Family Therapy Theory Building:
An Integrative Training Approach

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ABSTRACT. Our approach to graduate family therapy education in-
volves the teaching of the major theoretical models in a way that invites
both thoughtful criticism and potential integration into one's own personal
theory of family therapy. The purpose of this paper is to briefly describe the
rationale for our integrative training procedures, and to present several il-
lustrative examples of learning activities designed to stimulate theoretical
criticism and creative integration.

Family therapy education and supervision have a short history. Just
three decades ago, family therapy, then a revolutionary process, began
with the work of creative pioneers such as Nathan Ackerman, Carl
Whitaker, John Eldenkin Bell, Murray Bowen, and others. A network of
iconoclastic family therapists developed, each proposing somewhat dif-
ferent theoretical formulations and intervention techniques. Training ini-
tially resembled an apprenticeship, with promising neophytes observing,
working with, and generally sitting at the feet of the masters (Kaslow,
1977; Nichols, 1979). Even today, family therapy "superstars" (Pitt-
man, 1983) demonstrate their skills to large audiences and often are
wisked in and out of workshops like contemporary rock stars.

To be sure, family therapy education also has taken on a more formal-
ized air, owing largely to the advent of family therapy training centers
and graduate programs. Requisite skills are beginning to be specified
(Allred & Kersey, 1977; Cleghorn & Levin, 1973; Falicov, Constantine
& Breunlin, 1981; Garrigan & Bambrick, 1977; Piercy, Laird &
Mohammed, 1983; Tomm & Wright, 1979) and procedures have begun
to be operationalized for the teaching of family therapy skills and con-
cepts (Constantine, Fish & Piercy, 1984; Liddle, 1980; Liddle & Saba,
1982; Liddle & Schwartz, 1983; Piercy & Sprenkle, 1984). Moreover,

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nontherapy courses have been suggested as important components in the well rounded education of family therapists (Piercy & Sprenkle, 1983; Sprenkle & Piercy, 1984). Research on family therapy training procedures has been proposed (Kniskern & Gurman, 1979; Liddle, 1982; Liddle & Halpin, 1978) but relatively few studies on family therapy training have been conducted to date (e.g. Mohammed & Piercy, 1983; Winkle, Piercy & Hovestadt, 1981).

How one should best teach family therapy will continue to be debated and hopefully researched. Important questions related to family therapy education include: What school or schools of family therapy should be taught? Should one family therapy model be taught in isolation, or are there advantages to teaching several models? Should theoretical integration be encouraged or discouraged?

Many family therapy trainers teach one model that is clear, theoretically consistent, and relatively easy to master.(Bowen, 1978; Liddle, 1980, 1982; Liddle & Saba, 1982). Purist trainers emphasize certain risks inherent in mixing theoretical models. These risks include the incompatability of various theoretical tenets, the difficulty of teaching an integrated model, the utopian expectation ("all things for all people") that such a model generates, and the lack of rigor and consistency that an integrated model might spawn (Fraser, 1982; Liddle, 1982). Also, when training programs are short, it is considered more simple and practical to teach one existing model well.

We believe that these are all legitimate risks worthy of attention. Yet we are concerned with the potential wealth of useful information denied students when only one model is taught. Also, not enough is known about the relative efficacy of the predominant models of family therapy to judge one to be clearly superior to another. In our own approach to training we attempt to teach each of the major family therapy theories in a way that invites both thoughtful criticism and potential integration of selected assumptions into the students' evolving personal theory of family therapy. The purpose of this paper is to briefly describe the rationale for our integrative training procedures, and to present several examples of learning activities designed to stimulate theoretical criticism and creative integration.

RATIONALE FOR INTEGRATIVE THERAPY AND TRAINING

We affirm the advantages of an integrative family therapy model identified by Lebow (1984). Lebow states that integrative approaches a) draw from a broader theoretical base than do purist models, b) allow for greater flexibility in the treatment of any given individual or family, c)

are more applicable to a broader client population then more narrowly focused approaches, d) allow for a better fit between therapist and treatment approach, e) make it possible to combine the major benefits of specific approaches, f) bring greater objectivity into the selection of change strategies, since there is less investment in one particular model, and g) can be readily adapted to include new techniques.

