

Counselling families in a short term and structured approach – Introducing the McMasters Model of Family Functioning

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Families are the fibre of society. And yet this fibre of society is in danger of losing its stability or even seems to fall apart as families are facing massive challenges. These could be the effect of marital problems on the children, parenting issues, abuse or even the effects of crime on the family or joblessness – just to name a few. Consequently, families in need will come for help to organisations like FAMSA, an NGO in the field of relationship counselling or to professionals in private practice. I personally work as a pastoral therapist at the FAMSA Observatory office in Cape Town twice a week.

There are many different approaches to family therapy and it is difficult to say that the one approach is more efficient than the other. And that is exactly the reason why most of us as professionals work in an eclectic and integrated way. At FAMSA, when working with families, the McMasters Model of Family Functioning (MMFF) is used, which I will introduce in this article.

What is the McMaster Model of family functioning and how does it work?

The MMFF is based on the assumption that the primary task of today's family, as a unit, is "to provide a setting for the development and maintenance of family members on social and psychological and biological levels" (Walsh 2003, 584). Therefore, the MMFF works with areas of basic family functioning. The areas of family functioning, the model focuses on, are those that seem to have the greatest impact "on the emotional and physical health of family members" (Epstein 2003, 582).

The model is based on the assessment and treatment of the six dimensions of family functioning. These areas are assessed at the beginning of family therapy. The treatment consists of improving these areas of functioning.

These six dimensions are:

1. Problem Solving
 - the family's ability to deal with and solve problems in a way that preserves the effective functioning of the family.
2. Communication
 - communication is the verbal exchange of information within the family; non-verbal communication is not included in the model. Verbal communication can be clear versus masked and can be direct versus indirect communication.
3. Roles
 - the repetitive pattern of behaviour by which family members fulfil family functions
 - The following roles are examined: Provision of resources, nurturing and support, adult sexual gratification, personal development and maintenance and management of the family system.
4. Affective Responsiveness
 - under this dimension, the range of affective responses of the individual family member is examined
5. Affective Involvement
 - the extent to which the family shows interest in and value for activities of individual family members
6. Behaviour Control
 - defines the pattern a family adopts for handling behaviour in specific areas

The basic principles of the McMasters Model are:

The McMaster approach has a basic framework, namely the McMaster Model of Family Functioning (MMFF) as well as a therapeutic model, which is the Problem-Centred System Therapy of the Family. The basic framework for the McMasters approach are the different dimensions of family functioning, while the process of therapy is guided by Problem-Centred System approach.

It is a time-limited approach, taking between six to twelve sessions for the completion of the therapy. The sessions take place weekly during the first stage of therapy.

During the assessment phase, the strength areas of the family as well as the growth areas are established. On the grounds of the assessment the therapist and the family develop tasks for each family member to assist in the family growth areas. These tasks are like 'homework'. These tasks become part of the treatment contract which is also drawn up together with the family (see copy below).

After about 6 sessions the sessions are spaced out, like every fortnight, monthly or even bimonthly towards the completion of the treatment contract.

One interesting point stated by the McMasters research team is, to stay away from terms like 'normal' or 'not normal'. Epstein, one of the founding members of the MMFF, rather suggests that the term 'health' is more appropriate, as "a healthy family is neither necessarily average nor merely lacking characteristics. Rather, it will describe positive features that indicate a healthy functioning. The McMaster approach of Family Functioning contains a description of such a set of features" (Epstein 2003,582).

The MMFF is a fascinating model, with over 50 years of research behind it.

As a short term and clearly structured approach to family therapy, it involves the whole family. In other words, every family member living under the same roof becomes part of the therapy process. Hence the model prevents that only the person showing the symptoms of a malfunctioning family system is sent for therapy. The inclusion of the entire family is vital for this approach because it examines the total family system. When members of the family are missing, the dynamics differ and the assessment will be incomplete. The total system might need changing, which needs all parts of the system present. The only exception is the assessment of roles, when sexual gratification of the parents is assessed.

