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A brief family therapy [1]

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Six one-and-a-half-hour sessions at home had to be enough to better "coordinate" the family of a suicidal adolescent who was being cared for in an inpatient child psychiatric facility. She was able to be discharged, and the family was scheduled for public agency support. A single family session was conducted there. The patient continues to attend an appropriate school and is receiving some psychotherapeutic and social supports.
My intervention has served the family to have more trust in the institutions involved and to begin to initiate intra-family dialogue.

Keywords: family therapy, trust, adolescence, suicide, setting.

Presentation
The father: John
The mother: Sandie
The patient: Angelica16 years old
The middle sister: Katie 15 years old
The younger sister: Annina 11 years old

[1] Resumen del trabajo presentado en el congreso de la AIPCF el 22 de octubre de 2022.
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Location
A small village in the province where I meet with friends every week for a sports activity.

Setting
The family group sessions are held in the evenings, after the father's work and the girls' school, at the family home. Three in November, two in December, and one in January. The continuation in February is blocked by Katie's ruse of inviting her schoolmates, taking up all the space in the house. The ten-session plan is abandoned, partly because of a marked improvement in Angelica's health, but mostly because of strong resistance to the group setting. The child psychiatric facility has scheduled family meetings for the spring. Only one of these will be held.

Setting up our sessions
John, who is related to the family of the venture where I do my sport, asks me if I can help him because he does not trust the child psychiatric facility that his daughter Angelica is served by. Since I cannot contact Angelica professionally because she is an inpatient at the public child psychiatric facility in the region, I suggest that we have one or more family conversations to get to know the situation of the case approximately. John alerted me by what he mentioned - Angelica attempted suicide and was caught just in time to be rescued by the police and the psychiatric facility.

First session
The mother, Sandie, the father, John, the patient's sister, Katie, and younger sister, Annina, meet with me in their home, in the dining room, which is at the same time the living room (with fireplace and television set), at the dining table. It is an autumn evening, outside it is dark.

We agree on an hour and a half of conversation in a family group that I coordinate - without giving advice, without directing the interview, but taking a few notes to facilitate my orientation and memory.

Angelique cannot, as I mentioned, attend, being stationary in child psychiatry. She is attending a vocational middle school.

The two younger sisters attend school with little enthusiasm.

It was Katie who noticed the cuts in Angelica's skin six months ago - her legs and arms showed wounds. Katie asked her to do psychotherapy, but Angelica replied, "What good is it if I talk to someone for an hour a week? - Forget it! -"

A little later she agreed to see the family doctor. Then things happened quickly; she wanted to go to the hospital and after the first contact with the professionals, she was admitted to the day hospital; that is, semi-inpatient. Katie had noticed that Angelica had razor blades in her room at home.

After a vacation spent with the whole family and apparently in good shape, Angelica made the tentamen through a cut on her neck, not far from her home, and was admitted to the hospital. The family noticed that she had completely changed in parallel with her friend Mara. Mara recently got a boyfriend. Now Angelica has been in the child psychiatric ward for three weeks. However, she can attend public school outside the facility.

The parents complain about the institutional child psychiatric care. They lack confidence and are critical of therapeutic and social procedures. Communication seems difficult to them and is apparently not sought enough by the child psychiatry team. It is agreed that I will check in - one of the staff will call me to communicate about what I am doing with the family and what they plan to do to support the family. I will be informed about the medication.

Second session

The father updates us on what is planned for Angelica, her medication, her stay in the clinic, monitoring so she doesn't do anything stupid. The nurse Katie wants her to come home, but the mother is against it. She couldn't provide the monitoring. Angelica cannot be trusted - she is too hidden and too sensitive. Annina would like to go and visit her.

