Case Study: The Sanchez Family

Erin Harris

Department of Curriculum and Instruction, Angelo State University

EDG 6336: Marriage and Family Counseling

Dr. Eileen Lane

March 3, 2024

Case Study: The Sanchez Family

A family comprising of four members initiates their first counseling appointment to explore the potential benefits of family counseling, prompted by concerns raised by the daughter's school counselor. The daughter's increasing withdrawal prompted the school counselor to inquire about recent changes at home. During the session, the mother disclosed that the parents had contemplated separation due to escalating tension and an overwhelming atmosphere in the household. In response, the counselor provided the mother with several recommended resources for both individual and family therapy.

The father, however, took several months before being willing to consider counseling. His perspective leaned towards addressing home issues within the household without sharing them externally. The parents, coming from distinct social and educational backgrounds, bring diverse belief systems into the family dynamics. Both parents are in their second marriage, each entering with a child from a previous relationship. This diversity results in varying thoughts and opinions among every family member concerning their family's dynamics and the world at large.

Background of Family

The Sanchez family consists of Jennifer, Mark, Ace, and Abby. Jennifer and Mark have been married for six years. Ace, a 15-year-old, is Jennifer's only biological child. Ace was born as a biological female, however they identify as male and prefer he/him pronouns. Ace resides with them on a full-time basis. Ace is a strong minded, independent teenager with many of their own thoughts and opinions that they openly share in conversations. Abby, 12, is Mark's daughter from his previous marriage, spending several weekends a month with Jennifer and Mark but primarily residing with her mother. Abby tends to be a little more reserved and softer spoken.

Mark Sanchez

Mark originates from a traditional Latino Catholic family, with his parents immigrating from Mexico when he was a small child. Growing up, Mark experienced life in a large household where everyone contributed to the family's survival. Following in the footsteps of his brothers, Mark began working at the age of thirteen to support his family. Now a 48-year-old welder, Mark learned his trade through generational familial guidance. Mark's family adheres closely to traditional gender roles, where men are expected to assume the role of providers while women are tasked with managing household responsibilities and childcare. Within this cultural framework, there exists an expectation for women to demonstrate a degree of submission to their husbands, often discouraging them from challenging their spouses' opinions or decisions.

Jennifer Sanchez

Jennifer, a 33-year-old Caucasian female, became a mother at 18 but continued to work and pursue higher education, ultimately earning a nursing degree. Before meeting and marrying Mark, Jennifer raised Ace independently. Their small, close-knit family spent considerable time together. However, the dynamic of the mother-child relationship shifted after Jennifer and Mark married. Ace has faced many challenges, having previously enjoyed an open relationship with their mother, freely discussing feelings and identity. Before meeting Jennifer, Mark had limited exposure to the concept of being transgender or grappling with identity beyond what he had seen on television. Both parents hold distinct views on parenting and how to address concerns and consequences that are often opposing and can often become a point of contention in the relationship. They often discuss how parenting styles should have been a priority to discuss before making the decision to marry.

Ace Sanchez

Ace grapples with Mark's apparent reluctance to educate himself on understanding identity and the challenges of being transgender. Mark frequently makes comments about how if Ace had looked like that back when he was fifteen, he's certain "she" would come home a lot worse off than a few comments on the internet. They yearn for acceptance and understanding and feel that no one understands them or even cares if they are doing well or not. Ace becomes defensive easily, as they have experienced an elevated level of bullying both inside and outside of school since the beginning of junior high school. It was not until middle school that Ace began to openly discuss how they were different from others they knew. The feelings of unacceptance did not begin until after Jennifer met and married Mark.

Abby Sanchez

Abby exhibits signs of withdrawal and struggles to articulate her thoughts and emotions effectively. Her demeanor has notably shifted, becoming more reserved and quieter, with a noticeable decline in active participation at school. Previously known for brightening the room with her general persona, Abby now spends a significant amount of time alone, engaging in phone scrolling upon returning home from school. Mark and Jennifer generally share a unified approach to parenting Abby. Jennifer respects Mark's role in making major decisions, although he consistently seeks her input. However, both Mark and Jennifer find it challenging to comprehend Abby's difficulties. Despite their efforts to address the issue, Abby opts to withhold communication about her struggles, choosing instead to internalize her anxiety and challenges.

Introduction to Counseling

Additionally, Jennifer and Mark have begun receiving multiple phone calls from the school nurse, reporting that Abby frequently complains of stomach aches and seeks rest in the nurses' office multiple times a week. Notably, Abby has not been diagnosed with any illnesses and does not have any known gastrointestinal issues.

Amidst ongoing conflict within the household, Jennifer initiates a conversation with Mark, addressing the concerns the counselor raised about Abby's struggles. She suggests the possibility of engaging in conversations with a professional to address these challenges. Initially resistant, Mark eventually agrees to attempt one or two sessions, though he remains skeptical about the potential efficacy and questions the appropriateness of sharing personal information with a stranger.

Multicultural Consideration

In the professional context of selecting to collaborate with a family within the therapeutic process, it is imperative to meticulously assess the diverse factors influencing the family's individual dynamics, conflicts, and relationships. Varying exposures, cultural experiences, and upbringing have the potential to generate divisions both within the family and the therapeutic relationship. Therefore, it is essential to comprehensively account for these factors when formulating a treatment plan.

Ethnic Influence

Within this family unit, Mark, the father, has conveyed a robust adherence to traditional belief systems rooted in his religious and cultural upbringing. It is imperative to honor his personal values, acknowledge his familial role, and respect his need for privacy while facilitating

a process that allows both him and the entire family to discover common ground and feel acknowledged. Mark is likely to require several therapy sessions before realizing the benefits of the process. However, as he witnesses improvements in family communication and a reduction in conflicts, the hope is that he will come to recognize the effectiveness of therapy.