We also affirm the importance of an integrative *training* approach to doctoral level family therapy education. While learning one family therapy model exclusively is often appropriate in post graduate workshops or training institutes after trainees have already been exposed to a variety of models, we believe that a doctoral program in family therapy should be committed to a broad exposure to the field. Therefore, in our four-course theory sequence we enthusiastically teach the major approaches to family therapy, but in an atmosphere where criticism, skepticism, and creative inquiry also are encouraged. Moreover, all students take a general course in theory construction in which they learn the characteristics of a good theory as well as the skills of theory criticism and construction. In essence, we want to *expose* discerning students to the field rather than *impose* any one model. In our theory sequence, theoretical underpinnings, interventions, and research data are examined for strategic, structural, behavioral, transgenerational, communicational, and experiential family therapies.

Structured learning activities are used in each of our theory courses to encourage the contrasting of theoretical assumptions, not only between theories, but also between the student's own theoretical assumptions and those posited by particular family therapy schools. In these learning activities, we attempt to personally involve the student by stretching his/her own assumptions of the world and by encouraging the student to test assumptions of a particular model against his/her own world view and lived experience. We are, as Duhl (1983) suggests, attempting to teach both from the "inside out" and from the "outside in". We believe that the resultant process is one of informed personal theory building, based on exposure to the prominent theorists, practitioners, and researchers in the field.

In essence, we are attempting to combine content-centered and person-centered teaching approach to educate discerning scholars to avoid the pitfalls of being either a true believer or a wide-eyed eclectic (Piercy, 1984). We challenge students to be theoretically consistent, but accept the legitimacy of applying intervention strategies from a variety of models to meet theory-specified therapy goals.

Further, students are encouraged to see their emerging theoretical tenets not as "truth" but as mid-level constructs which help translate a systemic paradigm into clinical practice (Sluzki, 1983). As such, we hope

that students will avoid the hubris that has characterized much family therapy theory. In emphasizing that the map is not the territory, each student is encouraged to see his/her theory as a helpful (albeit incomplete) guide that reflects a portion of reality and logically leads to certain intervention strategies. Like any theory, it is not tested against "truth," but is evaluated on the extent that it is heuristic, parsimonious, consistent, and above all, useful.

Since the student who is developing his/her own theory is necessarily an explorer and pioneer him/herself, the integrative family therapies of others (e.g., Duhl & Duhl, 1981; Stanton 1981; Pinsof, 1983; Gurman, 1981; Feldman & Pinsof, 1982; Alexander & Parsons, 1982) should be read, but, just as with the purist schools, not swallowed whole. It is helpful for students to see how others have grappled with the integration of theoretical tenets, but in the final analysis, the development of ones own theory of family therapy is a very ideosyncratic and personal affair.

Liddle (1982) has suggested that therapists periodically give themselves an "ideological checkup" to allow them to explore where they stand on important theoretical issues. The theory-building learning activities presented below are used in this spirit, but with the formidable goal in mind of challenging students to carve out their own personal theory.

EXAMPLES OF THEORY BUILDING LEARNING ACTIVITIES

Triad Interviews

We typically structure a triad interview sometime toward the end of most of our theory courses. Students are put in groups of three, with each of the three students being a "focus person" for a fifteen minute period of time. During this time, the other two group members ask the focus person questions that will allow him/her to discuss basic assumptions of his/her evolving theory. This is *not* a group discussion, since only one person has the "floor" for each fifteen minute period. Students enjoy this opportunity to articulate their own opinions regarding basic theoretical questions. The following questions are shown on an overhead transparency during this exercise as possible questions for the interviewers to ask:

— How does change occur?
— What are your basic goals in therapy and how do you propose to achieve these goals?
— How is your own theory and practice of family therapy consistent or inconsistent with the theoretical models presented in this class?
— How important are the following in your own evolving theory:

—Skill building
—Affect
—Assessment (e.g., appraisal, history taking, diagnosis)
—Administrative control (structuring skills)
—Therapist-client relationship
—Enrichment

— What importance do you place on the concept of resistance? How do you deal with resistance?
— What is your theory of normative and dysfunctional family functioning?
— How do you know that change has occurred? What are your strategies for assessment?
— How do you decide who should attend therapy? (e.g., when should children, grandparents, x-spouses, etc. attend therapy and when should they be excluded?)
— To what extent do you see therapy as education?
— How much responsibility do you take for change and how much do you allow the family?
— Discuss how one or more of these constructs or principles fit or don't fit into your evolving theory: power, resistance, homeostasis, positive feedback, reinforcement, transference, behavioral rehearsal, differentiation.
— How does your therapeutic approach change across life cycle stages, ethnic groups and/or presenting problems?

