



The Family Business School  
Creating prosperous families through knowledge

## Family Therapy: A Checklist For Good Practice

By Irem and Stephen Bray, 'The Family Business School'

Whenever we go people ask us for more skills to enable them to practice more effectively as therapists. Surprisingly many have already received substantial training in Family Therapy but are failing to use what they have learned.

When we inquired about this we discovered several reasons why this occurs:

Firstly, people feel safe using family therapy techniques properly in supervised contexts, such as a training clinic. When it comes to using these ideas in their workplace, however, they attempt to adapt them so much to fit their context that the fact that they are using knowledge taken from theories of family therapy isn't apparent.

Secondly, when people work with untrained colleagues, especially those in senior positions in the clinical hierarchy, they don't want to upset the status-quo by imposing various 'rules' of good practice.

Thirdly, in our own settings, and particularly when un-supervised and unsupported we all may become a little lazy, with the result that we fall into bad habits.

What you must ask yourself, however, is would a pathologist, or a radiologist, suspend their habits of hygiene and safety, and so risk their life and that of their patient?

Suppose your dentist approached you in the operating chair having obviously come from the toilet and without stopping to wash her, or his, hands and then proceeded to examine your cavities?

You would be horrified and rightly so, yet many who practice family therapy go about their business in an equivalent thoughtless manner without a second thought.

In order to help you to remember the basics of family therapy we have created this check-list. It may be that you are unable to adhere to one, or some of the items here, but that's no reason to abandon all of them. This check list when implemented, and with a little practice, will substantially improve the results you have when using family therapy skills.

Before the first session:

1. Examine the referral information, talk to your receptionist and gain what information you can about the person whom you made contact. Is it a doctor's referral; a letter from a headmaster; a telephone call from a distraught mother? Use whatever information you can to formulate some hypotheses, and then examine your own prejudices by which you formulated your ideas.



2. Sketch out the beginnings of a family tree based upon what you already know. Include names and ages of family members, if you have them.
3. Ensure that your recording equipment is working. Video media is available; the camera is working; the sound recording properly. Keep your digital media under lock and key, and when using a computer's hard disk to store digital data ensure that it is removed if the system is upgraded.
4. Do you have a blank video consent form available?
5. Have you some play materials available for children? This applies even if your job is mainly concerned with adults since in family therapy some times adults bring children into the consultation.
6. Have you chosen a room with a flexible seating plan so that you can stand and directly interact with people if you need to move, sculpt, or sit on the floor with children?
7. Did you set aside enough time to discuss the referral with your colleagues?

During the first session:

1. Obtain consent for video recording by making it a 'standard procedure'. Explain the purpose of video recording in a routine kind of way. It helps when your recording equipment is a permanent installation but this isn't essential.
2. Talk to each family member in the room, no matter how young or old, before 'commencing therapy'. Your comments should be natural, non-threatening, and appropriate to the age of the person to whom you are speaking.
3. Rather than asking: "What's the problem?" ask "Who decided that you should come here?" Ask children, from around age 8 upwards, why they think their mother/father/teacher etc. brought them and if they know what kind of place it is they have come to.
4. If you know what circular questions are then slowly introduce them into the discourse. Otherwise simply make the therapeutic process seem like a conversation, whilst you concentrate upon figuring out the family process.
5. Begin to fill out the family tree so that by the end of the session you have understood, and recorded details of the grandparents, parents and children. Also record details of significant people who arise as a result of your conversation with the family.
6. Take a break, either to talk with colleagues on the other end of your video-link, or when working alone simply to collect your thoughts.
7. If giving an intervention, (such as a therapeutic ritual, a paradoxical message, a homework task, or any kind of prescription), confine your intervention to one key component so that in future you may track its efficacy.
8. Leave the room quickly after closing the session because some family members may want to engage you privately to subvert the help you have given after the session, in the corridor.

After the first session:

1. Ensure that the video consent is stored with the notes. Store the video separately if possible in a locked cupboard, and when using a computer hard disk ensure that network access to the session is restricted to clinicians who need to know about what happened.
2. Book a time to consult with your team and discuss the family with colleagues.
3. Make the briefest hand-written notes for the benefit of your agency records.



Before subsequent sessions:

1. Review the family tree and your ideas with colleagues and obtain their thoughts about the family. Attempt to fit these ideas into a systemic framework.
2. If possible watch a clip of the video and use it for peer-to-peer, or more formal supervision with a senior colleague who is well versed in family therapy.
3. Check that you have an adequate supply of play materials; that your video is working etc.

During subsequent sessions:

1. Start the session with some 'problem free talk' directed in turn to each person in the room.
2. Attempt to use circular questions where you can.
3. Ensure continuity between sessions by reminding people what they discussed in the previous session, if they are introducing a new topic. Then let them decide which topic they want to discuss.
4. Take a consulting break.
5. Allow no time for 'chatting' in the corridor with you after the session has concluded.

About these rules:

There is an old adage that 'rules are meant to be broken.' We have no quibbles with that however; we believe also that these guidelines are best followed most of the time.

When you break a rule, or guideline, you should be aware that you are doing so and also have good reasons for your action.

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