In our role as counselors, there is a responsibility to educate individuals on the essence of counseling and its procedural aspects. Emphasizing the significance of confidentiality and the established rules designed to protect clients is crucial. Ensuring that Latina/o clients grasp the intricacies of the counseling process can significantly contribute to the establishment of a robust therapeutic rapport (Barthelemy, 2017). Taking the time to slowly develop a working relationship with Mark will be helpful to engage him in the process.

Sexual Identity

In the context of working with this family, an additional facet of multicultural consideration pertains to potential biases against the LGBTQ+ community. It is crucial for the counselor to ensure that their personal views and beliefs do not influence the treatment plan. Furthermore, it is the counselor's responsibility to educate the family on how their responses can impact the developmental trajectory of their children, being sure to consider the manner in which the information is presented to the other party.

Families' reactions to their LGBTQ+ children are shaped by numerous factors, including information gathered from family, religious leaders, close friends, and a multitude of sources, including counselors or other providers who may possess misconceptions about sexual orientation and gender identity, particularly during childhood and adolescence. Consequently, “Parents and families adhering to beliefs that perceive homosexuality and gender non-conformity

as incorrect or detrimental for their LGBT children may adopt diverse strategies to deter their children from identifying as gay or transgender" (Brill, 2008).

Mark might not have had the opportunities or exposure during his upbringing to learn about embracing differences from others and the pivotal role that tolerance and acceptance play in fostering healthy communication within a family. As Zaker and Boostanipoor state, "Cultural awareness is a special lens that the family therapist uses to view the client's reality as well as his or her own. Culturally responsive counseling must include an understanding of the role of family dynamics in mental health and well-being" (pp. 53-57).

To effectively support a family, counselors must adeptly step back to comprehend all the factors influencing or contributing to the challenging dynamics within the family. Each individual brings their unique experiences and history into the therapeutic journey. To assist each family member, the counselor needs to consider all influencing factors and understand how they impact both individual family members and the family unit as a whole.

Differences in Educational Background

The variations in educational backgrounds and their socio-economic implications should be regarded as a potential multicultural factor that could influence the family dynamics. Mark and Jennifer, having grown up in distinct households, experienced different outcomes in their careers. Mark, for instance, initiated work at an early age without receiving any formal education. Instead, he acquired his skills through practical experience within his family, a customary approach for many young men in his cultural context.

The observed lower likelihood of divorce and separation among Mexican Americans is often linked to their perceived stronger adherence to traditional, familistic orientations, which

include more stringent prohibitions against divorce (Chavez, 1999; Vega, 1990). This cultural inclination may diminish the likelihood of Mark considering divorce even in the presence of dissatisfaction, influenced by the cultural expectations prevailing within his family and community.

Women with limited or no formal education or training may be less inclined to exit an unhappy situation due to the potential lack of financial security. Leaving a spouse has the potential to create financial instability and the added responsibility of single parenting. Within specific demographic groups, individuals with high school degrees and some college education demonstrate higher divorce rates compared to those with less than a high school education. “This aligns with broader research on divorce, emphasizing that individuals with lower levels of education are less prone to formalize separations through divorce, yet their marriages tend to be more precarious overall” (Cohen, 2019).

Jennifer likely holds distinct values and expectations when considering options within an unhappy marriage. Despite facing additional stressors, such as becoming a parent at an early age with limited support, Jennifer persevered in pursuing her nursing degree. Throughout her upbringing, she often expressed her aspirations to build a career helping others. Given Jennifer's capability to maintain a household without Mark, supported by her substantial income and extended family, she may be more likely to contemplate and request a divorce than Mark. Additionally, it is less likely for her to remain separated long term without pursuing a divorce, given her financial independence as a single adult.

Another area for exploration involves whether the overall rates of marital dissolution, encompassing both divorce and separation, have decreased in tandem with the decline in divorce rates. Limited research has examined trends over time for both these outcomes, particularly in

the context of socioeconomic disparities. Individuals with lower educational attainment and fewer resources are less prone to formal divorce, potentially influenced by financial considerations (Bennett, 2017; Tumin and Qian, 2017; Sweeney and Phillips, 2004).

Impact of Culture on Parenting Styles

Parenting influences the social and cognitive facets of a growing individual, impacting the brain's structure. An illustration of this is the significant role of support in adolescent family relationships, with unique cultural values in Latino and European heritage societies. While youths from both ethnic backgrounds exhibit similar behavioral patterns of assistance, functional Magnetic Resonance Imaging (fMRI) reveals distinct neural activity within the mesolimbic reward system. Latinos exhibit heightened activity when contributing to family, whereas European Americans display increased activity when earning personal cash (Telzer, Masten, Berkman, Lieberman, & Fuligni, 2010).

When considering the implications of this research and how it could impact Mark and Jennifer, it becomes evident that Jennifer, as a divorced and educated woman, is more inclined to nurture Ace's independence during the years she has raised them alone. Jennifer, valuing autonomy and individuality, has actively fostered Ace's sense of self-reliance, perceiving their strong spirit as an asset for navigating the challenges of the contemporary generation. In contrast, Mark's upbringing has instilled in him the prioritization of family unity over individual autonomy since an early age. Consequently, he perceives Ace's desire for independence and acceptance as selfish, leading to frequent expressions of this viewpoint to Jennifer. The disparity in their parenting philosophies often results in disagreements, with Mark feeling overlooked and Jennifer sensing dominance and defensiveness in their interactions.

Cultural Humility

The notion of cultural humility has surfaced in both health and mental health domains, aiming to enhance practitioners' ability to effectively address the diverse needs of individuals. According to Fisher-Borne, Montana Cain, and Martin (2015), cultural humility involves a profound awareness of how culture shapes the experiences and perspectives of all individuals, taking into account the impact of power, privilege, and oppression. In the therapeutic context, it is imperative for practitioners to develop an understanding of how their own cultural background influences their interactions with others. Without this comprehensive awareness of others' cultural experiences, counselors cannot fully engage in the therapeutic process that facilitates genuine and healthy change within the family system.

