	starting with a relational assessment focused on engagement and motivation
	moving on to a behavioural assessment focused on behavioural change
	ending with a multisystemic assessment focused on supporting generalisation
An ability to conduct a relational assessment focused on both the patterns of relatedness (i.e. those behaviours which surround problem behaviours) and the relational functions which serve to motivate and maintain relational patterns through:	
	a description of the behavioural sequences, emotions and beliefs that typify relational patterns in the family
	a characterisation of the degree of relatedness, including the degree of psychological interdependence (contact/closeness vs distance/autonomy)
	a characterisation of the hierarchical power relationships and the degree of control and influence exerted through them

An ability to conduct a problem-focused assessment that considers the impact:	
	of the problems on individual and family functioning
	of risk and protective factors (that either increase or decrease the likelihood of problems occurring)
	of family resources
	of family values
	of the values of the systems in which the family lives
An ability to conduct a multi-systemic assessment that considers:	
	the relationships between the family
	the relationships between organisations in the wider environment
	the capacity of the wider environment to support generalisation of any problem solutions
An ability to assess parental functioning (e.g. the degree of supervision and autonomy given to children at each age level), in the context of the family's emotional resources and values	

Ability to promote engagement and motivation

An ability to promote and maintain positive participation in treatment by building trust, respect, and developing an alliance with all family members
An ability to maintain a primary focus on the family from their perspective (*matching*) by respecting and understanding them, their language and their family norms
An ability to develop and maintain motivation for participation in all family members, and to promote behaviour change by:
reducing negativity and blame whilst still retaining responsibility
creating a family focus for problems, so as to introduce new possibilities for solving problems
An ability to direct the focus of engagement on family member(s) who are most negative and therefore most likely (and able) to prevent positive change being initiated
An ability to identify and work with the typical emotional content of the three phases of FFT, starting with fear and punishment, through shame and on to positivity and hope

Ability to deliver motivational interventions aimed at promoting engagement

An ability to change meaning by establishing a non-blaming relational focus for the intervention
An ability to refocus individual issues (problems) as relational issues by:
actively interrupting and diverting the focus of discussions from negative and blaming interaction patterns
using "pointing process" (i.e. identifying and pointing to family strengths that emerge in the course of the intervention)

SPECIFIC FFT TECHNIQUES

Ability to use reframing techniques and themes

An ability to draw on knowledge of the reframing as a constant and sustained process in FFT
An ability to use reframing techniques to shift the focus from negativity to positivity in family communications by:
acknowledging the negative
reframing the intent, motive or meaning of behaviour (e.g. "bad" behaviour may not only have a malevolent motive but also a positive (if misguided) intent)
reflecting on the effect of reframing of the problem with the family
refining and changing the reframing as a result of the reflection
An ability to develop reframing themes which describe problematic behaviours and which provide:
alternative explanations of the problematic behaviours (e.g. "bad" behaviour may not only have malevolent motive but also positive but misguided intent)
a historical perspective on the development of the problem behaviours (e.g. previous problems of the youth in infancy; previous social or economic problems for the parents)
new explanations of problem behaviours which provide hope for the future and encourage family members to "stick with" change despite the difficulties in doing so

An ability to support the family in developing organising themes which enable them to:	
	avoid blame, but share (and be clear about) responsibility for the problem behaviours
	understand that although the "ways of being" that the family has developed was based on a wish to do the right thing, it has had unintended and unrecognised negative consequences
	where previous attempts to help the family have failed, understand any ways in which this has contributed to defensiveness or hopelessness in the family
An ability to identify any changes in family members that are associated with the development of organising themes (e.g. the development of compassion, openness or hope, the emergence of increased positivity, a reduction in blaming) and use this to help the family develop a focus on behaviour change	

Ability to use behaviour change techniques

Ability to establish behaviour change techniques

An ability to draw on knowledge of the range and use of behaviour change techniques in the phased model of delivery of FFT including:	
	for families: interventions to help families improve their parenting skills
	with youth: interventions to help eliminate problems with drug misuse, violence and delinquency
An ability to apply behaviour change technologies to change problem behaviours, based on a good alliance, hope and positivity	

