

# Therapist treatment teams: A unique approach to family therapy

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**Abstract:** This poster describes a Family Therapy Treatment Team approach which utilizes several mental health clinicians to work with a family as a whole, and as individuals, simultaneously. Advantages and disadvantages for this approach are discussed, as well as suggestions for future research and practice.

**Traditional use of Treatment Teams:** The use of treatment teams in medical and psychological services is not new. Traditionally, treatment teams are comprised of professionals with different expertise within a larger field or of interdisciplinary team members with expertise in related fields (Dixon & Thyer, 1997; Ingrassia, 2006). For example, a medical treatment team may include a primary physician, gastrointestinal specialist, surgeon, and psychiatrist to treat a client with chronic stomach pains exacerbated by anxiety or stress. A sexual abuse investigative team might consist of a detective, medical examiner, social worker, and a forensic psychologist. A treatment team providing services to a child with autism might include a developmental psychologist, special education expert, psychological technician, neurologist, and a certified behavior specialist. Traditional treatment teams meet for evaluative purposes, to implement treatment components, and/or to assess treatment efficacy. Additionally, traditional multidisciplinary teams collaborate to treat the identified "client"—any treatment benefits to family members are secondary in comparison to the identified client's needs.

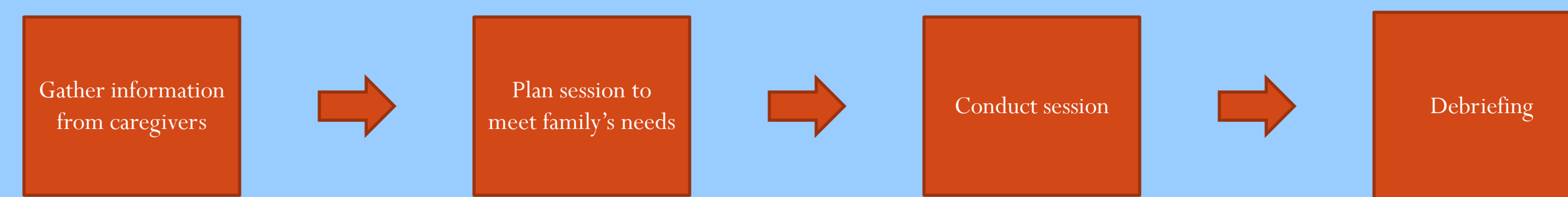
**The Family Therapy Treatment Team:** The MU Assessment & Consultation Clinic has implemented a unique approach to family therapy applying treatment team principles but adding clinicians for each individual family member; thereby not identifying one individual client as the focus of treatment, but expanding treatment focus to the family as the identified "client". Such an approach allows for conceptualizing treatment goals for the benefit of each individual and the larger family system (Clark, Leinhaas, & Filinson, 2002). This type of treatment team also differs from traditional multidisciplinary treatment teams in that therapist team members share fundamental training within the field of psychology. However, each therapist brings his/her own perspective based on their professional philosophies and clinical experiences.

**The Process:** Once the treatment team is established, the supervisor meets with clinicians to assign responsibilities and team member roles. After psychosocial information is gathered on all family members, the team conceptualizes the family as a whole and each individual family member within the family system. Additionally, treatment goals and a treatment plan, for the family and individual members, are created. With each session, clinicians discuss current issues in relation to family and individual goals then plan the most appropriate treatment modality to meet the family and individuals' needs (i.e., sibling therapy, couples therapy, individual therapy); therapists co-facilitate as needed. Progress notes are shared via a HIPAA-compliant computer drive and a brief running narrative is kept so team members are easily apprised of changes in the case. Following sessions, clinicians debrief together to process the case, receive supervisor/peer feedback, and rethink treatment approaches.