Cultural humility encompasses the cultivation of qualities that empower counselors to approach individuals and situations with openness and mindfulness. This approach emphasizes the counselor's ability to concurrently consider multiple perspectives and encourages the utilization of their professional position to advocate for systemic change (Fisher-Borne et al., 2015). This emphasis on cultural humility is vital for fostering a robust and healthful therapeutic relationship.

Special Issues

Emotional competence involves a practitioners’ understanding of the many ways in which their emotional experiences and functioning can impact their professional judgment and job performance, encompassing both positive and negative influences. In addition, it entails the ability to effectively manage their emotional experiences and functioning, aiming to optimize benefits and minimize potential harm for those with whom they collaborate (Tamura, 2012, p.

175). It is imperative for the counselor to thoroughly assess both the situation and specific issues that may arise within the family dynamic or within themselves. This comprehensive evaluation is essential for formulating a precise and effective treatment plan. Emotional competence plays a pivotal role in adeptly navigating the emotional dynamics within the counseling room, as well as in effectively managing relationships with clients, colleagues, our professional sphere, our own families, and the broader community (Tamura, 2012, p. 175).

Awareness of Personal Bias

In the context of working with families, as opposed to individuals, counselors are required to set aside their personal feelings and belief systems to ensure a thorough and effective treatment approach for the family. The American Counseling Association (ACA) Code of Ethics provides guidance on the expectations within a professional counseling environment. Section B.1 outlines client rights, with B.1a specifically addressing multicultural awareness and diversity considerations. This section emphasizes the importance of practitioners respecting diverse cultural perspectives on confidentiality and privacy. Counselors engage in ongoing discussions with clients to collaboratively determine the appropriate timing, manner, and individuals with whom information is shared (American Counseling Association, 2014).

While collaborating with the Sanchez family, the effectiveness of a counselor may be influenced by their background and experience. It is crucial for the counselor to recognize the significance of maintaining a neutral and initiative-taking stance with all family members involved in the treatment plan. Failing to do so could result in an ineffective approach.

Initiating the therapeutic relationship with demands, strongly worded questions, and insinuations about the perceived wrongfulness and harm caused by Mark's actions and behaviors

may exacerbate the current situation. Conversely, adopting a proactive approach that involves Mark in a manner that conveys value and encourages his participation in finding solutions is more likely to yield positive outcomes.

It is imperative for the counselor to adapt to each client's unique journey, refraining from imposing personal expectations on the nature of the relationship. By meeting clients where they are in their individual progress, the counselor can foster a more constructive therapeutic environment. The role of a couple or family therapist is distinct from that of an individual therapist. In this context, the relationship therapist is required to dedicate themselves to impartially representing, advocating for, and fostering the well-being of every individual and their relationships with one another (Butler et al., 2010, p. 85).

Issues Related to Confidentiality

Confidentiality can always present as a concern in counseling, however, when addressing family therapy, it can be challenging to determine where confidentiality lies in the entirety of the family, as well as, within each individual within the family dynamic. ACA Code of Ethics clarifies boundaries with B.4b. Couples and Family Counseling, in couples and family counseling, counselors must clearly define who is considered the ‘client’ and review expectations and limitations related to confidentiality when working with more than one individual. Within best practice, a counselor will seek group wide agreement and document in writing among all parties involved how confidentiality is defined for their particular treatment plan (American Counseling Association, 2014).

Establishing a policy regarding the disclosure of confidential information is of utmost importance, especially in the context of relationship work where conflicting accountabilities

often arise. To illustrate, consider the dynamics of couple therapy and the intricacies involved in managing secrets. While professional codes mandate confidentiality, when one party confides a secret to a therapist, the therapist grapples with the tension between one spouse's right to privacy and confidentiality, and the other spouse's right to make informed choices, which inherently requires access to all pertinent relationship-related information. (Butler, 2010, p. 82).

When considering the Sanchez family, after meeting with the family, developing an understanding of their background, collecting relevant information, listening to their concerns of both the family and the individuals within the dynamic, the counselor should create a well laid out plan for treatment that includes how confidentiality will be defined and who the counselor can share information with. The counselor will also need to establish information and issues that could arise that cannot be kept confidential from other family members and how the information would be shared if that situation were to arise. It is essential to recognize that exclusive sharing of secrets between the therapist and one party can lead to collusion, infringing upon the rights of the other party. This not only undermines the therapeutic goal of establishing secure attachment but also compromises the responsibility to ensure impartial advocacy for all parties involved (Butler, 2010, p.82).

Treatment Plan

Having thoroughly reviewed the comprehensive background information shared by the Sanchez family, along with the multicultural influences affecting their dynamics, and the specific case-related nuances, if the counselor deems themselves sufficiently equipped and knowledgeable to engage the family as clients, it is now opportune to initiate the formulation of a treatment plan. This plan aims to delineate actionable strategies that will guide the family

towards healing, fostering acceptance, and ideally, facilitating progress in their intra-family relationships through the acquisition of novel communication techniques and skills.

Theoretical Approach

Numerous therapeutic approaches could potentially benefit the Sanchez family during counseling, each offering unique insights and strategies. It is crucial to consider the individual perspectives, belief systems, and biases of the family members as they engage in therapy. As a practitioner, it is essential to assess one's own areas of expertise and determine which theoretical frameworks may be most suitable for addressing the Sanchez family's needs.

While Narrative Therapy initially seemed promising for the Sanchez family, Cognitive Behavioral Family Therapy (CBFT) emerged as a viable option with specific objectives tailored to their circumstances. CBFT offers a structured approach aimed at enhancing communication, challenging, and modifying rigid family roles, rules, and alliances, as well as providing psychoeducation and dispelling common myths. Additionally, CBFT aims to fortify the family system, equip members with skills to navigate challenging situations, promote individual autonomy within the family unit, strengthen parental bonds, address familial conflicts, and foster a healthier home environment (Dattilio, 2010).

