Glossary of Key Terms in Systemic Family Therapy

Cybernetics (i.e. thinking from a systems perspective):

Systems Theory: A theoretical framework that views the family as an interconnected system, where each member's behaviour affects and is affected by the other members. The family system is seen as interlocked with multiple systems, such as the wider community, schools, health agencies, and the broader social context, such as the political, cultural and racial systems at play. This helps us to see how individual and relational life is tied up in multiple webs of context.

Homeostasis: The tendency of a family system to maintain stability and resist change, even when change is necessary for growth. This is the strong pull to recreate what is familiar to maintain the balance, or status quo.

Boundaries: Boundaries can be rigid or flexible. They define the organisation, rules, rights, responsibilities, roles, and power of members within a system.

Communication: The flow of information that exchanges through and between systems. This can be verbal and non-verbal.

Feedback loops: Each 'part' of the system responds to each other through feedback loops. A loop is described as having a positive or negative effect – i.e. whether it reinforces or reduces the likelihood of a particular response, behaviour, or belief.

Behaviour is communication: It is impossible not to communicate. Behaviour will be interpreted by each member of a system according to their perspective. We should be curious about what behaviour communicates about a person's experiences, fears, or hopes.

Circular Causality: The concept that family interactions are reciprocal and cyclical, rather than linear, meaning that behaviours influence each other in a continuous loop. Circularity helps us to see that the whole is greater than the sum of its parts.

Systemic Principles and Techniques:

Systemic hypothesising: Unlike a scientific hypothesis, which tests an idea for 'truth', a systemic hypothesis involves using all available information to create possible explanations for an issue in view. This approach appreciates that people are trying their best, even if they fail. It includes everyone in the system and focuses on the meaning behind behaviours. Hypotheses are starting points that are continually reviewed with new information, and it's important to use curiosity to develop multiple ideas to avoid confirmation bias.

Curiosity: This refers to the discipline of asking questions, expanding contexts and seeking understanding, challenging our own biases, and a focus on exploring patterns, meanings, beliefs, and relationships. Curiosity helps us to resist 'falling in

love' with our hypotheses. Our curiosity can help families to become curious, which can bring about experimentation and change.

Reflexivity: The active practice of reflection-and-adjustment in-action to ensure that our own experiences, biases, beliefs, emotions, and identities do not hold an unhelpful influence in our actions and practice. This is a way of examining the personal and professional and finding helpful ways to 'go on' in conversation.

Reframing: A technique used to help clients view their problems or situations from a different, more positive perspective. This can alter emotional and behavioural responses. For example, if a family member feels overwhelmed by another's constant advice, this could be reframed as an expression of care and love, rather than control.

Perturbation: Intervening with the intention to disrupt and challenge existing patterns and dynamics within a family system, or any system. To goal is to introduce change that leads to new, more constructive ways of interacting and relating.

Context: There is no meaning without context and the meaning made about an event will be shaped by the context that is chosen to frame the situation. Sociocultural factors such as the family's race, class, religion, and so on; the family's circumstances and environment; the time within which an event takes place; and the relationships within which an event takes place all provide markers that punctuate a particular meaning. We can help families to see issues within different contexts to generate different meanings, which can create different possible ways forward.

Multiple realities: This is the systemic notion that there is no singular, objective truth: it is impossible to 'know all' about a situation or family. In a family, different members can hold their 'own truth' about a relationship or situation. Holding a single story can be dangerous and perpetuate issues such as blame or rigidity. Curiosity helps us to consider multiple views and to help families open-up to multiple realities. Note: this is not to say that issues of risk or harm are permitted as accepted versions of reality; safety is always privileged in the worker's interventions.

Meta position: Taking a 'birds-eye' view to observe relational patterns and processes. Once identified we can then intervene to disrupt these patterns to help introduce change.

Isomorphism: A repetitive relational pattern that occurs across different levels of a system. This concept is used to understand how similar patterns of behaviour or interaction can manifest in different contexts within the family system and between professional systems. For example, a conflict pattern between parents might be mirrored in the interactions between siblings or even between a worker and the family during sessions.