I observe in myself a strong tension - anxious? - during the two sessions mentioned here. Katie presents herself in a very unpleasant way oppositional and dissatisfied - also with the village: "Shit village!" The mother, Sandie, always expresses herself somehow reproachfully. Sometimes it is reacted to, often it is tacitly tolerated. I raise the issue of affect regulation in intra-family communication, and both parents explain: Sandie suffers from feelings of inferiority and insufficiency, which she interprets as having been unsuccessful in school and at work. She still tries to help her daughters with their schoolwork. The father feels guilty because he is overworked professionally as the owner of a mechanical workshop and as a volunteer with rescue organizations. The family has little opportunity to sit down and share more than the most pressing information. The three girls feel little support from their schoolteachers, i.e., they are held responsible for all the schoolwork without any help. - I get the impression that they all feel responsible without being supported and feel guilty and defend themselves by blaming others. The girls' academic performance is not stellar. Annina, the youngest, does not want to be involved in school and prefers to take care of her grandfather's sports business.

Dissatisfaction with their own performance is projected onto Angelika's care team and also manifests itself in the form of expressed racist opinions directed at refugees.

Third session
I can meet Angelika. She has been given the opportunity to do a trial internship to learn about options for a vocational apprenticeship. We discuss the changes Angelika has gone through and communication and feeding issues.

At the end of the session, I agree with the father on a total of ten sessions and on a fee that he would pay me in cash in the middle and at the end of my intervention.

Fourth session
We talk about Angelica, who is not present - she has preferred to attend school and forgo the internship. Child psychiatric institutional care will continue until the end of January (it is December) and then she will receive outpatient psychotherapy, either from home or at the child psychiatric facility, in a residential group. John, the father, comments negatively about the staff at the child psychiatric hospital, "There are a lot of questionable people there, they take long breaks and smoke. They wouldn't be allowed to do that at my place!" Sandie is sceptical: "What everyone is thinking is not realistic!"

In this session, I encourage trying free association, not clinging .... Then we talk about school and Annina's future prospects.

Fifth session
John: "It's demotivating." He finds the atmosphere "artificial" and the conversations conflicting.

Katie would not feel good lately. Today she declines to participate. She wants to learn.
Annina says she doesn't feel she benefits from the sessions either. But she sticks with it anyway. Later, they talk at length about her school situation.

Angelica is doing better, says John, who spoke with her yesterday. However, Sandie reports that she would have written today that she was not well, but she did not want to talk to her mother about it.

The psychiatrist would have judged that Angelica had become more collaborative.

Sandie notes that Angelica "felt more comfortable between her four walls at the clinic."

After the session, John takes me to the train station, and there I realize that I had gotten the train schedule wrong.

It seems that Angelika is the only one who is doing reasonably well; everyone else, including me, is in crisis.

Sixth session
Angelica attends. She has decided to finish school and become an apprentice baker.
She wants to have two ferrets. Sandie is to take care of them when Angelika is not at home.
I am surprised that this wish of Angelika does not cause more resistance, but later, when I realize that the meetings had thus reached their conclusion, I think that the family group - somewhat prematurely - entered the project phase (see below, discussion).

As I mentioned earlier, the next scheduled session did not take place, and given the lack of motivation of the four women, John saw fit to end my intervention. He had his father at the sports centre give me my fee, since I was no longer to visit the family at home.

Catamnesis
Little Annina had her pubertal growth spurt, which was very strong. A maturing girl, she now participates more in the activities at her grandfather's facility. There, from time to time, I have the opportunity to receive news from the family. Angelica is doing well, Annina says, and so are the others. The scheduled family meetings have only been held once, she says.

Discussion
In the "operational" conception of the group, a distinction is made between the three phases: pre-task, task and project. The pre-task is the time of resistance and confusion, the task is the time of productive group work on the task, and the project is the final phase, which already aims at the projects that will follow the group work. Often there is overlap between the different phases. In a group process as short as the one described; one must be content with tracing what happened in retrospect. In the present case, it must be considered that the psychiatric care was centred in the child psychiatry. My intervention was able to bring about a certain distancing between Angelica and the rest of the family. The so strange, "artificial" experience of the family in the group sessions with me obviously set something in motion in the stereotypical psycho-emotional interaction of this family.

The depot mechanism most likely played out in the sense that the burden of symptoms shifted to the sister, Katie. The mother seems to have experienced some relief in terms of her feelings of guilt and inferiority. The father was able to observe me coordinating the group. Perhaps he was able to use the opportunity to loosen a little the reins with which he had believed he had to control and direct the movements of his family group.