Contrasting Family Counseling With Individual Counseling

Family Counseling

Family counseling entails attending to dysfunction when it affects the family structure, when the at-risk teen is residing at home, and if the counselor and at-risk teen concur that family counseling is an suitable to focus on a the family as a microsystemic problem (McWhirter, McWhirter, McWhirter, & McWhirter, 2013, p. 366). Family counseling views problems as stemming from a complex matrix of components that include both positive and negative attributes. This dynamic synergy must be examined to evaluate if authoritarian parenting undergirds behavioral patterns (McWhirter et al., 2013).

Boundaries and transactional patterns must be clearly recognized to perfect meaningful goals. One technique to facilitate this is to offer family members tactical roles to act out "new patterns of behavior" (McWhirter et al., 2013, p.371). Another approach would entail concentrating on disaggregating emotions "from objective thinking," which has underlying cognitive therapeutic applications (McWhirter et al., 2013).

Consequently, family parenting may be at the root of the emotional imbalance that causes teens to seek out other peer groups to validate their identity. Objectifying these through a disaggregation process will allow other members of the family to contribute to the dialogue and confirm this. This allows for constructive thinking to ameliorate behavioral patterns creating homeostasis

(Goldberg & Goldberg, 2013).

Individual Counseling

Individual counseling is a personal encounter subordinated by ethical covenants that protect client confidentiality (Neukrug, 2014). This environment allows for a setting that fosters trust. Trust is needed to allow at-risk teens to reveal what the real issues are, why they originated, and how they might construct new pathways to augment their present condition.

Individual counseling differs from family counseling significantly because family counseling seeks to disaggregate divergent components that may originate from the family system itself (Goldberg & Goldberg, 2013). Individual counseling focuses on the teen to objectify problems that create a cognitive impasse or discuss why they feel unloved. It is intensely personal. This type of individuative counseling represents a safe haven for teens that cannot share sensitive information with parents or peers. It represents a place where problems may be resolved and hope is revealed.

How Problems Are Viewed

Family Counseling

In family counseling problems are not necessarily directed at the at-risk teen, rather they are evaluated from within the family that is seen as a complex system. Divergent symptoms, parenting styles, and economic issues each contribute to painting the picture that is the family dynamic. The at-risk teen then isn't the problem "per se," it's the family itself. Interestingly, McWhirter et al.,

(2013) suggest families come to counseling with the assumption that their "problem child will be fixed" (p.369).

Consequently, family counseling must become a conduit from which other members may acknowledge and identify authoritarian parenting that may use punitive discipline. These may become predictors that drove their youth to other peer groups to form superificial attachments (Clinton & Sibcy, 2002). This creates an atmosphere of distrust from mixed signals where confiding in parents becomes less of an option. Dissonance leads to ambiguity and high-risk peer groups are a breeding ground for "peer cluster" philosophies that are antisocial and contribute to juvenile delinquency (McWhirter et al., 2013, p. 343). Setting up these problems and identifying their source provides individual counselors meaningful information to develop treatment options.

Individual Counseling

 Problems in one-on-one counseling are objectified to understand how the ecological model impacts them personally. It allows for a dismantling of the component parts, from poverty (*macrosystem*), to limited social programs (*exosystem*), to how peer groups and schools (*microsystem*) intersect with their moral value sets (McWhirter et al., 2013). It allows for discussions to identify how the media postulates, "what we must look like" or "how we must conform" as normative behavior.

It allows for at-risk teens to reveal flawed thinking originating from their parents in order to isolate situational concerns, all of which contribute to mapping

these debilitating problems. Once these have been projected and documented, questioning their beliefs and their impact on their self will create clarity of purpose. These evoke statements such as, "I want to be loved because I have value…or I am not worthless just because I don't look like television models." These objectified statements may be discarded as peripheral obstacles sufficiently to construct positive goal setting and appropriately defined values that coalesce with positive behavioral modeling. So, the goals between family and individual modeling are different, yet each seeks to identify and resolve specific issues contributing to dysfunctional behavior (McWhirter et al., 2013).

How Problem Solving Approaches Drive Treatment Choices

Family Treatment

Family treatment options seek to embrace the family unit as a whole and entreat each family member to become active participants to identify systemic problems and contribute to curative remedies. It is a broad-spectrum approach, which allows a safe haven for teens to speak up and isolate specific factors that influenced dysfunction. As a group process, each family member may feel capable of assisting in resolving the apparent problem (Goldberg & Goldberg, 2013). Clinton, Clark and Straub (2010) argue this type of mature treatment allows "children to become successful, confident, competent adults" (p.202). The problem child may then cognitively absorb this information to disseminate what the underlying reasons were for acting out originally.

Role playing may allow family members to actualize their blind spots in

order to visualize what went wrong and why. Coping strategies formatively create pathways of hope (Mayordomo-Rodríguez, Meléndez-Moral, Viguer-Segui, & Sales-Galán, 2014). Here their interrelatedness creates the propensity for bonding. The problem then is greater than any one person; it is a family problem that they can resolve creating clarity of purpose and a positive outlook. Through enactment of appropriate behavioral this modification may solidify the family back to balance. Therefore, family treatment goals have a broader purpose that contribute significant elements from which individual treatment may benefit.

Individual Treatment

Clinton and Ohlschlager (2002) contend the counselor "seeks to help counselees change behavior, attitudes, values, and/or perceptions…and to arouse belief that help is possible" (p.43). This is an individuative treatment process that requires "warmth, sensitivity, understanding, genuine concern and a willingness to confront people in an attitude of love" (Clinton & Ohlschlager, 2002, p. 43). It creates a relationship at the individual level between the at-risk teen and the counselor, where empathetic confrontation requires trust to approach difficult domains (McMinn, 2011). Consequently, individual treatment requires a private setting to accomplish individuative goals.

Blair Hollis M.A. GCDF BCCC is a Board Certified Christian Counselor and a Professional Development Facilitator

CrossroadsConsultingInc.com

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