

## STMA 581 Family Systems in Ministry

School of Theology and Ministry  
Seattle University  
Fall Quarter, 2009  
3 credit hours  
Time: Tuesdays, 5.45 – 8.35 p.m.  
Classroom: HUNT 100

Faculty: Rev. Douglas Anderson, Ph.D., LMFT  
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Office hours by appointment

### Required Texts

1. Course Reader
2. Nichols, Michael P. (2007) The Essentials of Family Therapy, 3<sup>rd</sup> Ed. Boston: Allyn and Bacon
3. Richardson, Ronald W. (2005) Becoming a Healthier Pastor. Minneapolis: Fortress Press
4. Richardson, Ronald W. (1996) Creating a Healthier Church. Minneapolis: Fortress Press

### Course Description

The field of family systems therapy has been exploring exciting ideas about how individuals and families change. This course will survey the evolution of these ideas and of major conceptual models within the field of family therapy. These ideas and models will be focused upon the person of the pastor/pastoral counselor, and students will be encouraged to integrate these approaches by reflecting upon their own development and functioning within their family systems. Further application will be made to practicing pastoral counseling with individuals, couples and families. Students will also explore applying these ideas toward enhancing the health of the local congregation, itself understood as an emotional system.

### Course Objectives

- 1) Increase familiarity with the systems way of thinking.
- 2) Develop understanding of several foundational theoretical models of family therapy
- 3) Foster growth in self-understanding of one's own functioning in family and other systems
- 4) Encourage theological and spiritual reflection both upon therapeutic models and upon one's own personal and professional experiences.

- 5) Discover new ways to use one's thinking, relational abilities and personal qualities creatively in counseling persons in families.
- 6) Explore approaches for coaching and consulting with congregational leaders.
- 7) Co-create "the membership" of the class community by practicing together honest dialogue through careful listening and responding as we engage together in the pleasure of learning.

### Student Learning Outcomes

- 1) Demonstrate ability, orally and in writing, to reflect from theological and systemic family therapy perspectives upon one's own family experiences and upon hypothetical family therapy encounters.
- 2) Demonstrate ability to produce written documentation for clinical practice purposes in support of client treatment and for one's own professional and personal development. This writing must adhere to APA writing guidelines.
- 3) Demonstrate through writing and participation in class discussion the ability to read and interpret clinical research and theoretical papers.

### Schedule of Classes and Assigned Readings

- 1) Sept. 29 – The Systems Way of Thinking  
Reading: Nichols, Chap.1  
Begin reading Richardson (2005)
- 2) Oct. 6–Evolution of Family Therapy; Bowen Family Systems Theory  
Reading: Nichols, chaps. 2, 4 and 5
- 3) Oct. 13–Systems Therapy and One's Own Family  
Reading: Richardson (2005), chaps. 1-10  
First Paper Due
- 4) Oct. 20– Structural and Psychoanalytical Family Therapy  
Reading: Nichols, chaps. 7 and 9
- 5) Oct. 27– Experiential Family Therapy  
Reading: Nichols, chap 8  
Reader: articles by Satir and Napier/Whitaker
- 6) Nov. 3– Models Influenced by Milton Erickson  
Reading: Nichols, chaps. 6 and 12  
Reader: articles by Damman and Leveton  
Second Paper Due
- 7) Nov. 10–Emerging and Integrative Models  
Reading: Nichols, chaps. 11, 13 and 14  
Reader: articles by Hoffman and Duhl

- 8) Nov. 17– Applications to Pastoral Family Therapy  
Reading: Nichols, chap. 3  
Richardson ((1996), chap 13  
Reader: Two articles by Anderson
- 9) Nov. 24– Applications to Congregational Consultation  
Reading: Richardson, (1996), chaps. 1 – 12  
Richardson, (2005), chaps. 11-14  
Third paper Due
- 10) Dec. 1- Comparisons and Summary  
Reading: Nichols, chap. 15

### Course Requirements

- 1) Attendance at all classes and participation in class activity.
- 2) Weekly reading of assigned texts and articles in preparation for class discussion
- 3) Completion of three reflection papers, 5-6 double-spaced pages. These papers must be turned in on these due dates: Oct. 13, Nov. 3, and Nov. 24.

**First Paper:** Apply some of the concepts of Bowen theory as explained by Nichols and Richardson to your own family of origin. Include a three-generational family diagram [see symbols in Richardson (2005), pp. 45 and 82]. What are a few of the central issues and emotional processes in your multigenerational family? What has been your own functional role in the family? How have you modified your functioning and what next step/s might you plan for your own work?

**Second Paper:** Recall and briefly describe a conflicted scene from your original or current family. Selecting four of the therapists discussed in the readings for weeks 4 – 6, describe how you might imagine each of the four responding uniquely to your family's conflict. Write out a brief assessment of the problem/situation using that therapist's language. Then write a specific description of how that therapist might speak and act to initiate a change from that therapist's unique model. This description is to be the longest section of your paper. Choosing one of these four imagined responses, comment on this therapeutic moment from a spiritual or theological perspective, either your own or that of a favorite spiritual/theological writer.

**Third Paper:** A hypothetical therapy case will be distributed in class. Imagining yourself as therapist or coach to this family, describe how you would plan to approach them. How might you assess their situation from a preferred therapeutic model? How might you respond to these persons from your model? As in paper two, this is to be a specific description of how you would speak and act and would be the longest section of this paper. What personal qualities, values, experiences, etc. of

yours could serve as resources? How might Divine Grace/Love move through you and these persons?

### Grading Criteria

25% of the final grade for class participation and 25% for each of the three papers. Class participation assumes attendance at each of the ten sessions and weekly reading of assigned readings. Not meeting this expectation will result in lowering the final grade. Completion of the three reflection papers on the due dates is required. Late papers will receive a reduction of one grade level.