Theoretical Tenet Continuum

This exercise involves designating complimentary theoretical tenets to opposite walls of the room, and then asking each student to decide on the place he/she would stand on an imaginary line between these two theoretical tenets. After everyone has decided upon his/her place, we instruct the class to get up and take that place on the continuum. Students are asked to look around them and observe their position in relation to others in the class on that quality.

This learning activity may be used in several ways. For example, we have had students discuss their choice of a position on the continuum in small groups. We have also employed selected bi-polar tenets at the beginning and end of a semester, so students can see changes in their theoretical assumptions over time. In addition, this learning activity may be used as a paper-and-pencil exercise. Another variation involves having students choose one tenet or the other (forced choice versus continuum) and then have the resulting groups debate the advantages of the theoretical tenets they chose. Such discussions are typically lively, yet the plurality of differing opinions are generally respected.

Table 1

Continuum of Selected Theoretical Tenets*

Insight is unnecessary for change to occur	Insight is necessary for change to occur
Historical information is important in understanding and changing present functioning	Historical information is unimportant in understanding and changing present functioning
Assessment is most important as an evaluation process at the beginning and end of treatment	Assessment is most important as an ongoing process within the therapy session
Interactional sequences are more relevant to therapy than organizational structure	Organizational structure is more relevant to therapy than interactional sequences
Multigenerational issues should be handled, when possible, by inviting members of the extended family into therapy	Therapy can be done with multigenerational issues just as effectively with nuclear family members only
Family member's expression of feelings can be curative and should be facilitated by the therapist	Expressions of feelings often inhibit change and should be blocked by the therapist
The therapist should be a model of clear, direct communication	The therapist is most helpful when he/she speaks indirectly and metaphorically
Problematic behavior is maintained by the family's homeostatic (morphostatic, negative feedback) processes	Problematic behavior is maintained by the family's ineffective attempts to change (morphagenesis, positive feedback)
The client is responsible for change	The therapist is responsible for change
The therapist's actions during a session are best if planned	The therapist's actions during a session are best if spontaneous
The overall goal of therapy is client growth	The overall goal of therapy is problem resolution
Significant change occurs between the therapy sessions	Significant change occurs within the therapy sessions

*We are indebted to Dr. Janine Roberts, University of Massachusettes-Amherst, and Mr. Mark Hirschmann, Purdue University, for the initial version of many of these bi-polar items.

Supervision Worksheets

In our course in Family Therapy Supervision, each student must develop a supervision worksheet to aid him/her in providing live and/or indi-

rect supervision to family therapists. Supervisors-in-training are encouraged to develop forms that will help supervisees bridge their own theory with what they actually do in therapy. Consquently, supervisors-in-training are learning to help their own supervisee think through theoretical suppositions and how these suppositions might be translated into therapy goals and strategies. An example of such a worksheet is included in Appendix A.

Personal Theory Paper and Videotape Presentation

Each family therapy student completes a unique specialization preliminary examination at Purdue toward the end of his/her doctoral program. This prelim includes the writing of a thirty-page personal theory of family therapy paper, the demonstration of this theory in selected videotaped segments of actual therapy sessions, and the formal presentation of this theory and videotape to students and faculty.

The integrative personal theory paper details the student's personal approach to family therapy, and includes the following sections: a) basic conceptualization of the family as a social system, b) views concerning pathology and health in family systems, c) goals of therapy, d) the process of change, e) intervention strategies, and f) implications of the approach for research. This paper is intended to provide the student with an opportunity to compare and contrast his/her theoretical assumptions with those of major theorists. As such, the paper represents a creative expression of the student's own views as he/she dialogues with the key documents in the field. Faculty and other MFT students are expected to read the paper prior to the presentation so that it can be a time for dialogue with the presenter.

