

Psychotherapy Guidebook

**MULTIPLE  
IMPACT  
THERAPY**

Robert MacGregor

# **Multiple Impact Therapy**

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## Table of Contents

[DEFINITION](#)

[HISTORY](#)

[TECHNIQUE](#)

[APPLICATIONS](#)

# Multiple Impact Therapy

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## DEFINITION

Multiple Impact Therapy is a team-family method for diagnosis, treatment planning, and for freeing natural growth processes in families to deal with mental health problems. Scheduled in half-day segments, the multiple interactions include: a brief team conference; a team-family conference; separate conferences concurrently between parts of the team with segments of the family (for example, by generation); overlapping sessions; and a reconvened team-family conference. The convener, such as a pastor, psychiatric nurse or a probation officer, enlists the expertise of others. The team in the public or private sector includes people already “on the case” (such as school counselor), others who may be disciplined in needed aspects of the health endeavor, and an advocate for the family.

## HISTORY

The team-family method was originally developed in the Youth Development Project of The University of Texas Medical Branch in Galveston and reported in the 1964 book *Multiple Impact Therapy with Families*. The

team was multidisciplinary and the staff, accompanied by trainees, was expert in group and individual therapy. The hospital chaplain sometimes functioned as the family advocate. The converging and reinforcing viewpoints developed in separate sessions lent strength to understanding the problem and led my colleagues and me to speak of it as “Multiple Impact Therapy.”

## TECHNIQUE

Recruitment of the team is as much a part of the method as are the ways of intervention. In cases of considerable interagency complexity it may be well to have a meeting, a day or so beforehand, of those involved outside the family to select the team, reduce problems of bureaucracy, and to review divisive manipulation by family members that can set one agency against another. Where the convener is a therapist on a clinic staff he might enlist, for example, the family’s welfare worker, the youth’s probation officer, and the family pastor that referred the case to the clinic.

The family, on the defensive, is prone to function as a relatively closed living system that shuts out needed information and nurture. This retreat, caused by the complaint behavior, yields an arrest in development, usually manifested by the disturbed behavior of a member. Our method brings a relatively open system, a team to help the family resume growth. In addition to opening the closed system or lending strength to a weakened system, there

are specific strategies to diagnose the level of developmental arrest.

**1. Opening team conference.** This meeting takes about twenty minutes. The convener briefs those new to the method as to their part of the work. The respect shown the referring person strengthens his relationship with the client. While he might want to give an extensive briefing to the team out of earshot of the family, he is informed that his task is to entrust the family to the team by the way he briefs the team in the presence of the family. The team members observe each other for excesses of involvement and plan which team members will go with the segments of the family into separate sessions.

**2. Opening team-family conference.** Because the family has its system as well as the defensiveness of individual members, it is possible for the team to quickly address itself to the most serious matters. As a team, members do this rapidly because they do not have to remain neutral or “outside the system.” Other team members defend the family against criticism so that each person feels his defenses are respected and useful. The first sessions are delivered as a consultation to the referral agent. Provocative material is often addressed to him or other team members so that the defensive one can listen without being under attack. Issues are developed clearly enough so that after about forty-five minutes, separate conferences can be negotiated in which one segment of the family and team may critique the discussion so far while another pursues an aspect agreed upon by the group.

- 3. Separate conferences.** When children are seen separately, it is more productive to have all the siblings together. Because they may expect to be exploited for the family secrets, it is important to treat them with dignity by consulting them about the opening conference. One team member, typically the convener, seeks instruction from the group as to what issues he should, as their representative, take back to the conference with parents. He is called the overlapping member.
- 4. Overlapping conference.** This team member then enters a concurrent separate conference. When convenient, a team member gives the overlapping person an interpretation of what has been going on. This gives the clients a chance to hear what they may have resisted and a chance to find out that they were heard. Then the entering therapist can relate what he has observed elsewhere to what is happening here.
- 5. Closing team-family conference.** Now team-family members become increasingly aware that there was unintentional collusion in the family to protect members only presumed to be inferior. The half day concludes as those from separate conferences hear about the effectiveness of the overlap from their representative. The next conference is planned in terms of other available resources. For example, team-family conferences may be suspended while a particular family member or the marital pair engages in training or psychotherapy. It is important that the team member conducting or arranging the interim work be empowered to arrange the next conference and to communicate to the team



reactions to the session not evident during it.

## APPLICATIONS

Team-family methods are developed to deal with family issues that contribute to personal problems. Team members seek to make sense out of difficulties often called mental illness or delinquent behavior, and by their interaction with the family achieve an understanding of the way the difficulty came about. Once identified as a family problem, the behavior can be seen as an aspect of arrest in development of part of the family system due to collusion that was thought to protect. Distrust of collusion is the reason the team does not consult apart from the family after the opening team conference. The goal is to have behavior that was a part of such unwitting collusion become a matter of choice.

Multiple Impact Therapy makes family therapy available to the many because it utilizes together those already on the case or who will be. It does not require of any one person the level of expertise that is increasingly demanded of family therapists who work alone or with a co-therapist.