

Family Process

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Training in Family Therapy: Perceptual, Conceptual and Executive Skills*

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This paper presents a comprehensive and detailed outline of family therapy skills to aid in providing a more precise focus in the training of clinicians in family therapy. The skills are based on an integrated treatment model within a systems framework. Four major functions performed by a family therapist are separated and are further differentiated into general therapeutic competencies. Specific perceptual, conceptual, and executive skills are described in the form of instructional objectives and are listed under each competency. Occasional clarifying notes or examples are cited along with particular skills. Clinicians and trainees should find this outline a useful guide in skill development.

Although family therapy as a theoretical orientation and clinical method is still at an early stage of development, several distinct

approaches are emerging in different training centers (1). The particular theoretical approach of the Family Therapy Program¹ at the University of Calgary is based on general systems theory, communications theory, and cybernetics. However, psychodynamic and social-learning concepts are

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¹ The Family Therapy Program is supported by a grant from the Division of Mental Health Services of the Department of Social Services and Community Health of the Province of Alberta. The program carries a caseload of approximately 200 families at any time, accepts 600 new referrals a year, and trains psychiatric and family practice residents and students from psychology, social work, and nursing.

also incorporated within the systems framework. The actual clinical method focuses on problem-solving by clarifying behavioral interaction and is more cognitive than other current approaches in family therapy.

There is a growing need in the field to document explicitly the specific interventions involved in conducting family therapy. Increased explicitness would facilitate the training of clinicians in family therapy and also allow more accurate comparison of the similarities and differences among training programs. For the last several years, we have been working on differentiating specific skills and elaborating on explicit model of family therapy for the training program at the University of Calgary. The model we have developed grew originally out of the work of Nathan Epstein and represents a further elaboration of the seminal efforts of Cleghorn and Levin (2) to define specific family therapy skills. In keeping with the latter, the skills presented in this paper are written in the form of instructional objectives for training therapists.

This model has evolved by assimilating many concepts and techniques of other therapists and approaches to therapy. In addition, wide-ranging ideas gained through informal professional contacts at conferences and workshops have been incorporated. Thus a detailed bibliography would be unwieldy and difficult to prepare. Rather than attempt to trace original sources, the effort has been to work toward a synthesis and integration to achieve a broad-based yet coherent and teachable model of family therapy.

THE TREATMENT MODEL

The family therapy model at the University of Calgary has been organized at three levels of therapist activity: functions, competencies, and skills. Four major overall functions performed by a family therapist are differentiated. Several general therapeutic competencies are delineated within each major function. Each competency in

turn includes multiple, specific family therapy skills.

The four major therapist functions are *engagement*, *problem identification*, *change facilitation* and *termination*. These functions tend to follow in a linear progression both during the course of a given interview and for the overall course of therapy. In practice, however, a clinician moves back and forth among the four functions, depending on the responses of the family at any stage in the ongoing treatment.

Engagement refers to the process of establishing and maintaining a meaningful working relationship between the therapist and the family. *Problem identification* is essentially an ongoing assessment process. It includes not only clarification of the presenting problem but also the process of identifying other problems in the family and the significant interrelations that may exist among these problems. *Change facilitation* is the core of the therapeutic process. It includes interventions aimed at altering interpersonal patterns of interaction and individual family members' behavior, thinking, and experience. Efforts toward change are directed at replacing problematic patterns with adaptive ones. *Termination* is the process of relinquishing the relationship between the therapist and the family in a manner that encourages the family to maintain constructive changes and allows the family members to increase their ability to solve problems in the future.

Table I summarizes the general therapeutic competencies within each major function. A competency refers to a macroscopic skill or general ability of the therapist. The subsequent detailed outline clarifies and elaborates each competency with a cluster of more specific, microscopic skills. These detailed skills are paired, so that a perceptual/conceptual skill is matched with a corresponding executive skill.

The "perceptual/conceptual skills" refer to what is taking place in the mind of the therapist and form the basis for his overt actions referred to as "executive skills." The perceptual aspect refers to the thera-