The formal theory presentation in which the videotaped therapy segments are shown lasts approximately 90 minutes. During the initial ten minutes, the student gives an uninterrupted overview of the interventions that will subsquently be presented in the videotape and indicates how, in a very general sense, they are consistent with his/her theory as articulated in the paper. Following this introduction, the student presents the videotape and discusses the interventions, with the primary focus being on the interventions themselves rather than on family dynamics or family problems. The student shows how these specific interventions are consistent with his/her personal theory and demonstrates how they are effective in achieving their assumed goals. Apart from the ten minute introduction and the first ten minutes of the tape, anyone can ask questions at any time. The mood of these presentations is generally supportive and respectful, and questions typically stretch the student to articulate and defend his/her personal theory in what amounts to a formalized rite of passage.

Other Learning Activities

We have discussed other theory-building learning activities elsewhere (Piercy & Sprenkle, 1984). For example, such learning activities as dyad discussions, simulation papers, position papers, reaction papers, and journal days may be used to involve students in examining, criticizing, and integrating various theoretical tenets.

CONCLUSION

The key figures of family therapy were revolutionaries. They took strong, often unpopular, theoretical stands that ran counter to the Zeitgeist of their time and that paved the way for the theoretical models taught today. We believe that a current frontier ih family therapy involves the task of taking the best of these models and integrating them in ways that are sensitive to various therapist styles, life cycle stages, family dynamics, and presenting problems. Graduate family therapy education, therefore, must develop bold and creative procedures to help future family therapists with the formidable process of informed and critical theory integration. The present paper represents an initial attempt to explicate this need and includes illustrative ways that family therapy educators might begin addressing the process of family therapy theory building.

REFERENCES

Alexander, J. & Parsons, B. (1982) *Functional family therapy*. Monterey, CA: Brooks/Cole.

Allred, G. & Kersey, F. (1977). The AIAC, a design for systematically analyzing marriage and family counselors: A progress report. *Journal of Marriage and Family Counseling, 3,* 17-26.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Aronson.

Cleghorn, J. & Levin, S. (1973). Training family therapists by setting learning objectives. *American Journal of Orthopsychiatry, 43* 439-446.

Constantine, J., Stone-Fish, L. & Piercy, F. (1984). A systematic procedure for teaching positive connotation. *Journal of Marital and Family Therapy, 10*(3), 313-316.

Duhl, B.S. (1983). *From the inside out and other metaphors*. New York: Brunner/Mazel.

Duhl, B.S. & Duhl, F.J. (1981). Integrative family therapy. In A.S. Gurman & D.P. Kniskern (Eds.), *Handbook of family therapy. New York: Brunner/Mazel.*

Falicov, C., Constantine, J. & Breunlin, D. (1981). Teaching family therapy: A program based on learning objectives. *Journal of Marital and Family Therapy, 7,* 497-506.

Feldman, L.B. & Pinsof, W.M. (1982). Problem maintenance in family systems: An integrative model. *Journal of Marital and Family Therapy, 8,* 295-308.

Fraser, S. (1982). Structural and strategic family therapy: A basis for marriage or grounds for divorce? *Journal of Marital and Family Therapy, 8*(2).

Garrigan, J. & Bambrick, A. (1977). Introducing novice family therapists to "go-between" techniques of family therapy. *Family Process, 16,* 237-246.

Gurman, A.S. (1981). Integrative marital therapy: Toward the development of an interpersonal approach. In S. Budman (Ed.), *Forms of brief therapy*. New York: Guilford.

Kaslow, F. & Associates (1977). *Supervision consultation, and staff training in the helping professions*. San Francisco: Jossey-Bass.

Kniskern, D. & Gurman, A. (1979). Research on training in marriage and family therapy: Status, issues, and directions. *Journal of Marital and Family Therapy, 5,* 83-94.

Lebow, J.L. (1984). On the value of integrating approaches to family therapy. *Journal of Marital and Family Therapy, 10*(2), 127-138.

