

Test Bank
for

The Essentials of Family Therapy
Sixth Edition

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Chapter 1

The Foundations of Family Therapy

Short Answer

1. Compare and contrast individual and family therapy modalities. What types of clients and client problems may be best suited for each and why? Provide examples to illustrate your answer. Is it possible to integrate individual and family treatment? Take a position and argue for or against.
2. How might an individual therapist counsel Bob or Shirley (in the case example)? How might individual therapy progressed with either one of them that might reinforce the conflict between them? How might an individual therapist, seeing either Bob or Shirley, help them reduce their conflicts?
3. What do you believe to be the necessary and sufficient conditions for real therapeutic change to occur? A brief but decisive intervention in the family system or the long-term exploration of one's personality? Some argue that changes initiated via family therapy are lasting because change is exerted throughout the entire system – that each family member changes and continues to exert synchronous change on each other. Others believe that long-term insight-oriented therapy is necessary to prevent the patient's personality pathology from reasserting itself. Take a position for or against and cite evidence to support your view.
4. Make up a brief case in which one person who has trouble in a relationship sees only the contributions of the other person to their mutual problems and acts in such a way as to perpetuate the conflict – even though he or she is trying to improve the relationship.
5. What advantage does family therapy offer over individual therapy in maintaining positive therapeutic change? What disadvantage does family therapy create in initiating positive therapeutic change?
6. What is gained by seeing family problems, such as those seen in Holly's family, as transitional? As triangular?
7. Identify: Self-actualization
8. Identify: Transference

Chapter 2

The Evolution of Family Therapy

Multiple Choice

1. Lyman Wynne's term for the façade of family harmony that characterized many schizophrenic families is:
 - a. pseudocomplementarity
 - b. pseudomutuality
 - c. pseudoharmony
 - d. pseudohostility
2. Hospital clinicians began to acknowledge and include the family in an individual's treatment when:
 - a. they noticed when the patient got better, someone in the family got worse
 - b. they realized the family was footing the bill for treatment
 - c. they realized the family continued to influence the course of treatment anyway
 - d. a and c
 - e. none of the above
3. Kurt Lewin's idea of _____ can be seen in action in Minuchin's promotion of crises in family lunch sessions, Norman Paul's use of cross-confrontations, and Peggy Papp's family choreography.
 - a. unfreezing
 - b. social equilibrium
 - c. group process
 - d. field theory
4. Paying attention to *how* members of a group interact rather than merely to *what* they say is called:
 - a. Basic assumption theory
 - b. Group dynamics
 - c. Field theory
 - d. Process/content distinction
5. The first to apply group concepts to family treatment was:
 - a. Murray Bowen
 - b. John Elderkin Bell
 - c. Virginia Satir
 - d. Carl Whitaker
6. A second, covert, level of communication which conveys something about how the communicants should relate is called:
 - a. denotation
 - b. connotation
 - c. metacommunication
 - d. didacticism
7. Frieda Fromm-Reichmann's concept, "_____ mother," described a domineering, aggressive, rejecting, and insecure mother who was thought to provide the pathological parenting that produced schizophrenia.

- a. undifferentiated
 - b. schizophrenogenic
 - c. reactive
 - d. symbiotic
8. According to Wilfred Bion, most groups become distracted from their primary tasks by engaging in patterns of:
- a. fight-flight
 - b. pairing
 - c. dependency
 - d. any of the above
 - e. all of the above
9. Ivan Boszormenyi-Nagy emphasized the importance of _____ in families.
- a. communication
 - b. ethical accountability
 - c. triangles
 - d. systems dynamics
10. Gregory Bateson and his colleagues at Palo Alto introduced this concept to describe the patterns of disturbed family communication which cause schizophrenia.
- a. schizophrenogenesis
 - b. double bind
 - c. pseudohostility
 - d. none of the above
11. The only means to effectively escape a double bind is to:
- a. withdrawal from the relationship
 - b. metacommunicated
 - c. quid pro quo
 - d. a and b
12. According to Theodore Lidz, marital schism occurs when:
- a. one spouse with serious psychopathology dominates the other
 - b. there is a chronic failure of spouses to achieve role reciprocity
 - c. one spouse consistently engaged in double-binding communication
 - d. there is a loss of autonomy due to a blurring of psychological boundaries between spouses
13. Jackson's concept, _____, that families are units that resist change, became the defining metaphor of family therapy's first three decades.
- a. emotional reactivity
 - b. quid pro quo
 - c. family homeostasis
 - d. a and c
14. A _____ relationship is one based on differences that fit together.
- a. complimentary
 - b. symmetrical
 - c. homeostatic
 - d. imbalanced

