

Structural Family Therapy and Culturally Informed Care with an Incarcerated Family: A Clinical Case Study

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ABSTRACT

Objective: By the end of 2014, an estimated 6,851,000 adult individuals were in the United States criminal justice system. Many of these individuals are racially and ethnically minoritized men. These families have been adversely impacted by the loss of adult family members who have been sent to prison. Family therapy has been recommended for successful reentry from incarceration into the home and community.

Methods: Structural family therapy (SFT) aims to restructure the family's organization to decrease dysfunction and establish flexible boundaries. SFT and the use of culturally sensitive practices are key to the success of family therapy for this population.

Findings: This case study showcases SFT's main components including rules, roles, hierarchies, and boundaries. Clinical implications advise to explore the effectiveness of using culturally informed care practices when using SFT models when a parent is incarcerated.

Conclusion: Correctional facilities should take a deep dive into the importance of investing in programs of essential skills that will not only help the individual to return to society but can lead to the reduction of recidivism.

Keywords: re-entry, structural family therapy, family therapy, incarceration, culturally informed care.

1. Introduction

According to the U.S. Department of Justice-Bureau of Justice Statistics, by the end of 2014, an estimated 6,851,000 adult individuals were in the U.S. correctional system. Evidence supports that incarcerated loved ones are two to four times more likely to have a mental illness compared to the general public (Wildeman, 2019; Wildeman

et al., 2012). Most of these individuals are racially and ethnically minoritized males (Tadros & Owens, 2021). The effects on urban communities due to mass incarceration are vastly significant (Crutchfield & Weeks, 2015). These families have been adversely impacted by the loss of adult family members who have been sent to prison. Therefore, when formerly incarcerated individuals reenter their communities, family dynamics may be negatively affected

(Tadros et al., 2022; Tadros & Gregorash, 2022; Tadros & Vlach, 2023; Yaros et al., 2018). To successfully treat families of incarcerated individuals, a therapist must understand the family structural components and the culture of both the community and the family. Strengthening the bonds between couples while one is incarcerated can benefit the mental health of both individuals (Tadros & Vlach, 2023). Finding models of therapy that successfully addresses the needs of this demographic will also help to decrease recidivism rates, as well as the high probability of children with a parent who was incarcerated going into the justice system at some point themselves.

2. Structural Family Therapy

Structural family therapy (SFT) aims to restructure the family's organization to decrease dysfunction and to establish flexible boundaries (Minuchin, 2018; Minuchin & Fishman, 1981; Tadros & Finney, 2018, 2019). SFT is a widely used systemic theory (Minuchin, 2018). The primary focus of SFT is viewing problems through a structural lens. This lens looks at the problem in relational terms. The SFT model uses three main strategies: 1) Challenge the Problem, 2) challenge family structure, and 3) challenge family realities (Minuchin, 2018). SFT allows a therapist to correctly identify and describe a problem and look at that problem through the lens of issues related to setting appropriate boundaries, family hierarchies, and roles of family members, due to family dysfunction, and the culture of the family including generational belief systems. This therapeutic model gives the therapist a lot of flexibility when developing different interventions for families (Minuchin, 2018). This model does not have a set time frame for how long and how frequently the clients and the therapist need to meet for treatment as every family is unique.

The goal of this model of therapy is to understand the rules of the family being treated and the functions of each family member to meet the goal and or address the problem of the family (Minuchin, 2018). This can be very difficult as each family is different, the level of self-awareness of key members may be limited, and different traumatic incidents may cause family members to react negatively to this treatment process.

2.1. Treatment Interventions

There are many different treatment techniques and interventions that have been successful in reducing or eliminating the symptoms of family dysfunction.

Major tenets of SFT include clarifying family roles and establishing effective hierarchies (Minuchin, 2018). In order to understand the family structure and hierarchy in families it may be useful to create a family tree or map. For example, this map may start with the names of known great-grandparents, grandparents, aunts, uncles, children, etc. Once a list of names of family members has been identified, a description of each family member's roles and characteristics will also be included. The purpose of creating a map is to have a visual essay to understand representation that can be referred to easily as a reference point throughout therapy sessions.

