



T.I.F.

Intergenerational Family Therapy

Francesca Bergami
Leone Baruh
Boston 2019

A Field Trial

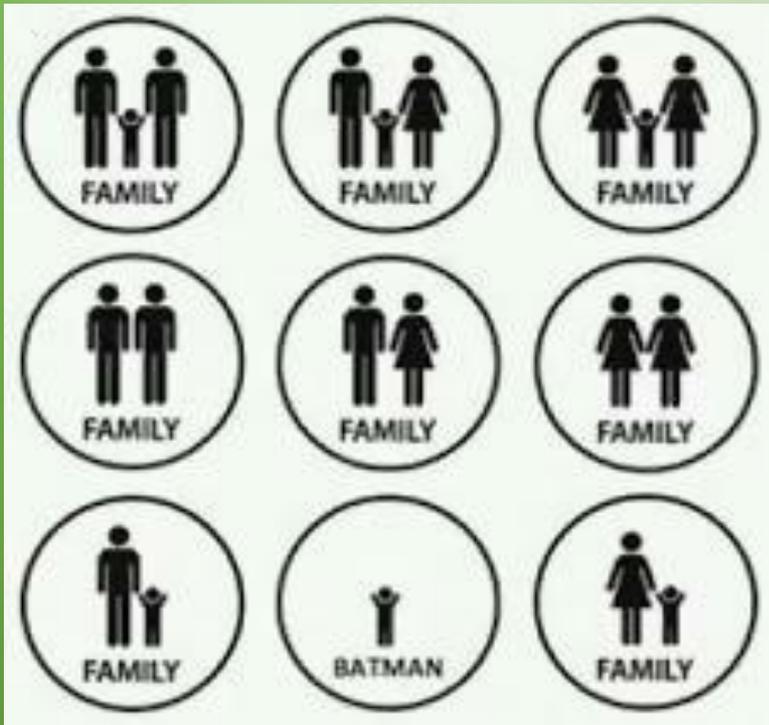
Terapia Intergenerazionale Familiare (Intergenerational Family Therapy)

- Still in the Experimental Stage
- Linking different models of psychotherapy



Goal:
small changes in
each family member
to obtain a large
change in the system.

The linchpin of the model



ISTDP (Intensive Short Term Dynamic Psychotherapy) generates significant individual changes in a short time, resulting in changes in the more complex systems of the couple or the family.

Essential theoretical and technical elements



1. Systemic Family Therapy
2. Cognitive Behavioural Therapy (CBT)
3. Intensive Short Term Dynamic Psychotherapy (ISTDP)

1 B. Systemic Family Therapy

- Supports the therapists in understanding the roles.
- The team works as the family would do if it wasn't the victim of its own psychopathology.
- The therapists' team shares the significant information that was collected individually.

2. CBT



CBT with children allows work on the “front door” symptoms, decreasing them, and providing the family with practical tools to manage emergencies.

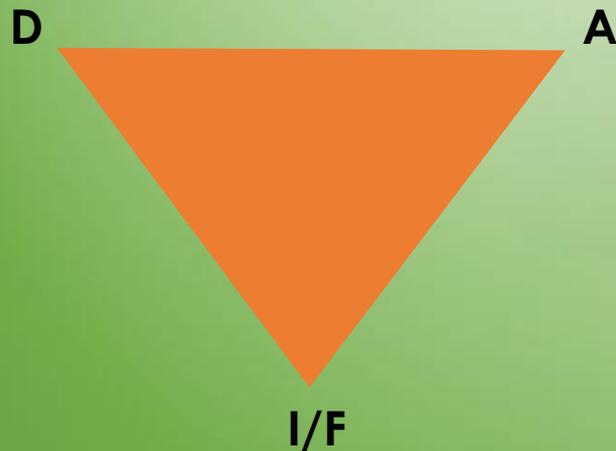
3. ISTDP



The model that best allows rapid access to the deep pathological nuclei of the parents during the “honeymoon” phase.

ISTDP 1

- The symptoms of one family member express functions and meanings within the family system.



- The designated patient will unconsciously fight (D) against the removal of his symptoms, “covering” the family pathology in this way.

- Habib Davanloo has recently introduced the concepts of Intergenerational Transference Neurosis and Long-Term Structural Impairment of the Unconscious Defensive Organization (2014-15-16).

ISTDP 2

- Bring to light identifications and projections.
- Block intragenerational and intergenerational dysfunctional projections.



TIF and Attachment Theory

Emotionality, Closeness, Connection: are essential ingredients of a good relationship.



Emotionality feeds **closeness**, which in turn is the key to develop a strong **connection**.

Insecure Attachment

Clinical setting = insecure attachment.
Anxiety takes away warmth and clarity.
Discussion becomes conflictual and the family members unconsciously become victims and perpetrators.