Genogram: A visual representation of a family tree that includes detailed information about relationships, diversity, patterns, and significant events over multiple generations. This helps to reveal patterns, beliefs, and family scripts.

Family scripts: Families exhibit repetitive patterns of behaviour or interaction that are passed through the generations. These are like unwritten rules or guidelines that dictate how members are expected to behave. These can be implicit or explicit and can include rituals, routines, positions, roles, and attitudes. Scripts can be replicative (repeating the same), corrective (doing the opposite), or improvisational (attempting something different).

Triangulation: A situation in which two family members in conflict involve a third member to reduce tension and avoid direct confrontation. This can also apply to workers – i.e. a male worker may be triangulated in conflict between a heterosexual couple, if the man recruits him into valuing his story over his female partner's.

Enmeshment: A condition where family members are overly involved in each other's lives, leading to a lack of individual autonomy. This refers to the relationship between closeness and distance.

Differentiation: The ability of family members to maintain their sense of self while remaining emotionally connected to the family. This refers to the relationship between closeness and distance.

Family Life Cycle: The stages and transitions that a family goes through over time, such as coupling, death, separation, childbirth, illness, and retirement/old age.

Scapegoating: The practice of singling out one family member to blame for the family's problems, often to divert attention from more systemic issues.

Attachment Theory: A psychological model that describes the dynamics of long-term interpersonal relationships, particularly between parents and children.

Communication Patterns: The habitual ways in which family members interact and convey information, including verbal and non-verbal communication.

Family Roles: The specific functions and responsibilities assigned to each family member, which can influence behaviour and relationships within the family.

Resilience: The ability of a family to adapt and thrive in the face of adversity and stress.

Psychoeducation: The process of educating family members about psychological concepts and strategies to improve their understanding and coping skills.

Social Constructionism: A sociological framework that explores how we create our understanding of the world through language, culture and social interaction. A key idea is that knowledge is socially constructed. For example, 'parenting' is a socially constructed concept with different meanings and expectations, which will be mediated by gender, race, class, culture, religion, and so on.

Sociocultural Attunement:

Sociocultural attunement: “Refers not only to awareness of societal systems, culture, and power but to a willingness to pay close attention and be responsible to the experience of others” (McDowell et al., 2023:10). If we do not oppose oppression, we are complicit in its existence and maintenance. The practice of sociocultural attunement facilitates activism: moving us from a place of ‘knowing to doing’. A useful framework ‘ANVIET’ (McDowell et al., 2023) is offered to support this practice:

Attune: To power and context

Name: Injustices

Value: What is minimised

Intervene: In power dynamics

Envision: Just alternatives

Transform: To make the imagined a reality

Social GGRRAAAACCCEEESSSS (Burham, 1993, 2005, 2018): Gender, Geography, Race, Religion, Age, Ability, Accent, Appearance, Class, Culture, Community, Employment, Education, Ethnicity, Sexuality, Sexual Orientation, Spirituality, Something Else. Our social locations shape the power, privilege, and marginalisations we experience. They also shape our beliefs, emotions, and experiences in the world. It is important we integrate the ‘Social Graces’ into our systemic hypotheses and interventions.

Intersectionality: Intersectionality (Crenshaw, 1989) refers to the interconnections between dimensions of sociocultural identity and experience, such as gender, race, religion, class, and so on, and recognising the infusion of power and privilege across intersections and contexts. It is possible to simultaneously hold a position of power (e.g., a man) and marginalisation (e.g., a man with a physical disability).

Levels of Change:

1st Order Change: Change at the level of behaviour. This involves a more direct, ‘expert’ approach by the practitioner. The practitioner targets change they believe it will make a difference. This can activate a family system that is in ‘crisis’ or distress. This type of change can, however, be short-term if the underlying beliefs, causes, and dynamics that produce problematic behaviours and situations are not addressed. E.g., the use of a written agreement that prohibits the use of physical chastisement; or telling a smoker to quit and removing their access to cigarettes.