Liddle, H.A. (1980). On teaching a contextual of systemic therapy: Training content, goals, and methods. *American Journal of Family Therapy, 8*(1), 58-69.

Liddle, H. (1982a). Family therapy training: Current issues, future trends. *International Journal of Family Therapy, 4*(2), 81-97.

Liddle, H.A. (1982b). On the problems of eclectism: A call for epistemological clarification and human scale theories. *Family Process, 21,* 243-250.

Liddle, H.A. & Halpin, R. (1978). Family therapy training and supervision literature: A comparative review. *Journal of Marriage and Family Counseling, 4,* 77-98.

Liddle, H.A. & Saba, G.W. (1982). On teaching family therapy at the introductory level: A conceptual model emphasizing a pattern which connects training and therapy. *Journal of Marital and Family Therapy, 8*(1), 63-73.

Liddle, H.A. & Schwartz, R.C. (1983). Live supervision/consultation: Conceptual and pragmatic guidelines for family therapy trainees. *Family Process, 22*(4), 477-490.

Mohammed, A. & Piercy, F. (1983). The effects of two methods of training and sequencing on structuring and relationship skills of family therapists. *American Journal of Family Therapy, 11*(4), 64-71.

Nichols, W. (1979). Education of marriage and family therapists: Some trends and implications. *Journal of Marital and Family Therapy, 5,* 19-28.

Piercy, F. (1984). The true believer and eclectic. *Family Therapy Networker,* January-February, 21.

Piercy, F., Laird, R. & Mohammad, Z. (1983). A family therapist rating scale. *Journal of Marital and Family Therapy, 9,* 49-59.

Piercy, F. & Sprenkle, D. (1983). Ethical, legal and professional issues in family therapy: A graduate level course. *Journal of Marital and Family Therapy, 9*(4), 393-401.

Piercy, F. & Sprenkle, D. (1984). The process of family therapy education. *Journal of Marital and Family Therapy.*

Pinsof, W.M. (1983). Integrative problem-centered therapy: Toward the synthesis of family and individual psychotherapies. *Journal of Marital and Family Therapy, 9,* 19-35.

Pittman, F. (1983). Of cults and superstars. *Family Therapy Networker, 7*(1), 28-29.

Sluzki, C.E. (1983). Process structure and world views: Toward an integrated view of systemic models in family therapy. *Family Process 22*(4), 469-477.

Sprenkle, D. & Piercy, F. (1984). Research in family therapy: A graduate level course. *Journal of Marital and Family Therapy, 10*(3), 225-240.

Stanton, M.D. (1981). An integrated structural/strategic approach to family therapy. *Journal of Marital and Family Therapy, 7,* 427-440.

Tomm, K. & Wright, L. (1979). Training in family therapy: Perceptual, conceptual, and executive skills. *Family Process, 18,* 227-250.

Winkle, W., Piercy, F. & Hovestadt, A. (1981). A marriage and family therapy curriculum. *Journal of Marital and Family Therapy, 7,* 201-210.

Appendix A

WORKSHEET FOR PLANNING AND REVIEWING SESSION STRATEGIES*

Therapist_____   Supervisor_____

(Therapist completes this section before the therapy session)

Date_____   Client ID_____   Session#_____

Theoretical Approach:

Long-term goal. What do you want to happen in this family, or couple, before therapy is completed?

Appendix A continued

Session goal. What do you want to happen in the family, or couple, in this session?

Strategy for this session. Circle one or two strategies below to designate the primary plans for this session. For each strategy, indicate specifically what is to be accomplished. (You may use the back to plan how to carry out these strategies.)

Provide a certain experience   Modify family structure

Teach ideas   Interrupt behavioral sequence

Teach skills   Provide information

Have clients discuss certain ideas   Assign homework

Other strategies:

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*Therapist completes this section with the supervisor after the session (preferably, during videotaped supervision of the session)

Was the planned strategy executed? If so, what specific interventions contributed to that execution? If not, why not?

How well was the session goal accomplished? Discuss the fit of the session goal with the clients' presenting problems and the effectiveness of the strategies for accomplishing the goal.

*Adapted from a worksheet developed by John H. Lasley, Purdue University, 1984.