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The process of therapy needs to always be transparent to the family.

The family is responsible for the success of the therapy in terms of effective change. In this therapy process the family recognises their own strength and shortcomings and learns to effectively use problem-solving methods.

There is a high emphasis on assessment in this model. The family system and its problems need to be fully understood by both, the therapist and the family itself, before the next stage of therapy, namely contracting, can begin.

The model deals with the here and now and not with past events. Hence the emphasis of the therapy is on current problems and not their history. This can be either problems the family brings into therapy, or those raised during the assessment of the six dimensions of family functioning.

The McMasters Model works towards changing the behaviour of the family; the preferred behaviour is formulated as a request and must be worded as a measurable or observable change of behaviour.

The model focuses on the four stages:

a. Assessment

During this stage, the six dimensions of family functioning are assessed. This is done very detailed and can take up to three sessions.

b. Contracting

During this stage, the expected change of the behaviour of each family members is spelled out in a very detailed manner. Additionally, the therapist compiles a list of tasks for each family member,

to improve the family functioning. This drawing up of tasks is done in cooperation with each member of the family.

c. Treatment

During this stage, the family practices the tasks and reports back in therapy about the progress, success or possible difficulties.

d. Closure.

In this phase, the process of therapy is reviewed and evaluated. Most behaviour changes of family members have been completed. Usually a follow up meeting in 6 month is agreed on.

The response of the families to this model of therapy is very positive and encouraging. At FAMSA we use the model since many years. FAMSA also offers training in the McMaster Model in an intense one week course as well as monthly supervision sessions, where cases are presented and practised in role plays.

Below you will find an example of the family treatment contract.

Example of Family Treatment Contract --- Family name: xxxxxxxx

- **PROBLEM LIST:**

Mother & Father

Mother feels pressured, not getting help around the house, especially with handling children. Father not getting enough attention from spouse, has trouble expressing himself, gets too involved with work problems. Therapist noted that the father had a quick temper and was clinically depressed.

Parents & Children

Parents could not sit down and discuss issues with children. Parents bothered that son disrupts them at work. Also, bothered that son quit school. Parents upset with daughter for not sticking to any weight program. Therapist noted parents were not consistent with children and did not follow through with disciplining children.

Children

Daughter resentful of time she had to look after her younger brother. Felt neglected by parents and needs more attention. Her weight problem was a third issue. Younger son was not contributing to any household chores. Son lied to parents, teased his sister constantly, and, since quitting school, did nothing constructive.

- **TASKS:**

Mother & Father

Mother and father will set time aside each week to discuss children's behaviour and how husband can help spouse regarding household duties (2 to 4 ways). Father will discuss work and family issues with spouse. They will say two positive things about each other during the week.

Parents & Children

Son will return to school and will not call parents at work. Son will contribute to household chores, including looking after his brother twice/week. (If son calls them at work or does not do chores, they will take away his privileges: no TV, no borrowing the car, or staying in the house, depending on the offence and discussion between parents).

Daughter will stick to one diet for at least 4 months. Mother can ask about diet only once every 3 weeks. Parents will go out with daughter once/week to a movie or dinner.

Family will discuss how they are doing, ½ hour together per week discussing each other's interests and feelings, if each is following up on his/her tasks.

THERAPIST'S EXPECTATIONS:

All family members will attend therapy sessions and call in advance if they cannot attend. Family members will complete tasks and be prepared to discuss the outcome in therapy. Family will revise and adjust problem list as needed. Father will take prescribed medications for depressions as indicated. All family members present and the therapist have to sign.

Signatures:

	Family Member	Date
•	_____	_____
	Family Member	Date
•	_____	_____
	Family Member	Date
•	_____	_____
	Family Member	Date
•	_____	_____
	Therapist	Date

(Source: Ryan, C & Epstein, N B & Keitner, G & Miller, I & Bishop, D. Evaluating and treating families: The McMaster Approach. 2005,77. New York: Routledge).