2nd Order Change: Change at the level of belief. This involves a more curious, collaborative approach that values and harnesses the expertise of the family. This

involves a 'not knowing' position that embraces uncertainty and the autonomy of the client/family. The skilful use of questions can be motivational and influence change to the underlying patterns, structures, and beliefs that produce problematic behaviours and situations. E.g., respectfully exploring and challenging a parent's beliefs about the use of physical chastisement and coaching them to use alternative methods that produce positive child behaviour; or educating a smoker on the harmful effects and asking them to evaluate their life goals and the role smoking may have on realising their goals.

The 1.5 Position: This involves integrating both 1st and 2nd order approaches to change. This helps to balance collaboration with authority. It allows us to attend to both change at the level of behaviour and belief. This is a flexible position where you move between the two stances depending on the context and needs of the family. E.g., driving behaviour change can be done first and then exploring beliefs about *what* and *how* things have changed can be done, either alongside, or later, to reinforce the emerging beliefs and learning, to sustain behaviour changes over the longer-term.

3rd Order Change: 3rd order change involves critical thinking towards issues of power, privilege, and oppression. It involves helping clients/families to resist, heal from, and, where necessary, better tolerate, forms of oppression and harm produced by social and relational inequality and power imbalances. Interventions also include helping clients/families to experience justice, equality, and equity in the various domains of their lives. Sociocultural attunement drives 3rd order change.

Models of Change:

Strategic Family Therapy: A short-term, problem-focused approach to address specific issues by altering the patterns of interactions that contribute to the problem. The therapist takes an active and directive position and has clear ideas about what the problems and solutions are, and tailors' interventions to target the changing of behaviours – i.e. first order approach.

Structural Family Therapy: A therapeutic approach that focuses on reorganising the family structure to improve relationships and reduce problems. This involves strengthening boundaries between parents and children. Techniques like enactments, intensification, and unbalancing are used. The practitioner takes an active and directive role to 'lead' the family to change – i.e. first order approach.

Early Milan Family Therapy: An early approach to family therapy that introduced systemic hypothesising and circular interviewing. They focused on changing relational dynamics and patterns through questions, reframing, paradox and counter-paradox, and prescribing directives (instructing change). This was a more first-order approach but less so than strategic and structural. They used the one-way mirror to observe and intervene in family sessions.

Post-Milan Family Therapy: An evolution of Milan Family Therapy that incorporated more flexibility and curiosity about the family's beliefs and a greater appreciation of

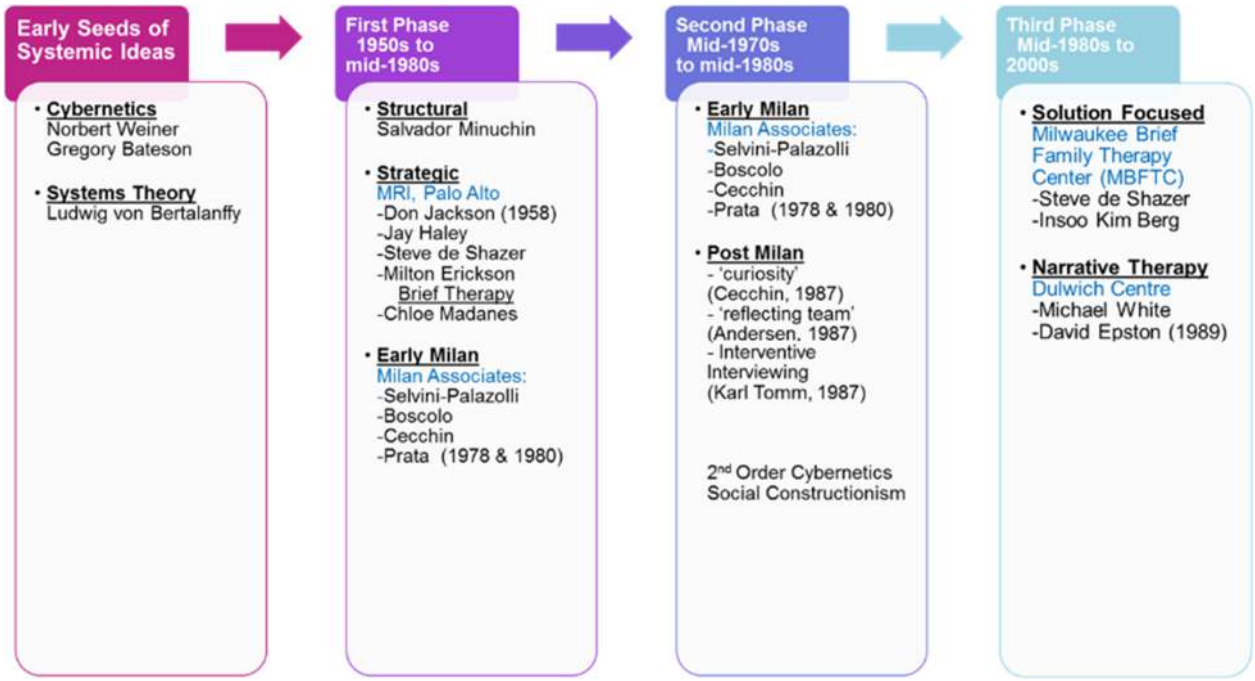
context. This approach was more collaborative, less instructive – i.e., more second order approach.

