



WEEKLY NEWSLETTER



SYSTEMS THEORY FOR FAMILY THERAPY

by: Audrey Ahlvers

Introduction

Since the beginning of the 21st Century, a rise in Family separation has come about in the United States. Traditionally, these separations have occurred through divorce, marital separation, both trends skyrocketing since the 1970's. (Stevenson & Wolfers, 2007). Since the Vietnam War, an additional form of separation has reached the scope of mental health interest and research. That

is the separation that occurs due to deployments into a military theater of operations. It is a well-known fact that separation from a parent can have a detrimental effect on the family as a whole. However, the effects that that separation can have upon children is especially great if deployed parents return home and have been subjected to close-combat, and if that parent has significant stress incurred during that deployment.

Treatments specific to children of deployed parents and their families are relatively new, dating back only 10–20 years. However, the common theme throughout is that family involvement is key in providing quality and effective treatment for psychosocial malfunction in children. (Diamond & Josephson, 2005). Family-involved therapy has also been shown to dramatically reduce the effects of trauma in children. (Figley, Regan Figley, 2009). The following document will review General Systems Theory to further explain the problems that military deployments and separation pose for children's psychosocial development, as well as how this theory can be applied clinically to those problems

My Problem Area

Separation of children and parents is an unnatural situation which results in many problems with a child's psychosocial development and overall functioning. (Bowlby, 1973). The effects during the first three of life include an undermined sense of security, interference with identity, a dulling of the senses, and impairment in the ability to trust. More severe effects include the adoption of a victim mentality, hindrance of normal language acquisition, and learning difficulties emerging in the elementary school age. In this age, effects range from the inability to relate to peers, to the possibility of not fully developing a functioning social conscious. If someone goes through childhood with unresolved separation issues, they risk developing suicidal tendencies when they reach adolescence. (Bavolek, Comstock, Laughlin, 1987).

Although separation does enough damage on its own, children experiencing parental separation that is deployment related are at an increased risk for negative impact on their psychosocial functioning. (Lincoln, Swift & Shorteno-Fraser, 2008). The first reason for this is that military separation is in most cases not a voluntary action agreed upon mutually by both parents. This often causes discord between the parents that the child can sense. The risk for psychosocial detriment significantly increases if the deployed parent has PTSD upon returning home. (Palmer, 2008). If the parent was involved in close combat, the potential for development problems rises even more. The affects upon the child include development of anxious or avoidant attachment in young children, aberrant behavior and learning disabilities in school-aged children, and can lead juvenile delinquent behavior in early adolescence if not treated.

Children are also at greater risk for physical abuse when one parent is deployed. The stress of instantly becoming a single parent when your spouse deploys takes a toll on the remaining parent, especially in new mothers and parents separated from immediate family. Children asking persistent question about the location of the missing parent, and their own audible and visible reactions to the separation heighten this stress. This stress often manifests itself in the form of abuse of to their children. (Gibbs, Martin, Lawrence & Johnson, 2007). This abuse compounds on the negative effects the child is already experiencing from separation of the father, and yields an even stronger

detriment to the child's psychosocial development. (Gibbs, Martin, Lawrence & Johnson, 2007).

The secondary and third effects of separation stress go beyond children and impact a wide range of military aspects, such as re-enlistment. The army pours a great deal of time and effort into retention program through incentives relocation negotiation. However, the main reason that women, especially, opt not to reenlist is due to the negative effects that separation has on their children during their tours of duty. (Rothrauff, Cable & Coleman, 2004). These women would much rather have quality mental health care for their children, so as to reduce the stress and anxiety incurred during separation, than anything else the Army could offer. Another secondary effect of child stress is its direct effect on Unit mission accomplishment. If children experience a high enough level of stress and anxiety during parents deployments, the negative psychological effect can be devastating and palpable in that family's household. (Bowlby, 1973). Studies show a decline in work-performance and job satisfaction -when Soldiers are experiencing family turmoil in the home. (Palmer, 2008.)

Summary

Separation, whether related to deployment, or other military related operations, is detrimental to a child's psychosocial development. The long terms effects can be devastating if not treated. The effects of separation are increased if accompanied with the effects of parental PTSD, and other combat related stress.