Cognitive Behavioral Family Therapy (CBFT) aims to help clients modify their self-defeating or irrational beliefs in order to alter their emotions and behaviors. It operates on the premise that an individual's beliefs and affects are shaped by a relatively stable underlying schema, subsequently influencing their cognitive patterns and emotional reactions within significant relationships. Additionally, CBFT draws upon principles from both behavioral and cognitive-behavioral therapy.

Behaviorists utilize operant conditioning as the primary mechanism for change within the behaviorist paradigm; cognitive processes trigger emotions and behaviors, while emotions and behaviors can impact cognition. When this interplay happens within a family unit, dysfunctional thoughts, behaviors, or emotions may lead to conflict. The main theoretical foundations of CBFT arise from Liberman's and Stuart's operant conditioning techniques as well as Albert Ellis and Aaron Beck's theories on cognitions (Goldenberg & Goldenberg, 2008). CBFT involves engaging the necessary family members to facilitate change within the family system, not always every member (Hutcheson, 2019). Circular causality and the function of emotions can be analyzed to clarify the reciprocal influence among family members' thoughts, emotions, and actions. It is common for family members to exert influence on each other while simultaneously being influenced, underscoring their interconnectedness within the system (Dishion et al., 2016).

Components of CBFT

Cognitive Behavioral Family Therapy consists of three main treatment phases including: the Engagement and Psychoeducation phase, the Individual Skill Building phase, and the Family Applications phase. Beginning in the Engagement and Psychoeducation phase, the clinician familiarizes the family with the treatment process, involves the caregiver, explores the child's exposure to both positive and negative experiences within the home, and conducts separate sessions to gather information from and offer psychoeducation to both the child and caregiver, before bringing them together for joint sessions where the practitioner will work to develop a therapeutic relationship with the family, while also beginning to encourage family members to interact with each other.

Cognitive Behavioral Family Therapy (CBFT) directs attention towards the fundamental beliefs or schemas harbored by family members, aiming to comprehend how individuals

formulate thoughts influenced by inaccurate information. Through this process, cognitive behavioral therapists assist their clients in identifying flaws in their cognition, thereby enabling them to modify distorted beliefs and behaviors that could potentially lead to conflicts within the family (Dattilio, 2010). The counselor will begin to evaluate different schemas within individuals and the family as a whole. The counselor will use a multitude of tools to first, identify how everyone is feeling and their distortions, and secondly, select techniques thought to best serve the individuals and the family. individual skill building and family applications.

In the Individual Skill-Building phase, the clinician focuses on enhancing emotion regulation and restructuring thoughts through individual sessions with both the caregiver and child, followed by joint sessions. Additionally, the clinician addresses assertiveness and social skills with the child, and behavior management strategies with the caregiver, particularly in cases where the father assumes a dominant role within the family dynamic (CWIG, 2013). A clear correlation exists between mental health and the regulation of emotions (Davidson, 2000; Gross, 1998). While employing the tactic of avoiding emotions may offer short-term relief in certain situations, persisting with this approach can exacerbate life challenges. Prolonged reliance on avoidance strategies may result in heightened issues such as resignation, suppression, repression, substance abuse, dissociation, self-harm, and withdrawal (Ottenbreit & Dobson, 2004).

Therapeutic intervention entails the acknowledgment, categorization, and distinguishing of emotions, encompassing beliefs regarding emotional control, expression, and validation (Leahy, 2007). These approaches to managing emotions mirror the emotional processing techniques utilized in therapy, facilitating the development of fresh perspectives rather than succumbing to emotional overwhelm (Hayes, Beevers, Feldman, Laurenceau, & Perlman, 2005). Hayes, Beevers, et al. (2005) further proposed that emotional processing serves as a pivotal

factor for change, transcending specific therapy models. Different theorists employ diverse terminologies to describe this phenomenon, such as emotional processing (Foa & Kozak, 1986; Teasdale, 1999), cognitive-emotional processing (Rachman, 2001), and experiencing (Greenberg, 2002).

During the Family Applications Phase, individuals integrate the skills acquired during therapy sessions into their daily lives. CBFT presents clients with a robust set of techniques, empowering them to develop crucial problem-solving skills vital for addressing familial challenges (Dattilio, 2010). Moreover, CBFT adopts a comprehensive approach that extends its scope to contextual elements, encompassing factors within the extended family, workplace dynamics, and various interpersonal environments. This inclusive perspective allows CBFT to effectively address the multifaceted issues experienced by families and couples (Dattilio, 2010

Assessment Tools and Techniques

While reviewing the wide variety of assessment tools used within Cognitive Behavioral Therapy, a few that I felt would be most beneficial to guiding therapy within the Sanchez family included the Marital Scales, The Parent-Child Relationship Survey, and the Family Belief Inventory. These three assessment pieces will provide insight into how Jennifer and Mark are feeling about each other as a couple, how each child feels about their relationships with each parent separately, as well as their spouse's relationship with their children and how each parent and child feel about their individual relationship while identifying unreasonable beliefs regarding parent–adolescent relationships.

The Marital Scales have been utilized in research to examine the influence of factors such as gender, parental divorce, and particularly interparental conflict on the attitudes, anxieties, and

uncertainties regarding marriage among young adults (Christensen, 2014; Yaacob et al., 2016). Consisting of three distinct measures comprising a total of 36 items, the Marital Scales prompt individuals to indicate their level of agreement or disagreement with statements using a seven-point scale, ranging from 0 (strongly disagree) to 6 (strongly agree). Higher scores on these scales indicate more favorable attitudes toward marriage and expectations related to six key aspects of marital and relationship dynamics: romance, respect, trust, finances, meaning, and physical intimacy (Park & Rosen, 2013). Given that the Marital Scales represent a recent adaptation of the MAS and offer broader inclusivity across various demographics, they are recommended for utilization in couple and family therapy over the MAS. These scales assess individuals' overall marital attitudes, aspirations for marriage, and anticipations regarding marital experiences.