### Academic Honesty

The School of Theology and Ministry strictly adheres to the Academic Policy concerning Academic Honesty as published in the Seattle University Student Handbook.

### Students with Disabilities

If you have, or think you may have, a disability (including an “invisible disability” such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, (206) 296-5740.

### Additional Recommended Readings (Optional)

Aponte, Harry J. (1994) Bread and Spirit: Therapy with the New Poor. New York: Norton

Berry, Wendell (2000) Jayber Crow. Washington D. C.: Counterpoint

Berry, Wendell (2004) Hannah Coulter. Washington D.C.: Shoemaker & Hoard

Burton, Laurel, Ed. (1992) Religion and the Family. New York: Haworth

Carter, Betty and Monica McGoldrick, Eds. (2004) The Expanded Family Life Cycle, 3<sup>rd</sup> ed. Boston: Allyn and Bacon.

Duhl, Bunny S. (1983) From the Inside Out and Other Metaphors. New York: Brunner/Mazel.

- Erickson, Betty Alice and Bradform Keeney, Eds. (2006) Milton H. Erickson, M.D., An American Healer. Sedona AZ: Ringing Rocks Press.
- Fischer, Kathleen (1990.) Reclaiming the Connections: A Contemporary Spirituality. Kansas City, MO: Sheed & Ward
- Gilbert, Roberta (2006) Extraordinary Leadership: Thinking Systems, Making a Difference. Falls Church VA: Leading Systems Press
- Hart, Thomas (2002) Hidden Spring: The Spiritual Dimension of Therapy. Minneapolis: Fortress.
- Hoffman, Lynn (2002) Family Therapy: An Intimate History. New York: Norton.
- Jordan, Merle (1986) Taking on the gods: The Task of the Pastoral Counselor. Nashville: Abingdon.
- Kerr, Michael and Murray Bowen (1988) Family Evaluation. New York: Norton.
- Simon, George M. (2003) Beyond Technique in Family Therapy: Finding Your Therapeutic Voice. Boston: Allyn & Bacon
- Steere, David (1997) Spiritual Presence in Psychotherapy. New York: Brunner/Mazel
- Titelman, Peter, Ed. (2005) The Therapist's Own Family.. Jason Aronson, Inc.
- Walsh, Froma, Ed. (1999) Spiritual Resources in Family Therapy. New York Guilford.

MFT Today: Therapy Models and Common Factors  
A Summary of three articles in  
Journal of Marital and Family Therapy,  
July 2007, pp. 298-363

Family therapy emerged historically not as a unitary approach to doing therapy but as a variety of therapy models each having its distinct treatment methods. The differing models emerged from the creative work of pioneer developers and became associated with that person, such as Bowen's natural family systems theory, Whitaker's experiential family therapy, and Minuchin's structural family therapy. Adherents of the varied models believed that what made marriage and family therapy (MFT) work was practicing the unique elements (ideas and methods) of their particular approach. Debates among the models followed, humorously referred to by Peggy Papp as "the battle of the name brands."

In recent decades researchers have proposed that what makes MFT work is not the unique elements of the models but rather "common factors" or elements that are found across the various models and within the therapy process itself. Common factors that seem influential for therapeutic change include: personal qualities of the therapist, the therapeutic relationship between therapist and clients, and the motivation and resources of the clients themselves.

The result has been a debate between those who advocate therapy models and the proponents of common factors. Model advocates argue that a common factor emphasis is too vague to provide guidance for the therapy process since clients enter therapy in a state of chaos/confusion. A therapist who has a clear understanding of an effective MFT model can bring order to that chaos and guide clients through a clear operational road map of how to identify stuck interactional cycles and how to make their desired changes. Common factors advocates argue that therapy outcome research has shown that no one model is more effective than any other and that rigid application of a model blocks the flexibility that the change process requires. They view the over-emphasis upon researching the effects of treatment approaches (such as "evidence-based treatments") as an extension of the medical model, akin to trying to apply the "right pill" to a client's condition while ignoring the influence of therapists and their relationship with clients.

More recently a both/and approach is emerging in the field: models and common factors are both important. Common factors work through models, which serve as the vehicle through which common factors operate. But models are only words on paper and can only work through the person of the therapist who practices them. "Models come alive or die through the therapist."

Who does the therapy is thus of central importance. The person of the therapist is the "point of convergence" of models and common factors. The therapist needs a clear worldview/model of change and perhaps even an enthusiasm or passion for their treatment approach. But the therapist also must manifest essential personal qualities and practices. Qualities may include warmth, caring, genuineness, flexibility, and being a clearly

boundaried self. Practices may include empathic listening, being positive/affirming instead of critical/judging, and the ability to be direct in order to interrupt client recursive cycles.

The “who” of the therapist also interacts with the “who” of the clients. Some researchers point out that the motivation and unique resources of the clients represent “the single-most potent contribution to outcome in psychotherapy.” The therapist needs to attend carefully to the specific family and cultural context of their clients and be flexible in applying varied aspects of therapy models to match client variability. The formation of a strong therapist-client relational connection (as perceived by the client) facilitates evoking latent change resources within the client system. The therapeutic relationship can “...either make or break therapy.”

The three articles conclude with implications for the training of therapists. Training needs to include both learning of clear conceptual models (how to think about therapy) and the personal development of the self of the therapist (how to be a therapist). The authors agree with a citation that “changing the emphasis in graduate training toward the development of the therapist as a person who prizes others can only make the enterprise of therapy more valuable, meaningful, and effective.” Or, as leaders of our field have taught, our work is ultimately an act of love.