General Systems Theory involves looking at the family as a whole that is greater than the sum of its individual member parts. The military imposes upon a family in such a way that it can force a family to change its rules and messages, as well as its Boundary Systems. The Macrosystem of war negatively affects parents' workplace (Exosystem), and a child's social (Mesosystem), incurring stress on the child, as well as a reduced ability to perform in school.

Using this theory, issues related to separation can easily be clinically treated. Behavioral Family Therapy is one model of Family Therapy that fits the needs of the military better than other models.

Not enough evidence exists pertaining to military dependent specific treatment. More research should be conducted, specifically to discover stress resiliency techniques. However, the knowledge gained from this project has increased confidence in my potential as a social worker, and given me a socially relevant research question that I will strive to research in the future.

GROUP THERAPY:

- We are currently offering numerous Groups for children, teens, and adults, including:
- Anxiety & Depression Group for tweens (11-13)
- Teen Anxiety & Depression Group (14-15)
- Teen Anxiety & Depression Group (16-18)
- Tweens Social Skills Group

- Teen Social Club
- LGBTQ
- Parenting Teens Support Group
- Intensive Outpatient Group

KRIPPA FAMILY PSYCHOLOGICAL & WELLNESS SERVICES

LGBTQ+ GROUP

LGBTQ+ teens are more likely to experience bullying and mental health challenges. Our education & processing group provides them with support, acceptance and a safe space to work through their unique life challenges.

Thursdays 3:30 - 4:30
457 Keisler Drive, Suite 202

Contact Audrey:
(919) 893-9444 x.532
audrey@ncpsychologist.com

Krippa Family Psychological & Wellness Services

SOCIAL SKILLS GROUP

\$50 per meeting
Alyssa Decker, Graduate Intern

- Individuals who are 8-12 years old
- Saturdays from 2-3pm, March 19-June 4
- 539 Keisler Dr., Suite 102, Cary, NC

- Has the pandemic and virtual learning interrupted your child's ability to communicate their needs, wants and feelings?
- Does your child struggle with making and keeping friends?

What our group will focus on:

1. Listening actively
2. Reading and interpreting body language
3. Finding common interests
4. Practicing two-way conversations
5. Expressing boundaries
6. Recognizing feelings and communicating them
7. Using social media safely and appropriately

Contact Alyssa via email at alyssa@ncpsychologist.com or by phone at 919-893-9444 (ext. 522)

DEPRESSION & ANXIETY GROUP (9-11)

VIRTUALLY TUESDAY 5-6PM

FOR THOSE EXPERIENCING:

- SADNESS, OR A LOW MOOD THAT DOES NOT GO AWAY
- NOT BEING INTERESTED IN THINGS THEY USED TO ENJOY
- FEEL EMPTY OR UNABLE TO FEEL EMOTIONS (NUMB)
- PHYSICAL SYMPTOMS, SUCH AS HEADACHES AND STOMACH ACHES
- BEING VERY AFRAID OF SCHOOL AND OTHER PLACES WHERE THERE ARE PEOPLE
- BEING VERY WORRIED ABOUT THE FUTURE AND ABOUT BAD THINGS HAPPENING

THIS GROUP CAN HELP BY:

- OFFERING SUPPORT AND A SAFE SPACE
- AMONG OTHERS GOING THROUGH SIMILAR EXPERIENCES
- LEARNING VALUABLE SKILLS TO COPE
- BUILDING CONFIDENCE AND POSITIVITY
- BUILDING UNDERSTANDING OF WHAT THEY ARE EXPERIENCING

\$200 DEPOSIT
\$50 PER GROUP
To learn more visit
www.ncpsychologist.com/grouptherapy
call (919) 893 9444
email info@ncpsychologist.com

To learn more about any of our Groups and to enroll please call us at 919-893-8444 or email us at info@ncpsychologist.com. Visit us at www.ncpsychologist.com and our Facebook and Instagram pages: Krippa Family Psychological & Wellness Services.

Website

Krippa Family Psychological & Wellness Services

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