The Parent-Child Relationship Survey evaluates the quality of the parent-child relationship, comprising 24 items rated on a scale ranging from 1 to 7. This tool assesses young individuals' perceptions of their relationships with their parents, focusing on aspects such as positive affection, irritation/role confusion, identification, and communication. The survey consists of two subscales: one gauges the "relationship with mother," while the other examines the "relationship with father" (Fine, Moreland, & Schwebel, 1983). Promoting effective communication between parents and adolescents can effectively address communication challenges and help prevent the emergence of new issues within the family dynamic.

The Family Belief Inventory serves as a valuable tool for assessing unreasonable beliefs concerning parent-adolescent relationships. Additionally, the Family Illness Beliefs Inventory (FIBI) is a comprehensive measure consisting of 41 items designed to evaluate parents' beliefs regarding their child's medical or mental health diagnosis. Given the communication challenges

and divergent perspectives between Mark and Ace on various aspects of life and parenting, I believe utilizing this tool could provide valuable insights and facilitate reflection on strategies to mitigate hostility or enhance understanding. Research indicates that distressed fathers tend to harbor more unreasonable beliefs related to ruination, obedience, perfectionism, and malicious intent compared to nondistressed fathers. Similarly, distressed adolescents exhibit elevated levels of unreasonable beliefs regarding ruination, unfairness, and autonomy relative to their nondistressed counterparts. Notably, no significant differences were observed for mothers in this regard. Additionally, the findings suggest moderate associations between measures of beliefs, communication patterns, and conflict levels, underscoring the role of cognitive factors in parent-adolescent relationship dynamics and affirming the validity of the Family Belief Inventory (Roehling & Robins, 1986).

While there are numerous techniques that are incorporated into Cognitive Behavioral Therapy and are overall good therapy practices that would be beneficial while working with the Sanchez family include shaping, which is the process of learning in small, gradual steps, contacting, progressive relaxation techniques, cognitive reframing in order to identify negative thought patterns and work towards changing them, and guided discovery. In guided discovery, the counselor familiarizes themselves with an individual's viewpoint. Subsequently, the counselor asks questions crafted to challenge their beliefs and expand their thinking. Through this process, the client gains insight into alternative perspectives, particularly those they may not have previously considered. This facilitates the client's ability to choose a more beneficial path (Padesky, 1993).

Intervention Plan

The counselor plays a pivotal role in fostering insight, promoting constructive communication, addressing past traumas, and establishing a secure environment for all family members. I aim to identify past instances of hurt and distress within the family, discerning how these experiences have hindered communication and feelings of security, as well as pinpointing areas where the family has resorted to unhealthy behaviors and patterns. engage and increase psychoeducation, individual skill building, and family applications.

We will collaborate to identify the various negative schemas present within each individual, employing diverse role-modeling techniques to foster mutual understanding. Jennifer and Mark will engage in role modeling exercises aimed at demonstrating effective communication behaviors and language usage to each other. Jennifer grapples with comprehending Mark's perspective as the sole male in the household, rooted in a strong, traditional Hispanic background. Mark, on the other hand, perceives himself as advocating for his family's well-being, guided by the examples set for him. Jennifer struggles to fathom Mark's concern for societal opinions regarding their family dynamics, particularly regarding Ace's transgender identity. Conversely, Mark questions Jennifer's decision to expose Ace to potential hardships, believing that conforming to gender norms could shield Ace from bullying and public humiliation. As the counselor, I may also partake in role-playing scenarios to exemplify positive responses or interactions for family members in need of guidance.

As a counselor, some of the most valuable moments in therapy occur when an individual undergoes a shift in perspective. Gaining the ability to view a situation from a different vantage point can lead to improved well-being and reveal fresh approaches to managing challenges.

Essentially, it's akin to recognizing that sometimes one can become too focused on the details to see the bigger picture. Often, gaining a broader perspective can offer significant assistance.

In therapy, reframing involves examining a situation, thought, or emotion from an alternative viewpoint. Therapists excel in this skill because the aim is to provide support and empathy while guiding individuals and families through their concerns. When we engage with challenges and offer a different perspective, counselors are engaging in the practice of reframing.

Desired Goals and Outcomes

Achieving the objectives of Cognitive Behavioral Family Therapy (CBFT) involves utilizing diverse interventions and techniques that address issues within the family system rather than focusing solely on individual members. One such approach involves employing educational strategies aimed at fostering an understanding of the impact of maladaptive thoughts and behaviors within the system (Lan & Sher, 2019). Coaching is then utilized to impart skills in adopting new behavioral and cognitive patterns.

Additionally, therapists can provide problem-solving techniques, leveraging methods such as positive reinforcement, modeling, and reciprocity. Contracting is another method employed to encourage families and couples to embrace alternative modes of thinking and behavior, involving the creation of formal agreements to establish the consequences of engaging in specific actions. Furthermore, therapists may assign homework assignments aimed at integrating the principles discussed in therapy sessions. These assignments may encompass various activities, including self-monitoring, reflective writing, and cognitive restructuring.

Our overarching objective centered on enhancing intra-family communication to foster a more supportive and nurturing environment conducive to open expression of emotions and

constructive feedback. By bolstering the family's capacity for effective and healthy communication, we aimed to facilitate a deeper understanding among members and provide them with the tools to navigate the challenges they faced collectively.

The process of improving communication yielded multifaceted benefits for the family members. Mark and Jennifer gained valuable insights into their parenting approaches and interpersonal dynamics, enabling them to better understand themselves and empathize with one another's perspectives. This newfound understanding not only strengthened their bond as a couple but also laid the groundwork for more harmonious familial interactions.

Moreover, the therapy sessions provided a platform for Ace to articulate their thoughts and feelings, fostering a sense of validation and acceptance within the family unit. This enhanced self-expression, empowered Ace to embrace their individuality, and contribute to family discussions with confidence.