15. This family therapist's personal resolution of emotional reactivity in his family was as significant for his approach to family therapy as Freud's self-analysis was for psychoanalysis.
 - a. Salvador Minuchin
 - b. Jay Haley
 - c. Murray Bowen
 - d. Carl Whitaker
16. This family therapist believed in the existence of an interpersonal unconscious in every family.
 - a. Murray Bowen
 - b. Nathan Ackerman
 - c. Ivan Boszormenyi-Nagy
 - d. Virginia Satir
17. The restructuring techniques of structural family therapy are designed to bring about:
 - a. first-order change
 - b. second-order change
 - c. ethical accountability
 - d. transmuted interpretations
18. The group therapy model was not entirely appropriate for families for what reason?
 - a. family members are peers
 - b. families have a shared history
 - c. both a and b
 - d. none of the above

Short Answer

1. Describe the "double-bind theory" of schizophrenia. Historically, why was the theory important?
2. How are family systems therapies different from traditional individual therapies?
3. Some would argue that there is a radical divergence between family systems therapies and the more traditional psychotherapeutic approaches. Others would challenge this view, arguing that there are many points of similarity and that the differences are exaggerated. Take one position or the other and defend your stand.
4. Choose two of the individuals below and describe how they helped to launch the family therapy movement. Be specific in discussing their contributions to the field.
 - a. Gregory Bateson
 - b. Theodore Lidz
 - c. Milton Erickson
 - d. Nathan Ackerman
 - e. Murray Bowen
 - f. Don Jackson
 - g. Jay Haley
 - h. Salvador Minuchin
 - i. Virginia Satir

j. Carl Whitaker

5. How is group therapy similar to and different from family therapy?
6. What is the positive impact of research on family dynamics and schizophrenia?
What was its negative impact?
7. What are some of the factors that have resulted in diminished academic enthusiasm for family therapy?

Chapter 3

Basic Techniques of Family Therapy

Multiple Choice

1. For initial interviews, the author recommends seeing:
 - a. the “problem-determined system”
 - b. the adults in the family
 - c. the parents
 - d. everyone in the household
2. A treatment contract typically includes:
 - a. the therapist’s strategies for solving the presenting problem
 - b. the fee and how it should be paid
 - c. the therapist’s therapeutic model
 - d. all of the above
3. What is the major presenting pitfall in listening to a family’s perspective on the presenting problem?
 - a. accepting a linear perspective on the problem
 - b. hearing too many conflicting points of view
 - c. allowing children too much leverage in family decision making
 - d. challenging the family’s perspective too soon
4. The “child-protective approach” to cases of sexual abuse:
 - a. may undermine the integrity of the family
 - b. tries to ensure that the abuse doesn’t continue
 - c. tries to reduce the long-term impact of the trauma
 - d. all of the above
5. Treating the couple together in cases involving domestic violence:
 - a. has been shown to produce better outcomes than seeing the partners separately
 - b. may allow the batterer to rationalize his behavior
 - c. is the most widely accepted approach
 - d. all of the above
6. According to the author, therapists should inquire about drug and alcohol consumption:
 - a. when there is suspicion that this may be a problem
 - b. in every case
 - c. in every case where the identified patient is a teenaged child
 - d. when there is a history of this being a problem
7. Family structure involves:
 - a. how people interact in a family
 - b. the overall organization of the family
 - c. patterns of communication
 - d. all of the above

Short Answer

1. What are the pros and cons of insisting that the entire family attend the initial consultation?
2. What is the “problem-determined system?” Give a couple of examples.
3. What is essential to accomplish in the first session in order to establish a productive therapeutic alliance with a family?
4. How can a therapist effectively challenge linear attributions of blame? Give a couple of examples.
5. Why is it important for a clinician to develop a therapeutic hypothesis, and what are some of the elements that such a formulation should include?
6. What is the danger of a therapist taking too active and directive a role in the middle stages of a family’s treatment?
7. Why are traditional couples considered potentially dangerous in the treatment of cases involving marital violence?
8. What are some of the arguments in favor of treating violent partners together in couples therapy?
9. What are the first priorities in treating cases involving child sexual abuse?

Answers are on last pages