An ability to develop an overall case plan which sets out:	
	an understanding of the family, the presenting problems and any underlying strengths and motivations
	risk and protective factors in the family
	a understanding of the problem in the context of the family relational system
	the major themes/reframes around which the intervention is organised
	an individualised change plan which identifies specific target behaviours and an associated implementation plan
	the multiple systems involved that impact maintenance of change
An ability to develop and flexibly implement individual change plans that target presenting problem by reducing family risk and building family protective factors	
An ability to determine the best focus for changing problem behaviours (e.g. communication, problem solving, sequence interruption)	
An ability to identify the best methods to change problem behaviours (e.g. teaching, modelling, coaching, use of technical aids)	

Ability to embed behaviour change techniques

An ability to develop specific session intervention plans which match interventions to the family context, and identify how they will be presented, initiated kept on track and followed-up
An ability to use behaviour change technologies, including:
intervening both in a planned and direct manner focused on a specific client issue(s) and also through taking advantage of incidents they arise in sessions
therapist modelling of appropriate behaviours within sessions
identifying “homework” for specific tasks, ensuring that this is feasible, clearly understood and has a high expectation of success
An ability to use a range of technical aids (such as audio/video recordings, therapist handouts, diaries and recording charts and reminders, school-home feedback systems and interactive rituals (e.g. games and relaxation training))
An ability to help the family develop positive communication skills (e.g. skills in active listening; taking responsibility (“I” statements); directness (“you” statements)), aiming to ensure that these are characterised by brevity, concreteness and behavioural specificity
An ability to help the family develop conflict management skills by:
avoiding conflict where possible (e.g. by diverting them away from issues that lead to conflict)
changing the reaction to conflict (e.g. by asking about the emotions, goals and consequences associated with the conflict)
containing conflict where possible (e.g. by taking a present and issues focused approach, or using “time out”)

An ability to help the family develop problem solving skills by helping them to:
identify a goal with the family in a specific area
ensure that the youth has an understanding of the nature of the problem and its impact on others, and is involved in generating, implementing and monitoring the problem solutions
identify agreed outcome(s)
agree what resources are required to achieve the goal, including any sub-goals or negotiations required to achieve the goal
identify any ways in which the suggested solutions might fail
review progress against the agreed outcome(s)
An ability to help improve parenting skills by teaching and supporting parents (and other family members) in the use of:
contracting and monitoring skills, and contingency management for younger adolescents
response–cost techniques and action-related consequences
time out
relationship-building and conflict-management skills which are integrated into the development of parenting skills
An ability to challenge “pathogenic beliefs” (e.g. all the youth’s problems are caused by eating too much chocolate) and develop alternative explanations linked to interpersonal functions and emerging themes in treatment
An ability to use formal and informal outcome measurement to support a behaviour change intervention

An ability to identify and work with resistance and in particular to consider if this stems from:
one or more family members who do not see the intervention as being of benefit to them
a lack of “fit” between the interventions and the type of problem behaviours in a family
therapist error(s)

Ability to support generalisation of the intervention

An ability to draw on knowledge of the desired outcomes of the generalisation phase (which aims to stabilise any family changes, and see the family acting in a self-reliant manner (e.g. making their own use of community resources)
An ability to assess the needs of the family for further interventions, including:
relevant community support (e.g. pro-social activities, educational services, monitoring/supervision)
additional professional services (e.g. individual therapy, parental education, anger management)
An ability to understand the range and use of generalisation techniques in the phased model of delivery of FFT (e.g. engaging the community and others from outside the family to support change)
An ability to use reframing in support of generalisation in order to :
maintain motivation when the felt need for change diminishes or when setbacks occur
redefine the aim as “keeping going” even when things have improved (i.e. to maintain a consistent focus on the long-term maintenance of change)

An ability to support the maintenance of change by:
educating the family about the “normal” experience of setbacks and the re-emergence of some problem behaviours
supporting the family in engaging again in the behaviour change intervention(s)
reminding the family of previous success and their central role in that success
An ability to help the family develop relapse prevention strategies so that they can confidently apply their new skills in different situations, by:
identifying situations where the problem(s) may occur
identifying strategies to be used when the problem(s) recurs
predicting when problem(s) may recur
An ability to support the family’s ability to access further interventions (including both community support and professional services) which they identify as important in maintaining change
An ability to support the maintenance of change and the prevention of relapse by:
having a good knowledge of local community services and systems (e.g. local service providers, school system, criminal justice system)
having a good working knowledge of the referral systems of local community services and the key personal in those services