Furthermore, the therapeutic intervention played a pivotal role in supporting Abby's academic and emotional well-being. As communication within the family improved, Abby found herself better equipped to manage the challenges she encountered both at school and at home, leading to a notable improvement in her focus and overall performance.

Over the course of 12 sessions, the family made significant strides in identifying areas for improvement and collaboratively working towards positive change. While the therapy achieved moderate success, it served as a catalyst for ongoing growth and development within the family dynamic. Additionally, Mark's recognition of the potential benefits of individual therapy sessions underscored the holistic approach to addressing familial issues and personal emotional well-being.

Current Issues

In the dynamic landscape of family therapy, even amidst significant progress and success, it is not uncommon for setbacks or emerging concerns to arise. Such challenges are inherent to the complex dynamics and ongoing evolution within family systems. Despite this, the Sanchez family persevered with resilience and commitment, navigating through various issues and obstacles that surfaced over the course of several years both in and outside of therapy.

Effective communication proved to be the central challenge within the family dynamic, manifesting diversely across various family members and their interpersonal exchanges. A prevailing sentiment among all family members was a pervasive sense of being unheard, invalidated, and overlooked within the familial framework. Our collective objective is to foster an environment where each family member cultivates a deeper comprehension of the unique perspectives and characteristics of others. Embracing diversity of thought and opinion is encouraged; however, it is imperative to refrain from resorting to verbal aggression or belittlement when lacking the necessary tools for mutual understanding. Thus, our collaborative endeavor seeks to equip each member with the skills essential for fostering respectful and empathetic communication within the familial unit.

Session 1

During our first session, I will be looking to identify the problem, empathize with all family members and recognize it has impacted family members differently. After talking to the family as a whole, I will spend a short period of time with each individual to be sure everyone feels comfortable and safe sharing their full concerns. I will begin educating the family with information about conflict within families and what effect these patterns may have on the

different member's individual mental health, provide several assessments for individuals to do as homework and submit to me prior to our next family session. We will meet the following week, after I have reviewed the feedback from the assessments, along with information gathered from the first session to create and share a plan to address and overcome the family's concerns.

While numerous concerns were expressed during the Sanchez family's first session, the ultimate issue is communication. Many of the members have quite differing communication styles and as they have been unable to overcome and bridge this gap, the family communicates less and less as it can often "make things worse" and now there are areas of resentment and pain that must be resolved in order to help the family explore alternative communication styles. It will be important to begin creating a therapeutic alliance sufficient for determining distortions in cognitions, emotions, and behavior in the family system and to begin assessing family's strength in order to identifying relevant interventions.

Session 2

During the second session we will review the outcomes of the assessments given, the Marital Scales, the Parent-Child Relationship Survey, and the Family Belief Inventory, with either the individual or group, depending on what is more appropriate. After reviewing the Marital Scales, I discussed the possibility of marriage counseling separate from family counseling with the Jennifer and Mark. While many of their issues are related to communication, I do believe they could benefit from additional counseling that focuses on the two of them, however, for now it was decided that the family would be the starting point. I do expect to see improvement in communication between Jennifer and Mark through this process that will be beneficial to their marriage. During my brief time with each individual during the first session, Ace clearly expressed feeling unwanted and invalidated by their stepfather Mark and Abby

clearly exhibited withdrawn behavior. Mark expressed frustration and anger towards Ace's disrespectful tone and attitude and his resentment towards Jennifer for allowing it to continue when it had already brought it to her attention. Jennifer cried about feeling alone and needing peace in her home.

Our initial step involved establishing a SMART goal—a Specific, Measurable, Achievable, Realistic, and Time-limited objective—for the family. We aimed for a measurable enhancement in healthy communication within the family system and among its members, with a estimate of attending between 10 to 20 sessions. To initiate this process, we embarked on identifying prevalent schemas within the family dynamic, patterns of thinking and behavior that individuals utilize to interpret the world. These schemas had evolved into cognitive distortions that were crucial to recognize and address within the family context. Ace harbored beliefs that they were less loved and accepted within the household compared to Abby. Additionally, they held the perception that Mark did not genuinely love or accept them. On the other hand, Jennifer began to internalize feelings of undervaluation within her home, perceiving a lack of appreciation from her children and husband. Conversely, Mark appeared dismissive of any underlying issues within his family, attributing perceived conflicts to what he regarded as typical behavior among females, dismissing them as "girls being girls." These examples underscored the presence of various schemas within the family dynamic, highlighting the importance of identifying and addressing these cognitive distortions.

Session 3

At the onset of our subsequent session, we dedicated a few moments to revisiting the contract that each of us had previously signed, emphasizing our mutual commitment to treating one another with equality and affording each individual an opportunity to express themselves

without interruption. I underscored the critical importance of adhering to the terms of the contract to foster an environment of trust and safety conducive to productive sessions. As part of our ongoing efforts to refine our session structure, we collectively decided to introduce a new provision to the contract. If any participant felt compelled to raise their voice or express frustration in an unhealthy manner, they were encouraged to take a temporary break in the designated 'cool down corner'. In this space, they could listen to calming music and engage in self-soothing activities until they felt sufficiently composed to rejoin the session. Additionally, it was agreed that if anyone remained in the cool down corner for more than five minutes, I would intervene to assist in employing coping strategies aimed at de-escalating the situation.

Our discussions also delved into the importance of emotional recognition and validation, drawing from the insights of Leahy (2007). Recognizing the significance of emotional awareness and regulation in our therapeutic journey, all participants concurred that integrating these principles into our treatment plan would be advantageous. We also explored strategies to honor Ace's unique identity and preferences within the family dynamic. It was collectively acknowledged that facilitating opportunities for Ace to express their individuality in a healthy manner could contribute positively to their well-being. I encouraged the family to involve Ace in decision-making processes regarding potential activities, ensuring their active inclusion and engagement.