## THE PROCESS (includes the following basic components):

- gather information from caregivers
- plan session to meet family's needs (with guidance from supervisor)
- provide session in flexible format
- debriefing of clinicians

Components should be provided in a format specific to the family's needs

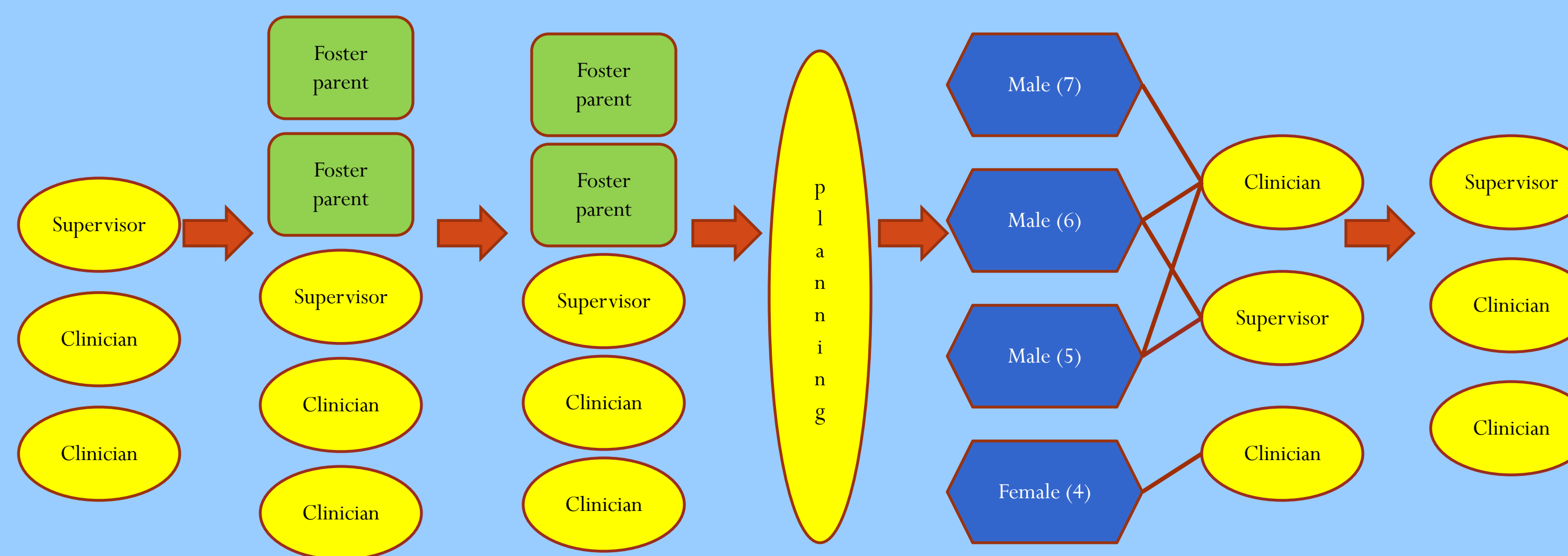


## CASE STUDY #1

**Four children in four different foster care homes:** Four foster parents, Male (7), Male (6), Male (5), & Female (4)

**Presenting issues:** history of abuse & neglect, aggression, developmental delays, exposure to sexual content

- Process:** 1. clinician planning (15 min); 2. gather info from two foster parents (15 min); 3. gather info from two foster parents (15 min); 4. clinician planning (5 min); 5. child therapy sessions-Female with her individual clinician & Males divided into dyads/individual between supervisor and clinician to meet their needs (30 min); 6. debriefing among clinicians