The connection is lost.

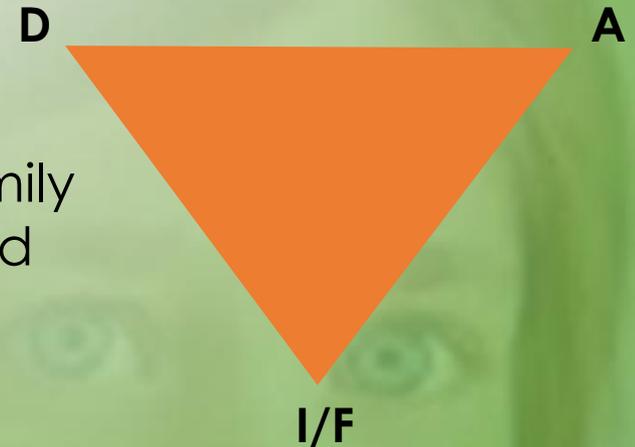
Without connection the partners become insecure (A) and defensive needs prevail (D).

The main defensive stiles are:

AVOIDANT

STICKY ANXIOUS

Both styles defend from their feelings (I/F) instead of expressing them: The first disconnects (D), the latter complains and becomes aggressive (D)



Diagnosis and Unlocking in TIF



- 1) A deep understanding of the psychological problems.
- 2) An emotional unlocking that allows patients to perceive that the problem has a solution.
- 3) Symptomatic relief.
- 4) The evaluation of how to proceed.

The basic contract

The basic contract after the first meeting with parents includes 3 individual sessions for each family member with:

- 90 minute sessions every 2 weeks for the 2 parents, using ISTDP.
- 60 minute sessions every week for the child, using CBT
- An additional 90 minute final session that takes place with the parents to evaluate results.

The first meeting with parents - couple

- During the first session the couple meets with their two individual therapists
- The problems are reframed in psychodynamic and relational terms (The two Triangles).
- The parents' personal contributions to the child's symptoms are highlighted.
- We explain that the sessions with the child are only available provided that the parents commit to individual sessions of their own.
- We administer the SCL-90r and IIP32.

Treatment structure

- A team leader is assigned to every family/couple.
- At the end of each session the therapists share their observations with colleagues.
- The team meets monthly to discuss progress.
- The designated team leader is responsible for the correct information flow.



- The scl90-r and IIP32 are readministered.



Boston 2019

Francesca Bergami:

francesca.bergami@spidb.it

Leone Baruh:

leone.baruh@spidb.it

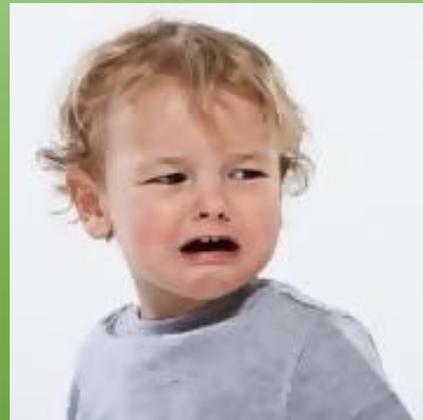
Metapsychology of the Unconscious 1



Parental Bond



Trauma



Pain

Metapsychology of the Unconscious 2



Rage

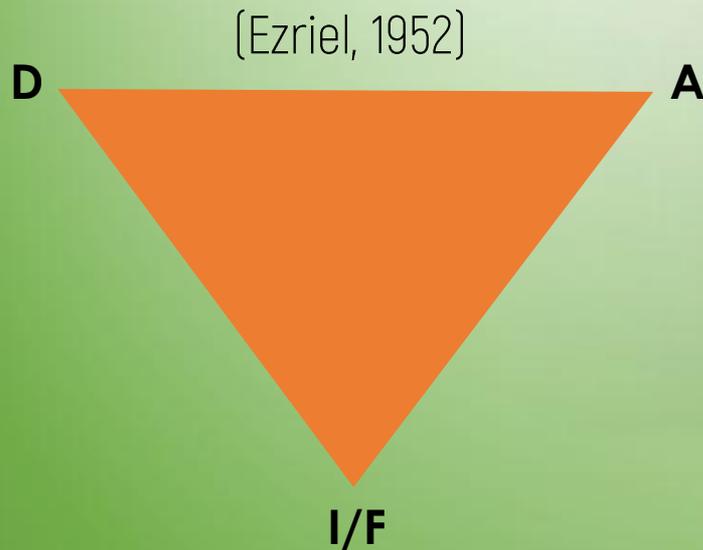


Guilt about the rage toward the parents



Self-destruct Symptoms,
Somatization

The Two Triangles

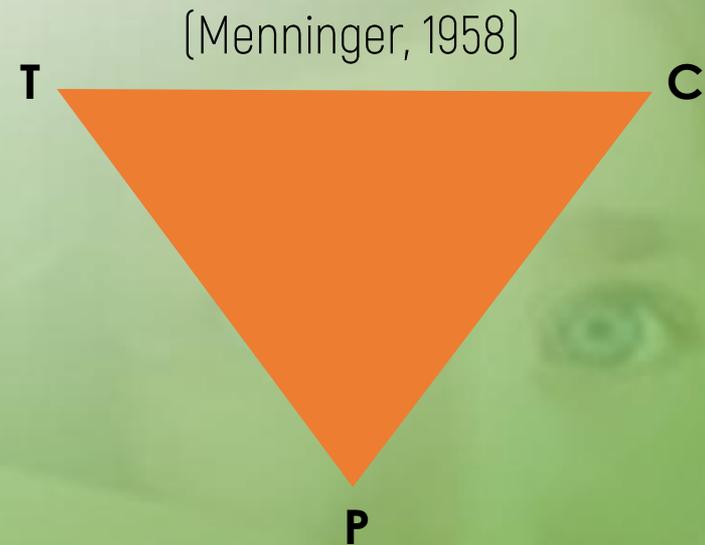


Triangle of Conflict

A= Anxiety

D= Defense

I/F= Impulse/Feeling



Triangle of the Person

T= Transference

C= Current Figures

P= Past Genetic Figures

ISTDP Main Interventions

The strength of the intervention is calibrated to the rise in CTF, UTA, and the patient's capacity

- Inquiry: rapid identification of the important area problems (and attachment style) and move to “Dynamic Inquiry”
- Pressure: encouragement to face something avoided
 - “Do something good for yourself”
- Clarification: encouragement to understand defenses
 - “Do you see that you are _____?”
- Recap is a more extended clarification (including two triangles)
- Challenge: encouragement to relinquish defenses
 - “Don't _____.”
 - “You can _____, but then you will not reach your goal.”
 - Culminates in “head-on collision,” to shift balance to UTA vs R

Case presentation

The following clinical case will be shown through abstracts from:

- the first session of the couple's therapy
- the couple's individual therapy
- the couple's 9 months' follow-up session

The improvements of the couple will be shown. They will concern:

- their relationship
- their somatisations
- the individual performance

Case summary

The therapy sessions were administered within the starting base protocol called “Diagnosis and Unlocking”. The protocol consisted of: a first couple’s session, 3 individual sessions and 1 couple’s sessions, requested by the wife's therapist following a deadlock in the individual treatment. They approached the therapy with two different requests:

- he wanted to salvage the marriage
- she wants to understand the causes of the crisis but she is not sure of the objectives

The crisis started when the husband found out that she was having an affair. The relationship had begun a few months before and was ongoing at the time of the first session. They’ve been together for 23 years and have a 5 years-old child.

The wife

- Sara, 39 years old. She has deemed “highly resistant with fragility”
- Discharge Pathways of Unconscious Anxiety: she mainly discharges anxiety through her musculoskeletal system, in the form of shallow breathing, muscle tension in legs and arms, as well as frequent sighs. When under pressure during sessions, her anxiety affects the cognitive-perceptive system, causing lack of meaningful connections in her speech, confused thinking and the need to hear concepts more than once in order to understand them. However, these episodes are quite rare and, when they do occur, she is capable of recovering rapidly.
- Sara's main defence mechanisms are: projection, splitting, idealization and devaluation (lover-husband), repression, helplessness, rationalization, intellectualization, argumentativeness, smile.

The Husband

- Stefano, 39 years old. He has been deemed “highly resistant”
- Discharge Pathways of Unconscious Anxiety:
 1. Musculoskeletal system: tensed back (especially the lumbar area), tensed occipital muscles, shallow breathing, general fatigue.
 2. Autonomic nervous system: hypertension, tachycardia, reduced penis sensitivity, blush.
 3. Tendency to somatise mainly at a low-back level
 - Main defence mechanisms: intellectualization, rationalization, passive-aggressive behavior, devaluation, minimization, denial, mumbling, avoidance of eye contact, smiles.

We chose this case study because, unlike other more striking cases (in terms of reported issues, breakthroughs and outcomes) it shows that, if the couple is the goal it is possible to accomplish significant and durable improvements, both in the relationship itself and in the psychic structure of its members, thus avoiding a thorough individual course.

Conclusions - 1

- The Intergenerational Family Therapy (TIF) is still in an experimental phase.
- So far 40 families have been treated with TIF.
- We fine-tuned the model after and in relation to each of them.
- The information was systematically used in the following families.