Session 4

Mark and I persisted in our collaborative efforts throughout both family sessions and individual consultations, employing guided discovery techniques to delve into underlying issues. For Mark, the therapeutic journey proved challenging, initially evoking discomfort as he grappled with discussing personal experiences and emotions. This discomfort stemmed from

deeply ingrained beliefs instilled during his upbringing, which emphasized the suppression of emotional expression. Addressing Mark's apprehensions early in therapy, we engaged in reflective dialogue, prompting him to consider the relative importance of his past experiences compared to his current familial relationships (Haarhoff & Farrand, 2012). Mark unequivocally affirmed his prioritization of his present family dynamic, signaling a readiness to confront past conditioning and embrace personal growth.

During sessions characterized by emotional intensity, we often revisited Mark's underlying motivations, anchoring his efforts in a clear understanding of his objectives. Coming from a familial background where emotional expression was discouraged, Mark gradually came to acknowledge the impact of this upbringing on his perceptions and behaviors, recognizing the presence of cognitive distortions shaped by his past experiences.

Additional Sessions

Through this process of self-reflection and exploration, Mark gradually embraced the realization that there is no singular "right" or "wrong" approach to navigating familial dynamics. Instead, he came to appreciate the importance of identifying strategies that resonate with his individual needs and those of his family. This journey of self-discovery underscored the diversity of approaches to emotional expression and communication within different family units.

Jennifer and Mark engaged in role play and modeling exercises aimed at gaining insights into each other's perspectives. This facilitated Jennifer's understanding of Mark's perceived shortcomings in contributing to Ace's upbringing, while also allowing Mark to comprehend Jennifer's protective stance toward Ace. Through these exercises, Jennifer realized her inclination to defend Ace stemmed from a shared desire with Mark for Ace's well-being and

sense of belonging. Each session enabled Jennifer and Mark to deepen their self-awareness and understanding of one another. Additionally, they embraced mindfulness practices, such as emotion labeling, which have been associated with heightened life satisfaction and enhanced emotional regulation (Baer, Smith, & Allen, 2004).

Assessment remains an ongoing component of therapy, as it involves a continual evaluation of the effectiveness of treatments and the tailored adaptation of specialized intervention strategies to address specific issues. It is crucial to periodically reassess throughout the course of therapy to analyze its efficacy and facilitate adjustments in the overall treatment plan. It is probable that during the fifth session, I will conduct a re-administration of The Family Belief Survey and The Parent/Child relationship assessment tools. I will then juxtapose the obtained results with the initial assessments to gauge the extent of progress and determine any necessary adjustments to the treatment plan.

While Mark and Jennifer expressed concerns about Abby's limited engagement in therapy, I encouraged them to persist in bringing her to sessions and allow her to acclimate to the new communication and information processing methods. This approach aimed to offer Abby an alternative avenue for expression and communication. Over time, Abby observed other family members participating and taking turns speaking, which encouraged her to find her own voice. Although her level of participation varied across sessions, the establishment of consistent engagement strategies within the family dynamic fostered a sense of safety for Abby. It became evident that Abby's personal struggles were not the root cause of her unease. Rather, it was the interpersonal conflicts within the family that contributed to her feelings of insecurity. Abby's sense of safety was compromised by the disruption of familial harmony, rather than any specific traumatic event. As parents, it is imperative to grasp children's unique communication styles to

effectively engage. Whether the child is reserved or outgoing, fostering an environment where they feel comfortable discussing any topic is paramount. Understanding a child's preferred mode of communication aids in establishing meaningful connections with them.

Recognizing how a child interacts with others is equally important. Parenting involves both imparting guidance and acknowledging that children possess their own perspectives. While their viewpoints may diverge from the parent's, it's essential to attentively listen to their voices, even if the inclination is to disagree. By genuinely listening to children, you convey a profound respect for their individuality and their ability to articulate thoughts and emotions freely, without apprehension of judgment. As the family worked towards rebuilding a cohesive and supportive environment, Abby gradually regained her confidence and reverted to her outgoing and participative self.

Final Thoughts

Throughout their therapeutic journey, the Sanchez family encountered typical challenges inherent to familial relationships. However, their collective determination and collaborative efforts enabled them to overcome these hurdles, demonstrating a remarkable capacity for growth and adaptation. Despite the occasional setbacks, they remained steadfast in their commitment to fostering a healthier and more harmonious family environment.

While the family therapy sessions concluded, Mark continued to engage in individual therapy sessions to address his personal struggles and continue his journey of self-discovery and growth. Despite having made significant progress, both Mark and his therapist recognized the ongoing benefits of continued therapy to further explore and address underlying issues and challenges.

This ongoing commitment to personal growth and development underscores the family's dedication to fostering positive change and enhancing their overall well-being. By embracing therapy as a tool for self-discovery and healing, the Sanchez family continues to navigate life's complexities with resilience, strength, and a shared sense of purpose.

References

American Counseling Association. (2014). *2014 ACA code of ethics*. https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf

Andrade, S. (2017, April 16). Cultural influences on mental health. *The Public Health Advocate*. Retrieved from https://pha.berkeley.edu/2017/04/16/cultural-influences-on-mental-health.

Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky inventory of mindfulness skills. *Assessment, 11*, 191–206.

Barthelemy, J. M. (2017). Working with Latina/os in Counseling. *Counseling Today*. American Counseling Association. Retrieved from https://ct.counseling.org/2017/06/working-latinaos-counseling/

Bennett, N. G. (2017). A reflection on the changing dynamics of union formation and dissolution. *Demographic Research, 36*(12), 371–390.

Braaten, E. B., & Rosén, L. A. (1998). Development and validation of the Marital Attitude Scale. *Journal of Divorce & Remarriage, 29*(3-4), 83-91.

Brill, S. A., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. Berkeley, CA: Cleis Press.

Brown, J. (2018, April 30). Specific Techniques Vs. Common Factors? Psychotherapy Integration and its Role in Ethical Practice. *Psychotherapy*, 69(3), 301.