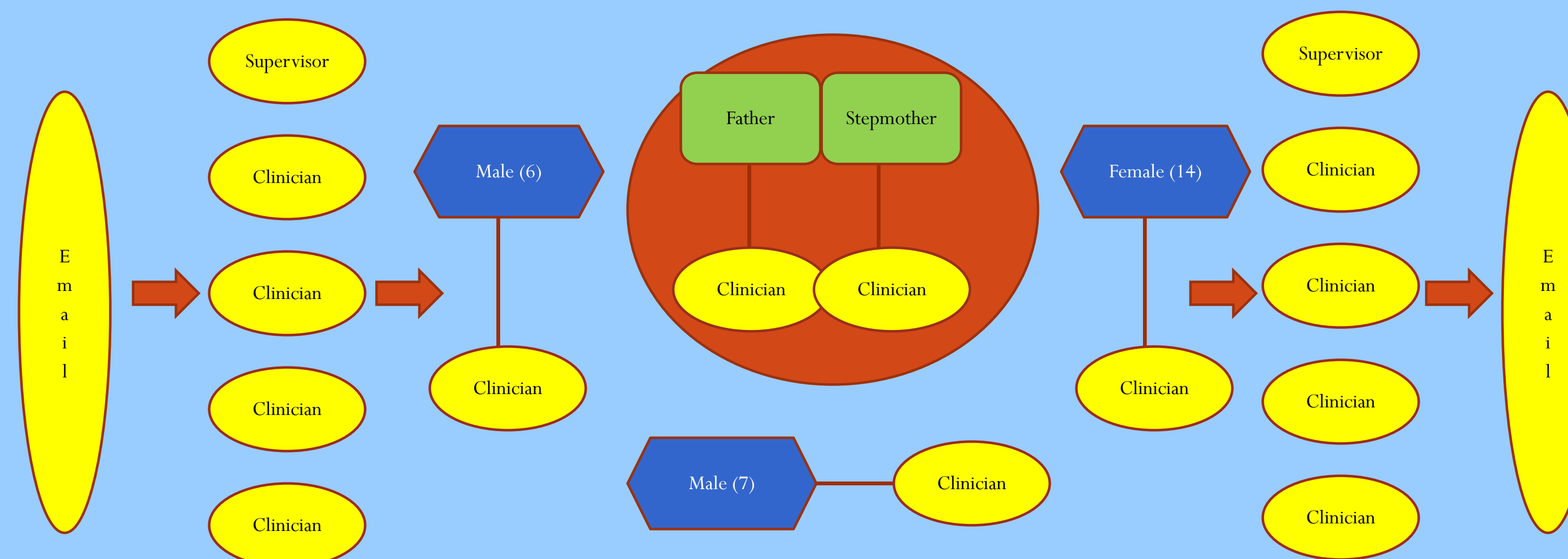


## CASE STUDY #2

**Family:** Father with his two sons (ages 6 & 7), Stepmother with her daughter (age 14)

**Presenting Issues:** behavior concerns in youngest two children, perfectionism in parents and 14 year old, high stress, blended family adjustments, inconsistent parenting, poor communication within couple, parents each have abuse histories

- Process:** 1. receipt of email from parents regarding current issues/concerns 2. clinician planning (30 min); 3. session with various formats to fit family/individuals' needs; often marital counseling with two clinicians is provided(60 min) 4. Clinician debriefing (30 min); 5. email/phone updates to parents regarding children's therapy



**Intervention Advantages:** Numerous advantages to using this approach have been identified. First, providing these services simultaneously is an efficient way for family members to participate in therapy. Basic case management duties are performed more efficiently as well, as those responsibilities can be divided among clinicians. Because several clinician views are shared, and each family member's perspective is represented, case conceptualization is quite comprehensive. Clinicians appear to better understand the reciprocal relationship between individual clients and the family system. The Family Therapy Treatment Team also allows the opportunity to observe how meeting individual goals influence family cohesion/tension. Another major advantage is the flexibility inherent in this treatment design. It is believed that less stigmatization of therapy participation occurs as all family members are meeting with the ultimate goal of family happiness. It is also thought that clients demonstrate more honesty because they feel that have a personal advocate. Additionally, debriefing typically allows clinicians to fill in "gaps" of information through other family member reports. Another advantage is that the family can still receive services if one clinician is unavailable. Finally, using the family therapy approach allows for improved outcomes in comparison to clients receiving only individual therapy (Godart, et al., 2006).

**Intervention Disadvantages:** Despite some preliminary identified advantages, some initial disadvantages to this approach have been identified as well. First, it is extremely difficult to schedule these appointments due to the coordination of a large number of people. Having enough space to provide services is an issue as well. Additionally, the responsibilities of clinicians increase with each added family member; clinicians must stay apprised of issues/progress of all family members and alter complicated case conceptualizations on an ongoing basis. The utilization of various clinicians and modalities can be confusing to clients, especially if a clinician is unavailable for a session. Because the family doesn't always know the plan each week for treatment, their involvement may be compromised.

## Future Research and Clinical Needs:

Understanding this treatment approach and its effectiveness is in its infancy. Future clinicians should conduct empirical analysis of this approach versus traditional individual family, traditional family therapy, and the use of traditional treatment teams. Study of team principles which are most effective is recommended (Hinojosa, et al., 2001; Cole, Waite, & Nichols, 2003). Similarly, identification of which therapeutic components are most influential should occur. Additionally, qualitative analysis of family members' satisfaction of this approach would be valuable.

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