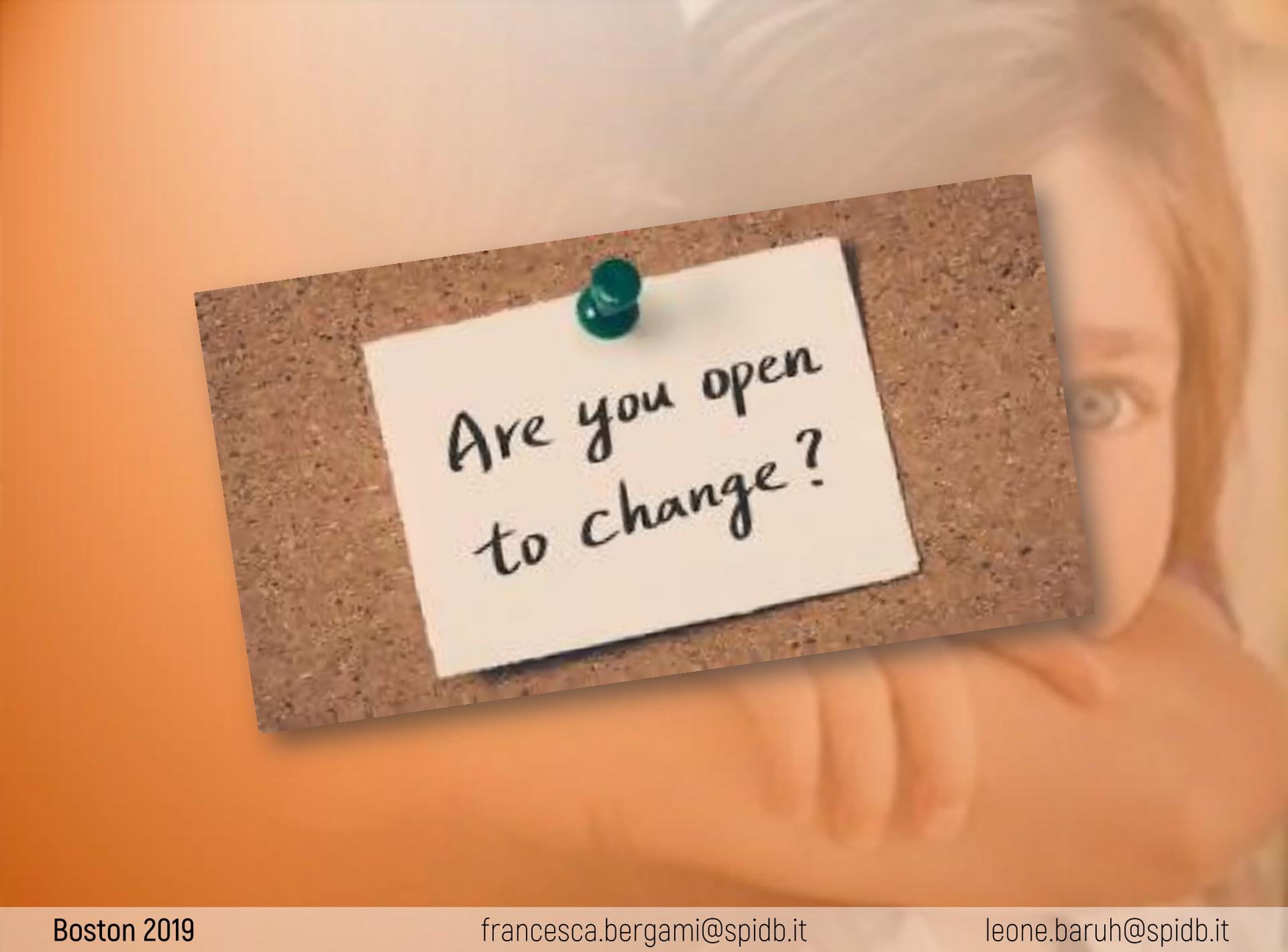
Conclusions -2

We are coming closer to the final model. Many pieces of the puzzle are not yet in their place, nevertheless we started to form ISTDPers to TIF in order:

1. To continue promoting a comparison between therapists working with couples and families.
2. To encourage other therapists working with couples and families, to safely test the huge therapeutic potential that ISTDP offers.

Conclusions -3

- A lot of work still needs to be done globally before psychotherapy becomes a systematically effective tool.
- One of the big limits to ISTDP spreading has been the difficulty in accessing clinic material and having the chance of reviewing/re-listening/re-elaborating it.
- Many IEDTA Teachers represent a big exception to this rule.
- How ISTDP will be in the near future ?

A photograph of a corkboard with a white note pinned to it. The note is held in place by a green pushpin. The background of the entire image is a blurred portrait of a woman with light-colored hair and eyes, looking directly at the camera. The lighting is warm and soft.

Are you open
to change?