Solution-Focused Therapy: A therapeutic approach that emphasizes finding solutions and building on family strengths rather than focusing on problems. Techniques include asking the 'Miracle Question', scaling, and looking for exceptions. This is generally considered a second-order approach as the focus is on the client/family's perspective and solutions are co-constructed.

Narrative Therapy: A therapeutic approach that stems from the idea that our lives are made of stories and narratives that we live and tell about who we are. Some stories can become dominant (i.e. negative and primary) while others are more subjugated (hopeful, resource-laden but quiet). A narrative approach helps family members reframe and rewrite their personal and family stories to create more empowering narratives. This is a strengths-based approach and included techniques such as externalisation, deconstruction, and re-authoring. This is a second-order approach.

Dialogical Family Therapy: An approach that emphasises open, authentic communication and collaboration between the practitioner and the family. It is rooted in the principles of dialogue, where the focus is on creating a space for all voices to be heard, respected, and valued. Key elements include open dialogue (all thoughts shared openly), reflective practice (reflect on interactions and meanings openly), and polyphony (valuing multiple perspectives, rather than seeing some as more 'correct' than others).

Coordinated Management of Meaning (CMM): Family therapists have integrated CMM into their practice, although CMM is applied in a range of contexts, not just therapeutic settings. CMM is a communication theory set within a social constructionist epistemology. A CMM view outlines that communication is a dynamic process where people construct their social realities and relationships through their conversations. Key concepts include 'coherence' (how we make sense of interactions by interpreting stories and meanings), 'coordination' (how we manage our actions and responses in patterns of interaction), and 'mystery' (recognising that we can't fully understand or predict all aspects of communication). Tools include the Daisy Model, Serpentine Model, and the LUUUT Model.



The above illustrates the emergence and evolution of the primary family therapy models of change. It is important to note that these models can and have been translated, integrated and applied in different ways depending on the orientation of the practitioner and the unique needs and circumstances of families. The specificities of the children's social care context require thoughtful integration of these models to ensure that safeguarding is privileged within the statutory legal frameworks that govern social care practice.

Deepening your Understanding:

- **Systemic Consultation** about a family with a Family & Systemic Psychotherapist can provide an opportunity to consider and apply systemic ideas to practice.

- **Family Space** provides families a systemic team-based intervention. Social care practitioners can apply to join a Family Space group as a Reflecting Team member meaning you will contribute to the interventions provided to families.

- **Systemic Training**: 5-Day Practitioner and Supervision/Leadership courses can be accessed via TPD. Contact the Children's Social Care Academy if you have interest in attending an accredited systemic course with the Centre for Systemic Social Work.

- **Systemic Workshops**: Monthly virtual workshops facilitate systemic learning, development, and integration.