Butler, M. H., Amott Rodriguez, M.-K. A., Olsen Roper, S., & Feinauer, L. L. (2010). Infidelity secrets in couple therapy: Therapists' views on the collusion of competing ethics around relationship-relevant secrets. *Sexual Addiction and Compulsivity, 17*, 82–105.

Capuzzi, D., & Stauffer, M. D. (2021). *Foundations of Couples, Marriage, and Family Counseling*. Wiley.

Chavez, L. (1991). *Out of the Barrio: Toward a New Politics of Hispanic Assimilation*. Basic Books.

Child Welfare Information Gateway. (2013). Alternatives for Families: A Cognitive Behavioral Therapy. Retrieved from https://www.childwelfare.gov/pubpdfs/cognitive.pdf

Dattilio, F. M. (2010). Cognitive behavioral therapy with couples and families: A comprehensive guide for clinicians. New York: The Guilford Press.

Davidson, R. J. (2000). Affective style, psychopathology, and resilience: Brain mechanisms and plasticity. *American Psychologist, 55*, 1196–1214.

Dishion, T., Forgatch, M., Chamberlain, P., & Pelham, W. E. (2016). The Oregon model of behavior family therapy: From intervention design to promoting large-scale system change. *Behavior Therapy, 47*(6), 812-837.

Fine, M. A., Moreland, J. R., & Schwebel, A. (1983). Parent-Child Relationship Survey (PCRS). In Fischer, J., & Corcoran, K. J. (Eds.), *Measures for Clinical Practice and Research: A Sourcebook* (4th ed., Vol. 1, pp. 385-387). New York: Oxford University Press.

Fisher-Borne, M., Montana Cain, J., & Martin, S. L. (2015). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education, 34*(2), 165–181. doi:10.1080/02615479.2014.977244.

Fisher, E. S. (2020). Cultural humility as a form of social justice: Promising practices for global school psychology training. *School Psychology International, 41*(1), 53-66.

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin, 99*, 20–35.

Goldenberg, H., & Goldenberg, I. (2008). *Family Therapy: An Overview* (7th ed.). Belmont, CA: Brooks/Cole.

Gopalakrishnan, N., & Babacan, H. (2015). Cultural diversity and mental health. *Australasian Psychiatry, 23*(6, suppl.), 6-8.

Greenberg, L. S. (2002). Integrating an emotion-focused approach to treatment in psychotherapy integration. *Journal of Psychotherapy Integration, 12*, 154–189.

Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology, 2*, 271–299.

Haarhoff, B., & Farrand, P. (2012). Reflective and self-evaluative practice in CBT. In W. Dryden & R. Branch (Eds.), *The CBT handbook* (pp. 475–492). London, England: Sage.

Hayes, A. M., Beevers, C. G., Feldman, G. C., Laurenceau, J. P., & Perlman, C. (2005). Avoidance and processing as predictors of symptom change and positive growth in an integrative therapy for depression. *International Journal of Behavioral Medicine, 12*, 111–122.

Huang, C., & Zane, N. (2016). Cultural influences in mental health treatment. *Current Opinion in Psychology, 8*, 131-136.

Hutcheson, C. L. (2019). Cognitive behavioral family therapy. In L. Metcalf (Ed.), *Marriage and Family Therapy: A Practice-Oriented Approach* (2nd ed., pp. 95–118). Springer Publishing Company.

Leahy, R. L. (2007). Emotional schemas and resistance to change in anxiety disorders. *Cognitive and Behavioral Practice, 14*, 36–45.

Logan, M. (2015, December 8). Parent-child relationship problems: Treatment tools for rectification counseling. *Counseling Today, Online Exclusives*. https://ct.counseling.org/2015/12/parent-child-relationship-problems-treatment-tools-for-rectification-counseling/#

Ottenbreit, N. D., & Dobson, K. S. (2004). Avoidance and depression: The construction of the cognitive-behavioral avoidance scale. *Behaviour Research and Therapy, 42*, 293–313.

Padesky, C. A. (1993). Socratic questioning: Changing minds or guiding discovery? A keynote address delivered at the European Congress of Behavioural and Cognitive Therapies, London, 24 September.

Park, S. S., & Rosén, L. A. (2013). The marital scales: Measurement of intent, attitudes, and aspects regarding marital relationships. *Journal of Divorce & Remarriage, 54*, 295–312.

Rachman, S. (2001). Emotional processing with special reference to posttraumatic stress disorder. *International Review of Psychiatry, 13*, 164–171.

Roehling, P. V., & Robin, A. L. (1986). The Family Beliefs Inventory. In Fischer, J., & Corcoran, K. J. (Eds.), *Measures for Clinical Practice and Research: A Sourcebook* (4th ed., Vol. 1, pp. 253-267). New York: Oxford University Press.

Sweeney, M. M., & Phillips, J. A. (2004). Understanding racial differences in marital disruption: Recent trends and explanations. *Journal of Marriage and Family, 66*(3), 639–650. doi:10.1111/j.0022-2445.2004.00043.x.

Tamura, L. J. (2012). Emotional competence and well-being. In S. J. Knapp (Ed.), *APA Handbook of Ethics in Psychology, Vol. 2* (pp. 175–215). Washington, DC: APA.

Telzer, E. H., Masten, C. L., Berkman, E. T., Lieberman, M. D., & Fuligni, A. J. (2010). Gaining while giving: An fMRI study of the rewards of family assistance among White and Latino youth. *Social Neuroscience, 5*, 508–518.

Tumin, D., & Qian, Z. (2017). Unemployment and the transition from separation to divorce. *Journal of Family Issues, 38*(10), 1389–1413. doi: 10.1177/0192513X15600730.

Vega, W. A. (1990). Hispanic Families in the 1980s: A Decade of Reset. *Journal of Marriage and the Family, 52*, 1015-1024.

Zaker, B. S., & Boostanipoor, A. (2016). Multiculturalism in counseling and therapy: Marriage and family issues. *International Journal of Psychology and Counseling, 8*(5), 53-57.