As therapy sessions continue changes can be made to the map or tree to show shifts in the family dynamic which includes changes in family members, individual roles, and when healthy boundaries are being set within the family. It is important to note that any intervention in this type of therapeutic model will not be effective if the family members/clients are not in agreement that their family is dysfunctional and that there is a need for change. Throughout the therapeutic process, a therapist joins a family to show that they care, are invested in helping the family, and build a certain level of trust between the therapist and the clients.

2.2. Culturally Informed Care

SFT does not specifically address the impact of knowledge within the incarcerated family's culture and belief systems when creating therapy plans for individuals who have been incarcerated. Culturally informed care practices are necessary to be incorporated, more especially within marginalized populations. This includes the therapist actively seeking information about the clients' marginalized status. This is extremely important when the mental health professional and the families that they are treating come from different cultural and racial backgrounds. Having a proficient level of cultural competence is very important because a key element of therapy is the ability of both the therapist and their clients to successfully and meaningfully communicate with one another (Fripp & Adams, 2022). The purpose of culturally informed care is to facilitate and enhance communication between individuals with different cultural backgrounds.

Without effective and appropriate communication between the therapist and clients, therapy will not be effective, and encounters between the therapist and their clients could unknowingly cause additional harm in several

ways (Tadros et al., 2023). For example, the client may become offended by what they view as offensive racist comments by the therapist towards them. It is important to note that the therapist may never become an expert of any group's culture, even their own; however, having a basic knowledge of the client's culture can positively impact a therapist's development of specific interventions for their clients as well as delivery of therapy to their clients (Tadros et al., 2023).

Additionally, it should be noted that while culturally informed care is imperative, it can be an undervalued view from which the therapist may acquire a cultural understanding and meaningful acceptance of minority clients (Leseth, 2015). When a therapist develops that a cultural understanding with clients, it can create a respectful and much needed bond of trust with clients of different backgrounds and thus produce an effective treatment outcome which is the goal of treatment. Along with this, it is important for mental health professionals treating culturally diverse individuals and or families of incarceration to be sensitive to the impact of microaggressions of being an ostracized group (Tadros & Owens, 2021). A lack of culturally informed care can cause clients to not only feel uncomfortable but can create negative future perceptions of seeking outside help and a further lack of trust in mental health services (Tadros & Owens, 2021). Tadros et al. (2023) suggest therapists instead can encourage families to have open dialogue regarding emotions of maltreatment, discrimination, and everyday microaggressions (Tadros et al., 2023).

According to Colapinto (2017), dysfunction in a family structure can be explained by two types of families: enmeshed and disengaged. Enmeshed Families are typically very close, have similar opinions, spend a lot of time together, and have low levels of individuality. Boundaries in a meshed family are not set. In disengaged families, there is a distance between members both physically and emotionally and the boundaries are rigid. It is important to note that according to Colapinto (2017), certain members within a family unit may be enmeshed, while others are disengaged from each other (Colapinto, 2017). The key idea is that there is a need for the family members to develop, set, and enforce clear boundaries among one another. This will help alleviate the negative impact of dysfunction and may stop the cycle of family dysfunction. It is important to note that the relationship between a parent and a child can be enmeshed or disengaged. Determining the type of

dysfunctions that may exist within a family structure is also a part of understanding the unique culture of the family.

3. Case Introduction

3.1. Demographic Information

The case is completely fictional, and this case study was created for the purpose of showcasing the application of theory to practice. James is a 42-year-old heterosexual African American, Christian, low-income status male who has recently (within 8 months) reentered society after having been incarcerated for 10 years. James has two children, a 10-year-old daughter and 16-year-old son. James is currently married to and living with the mother of both children.

3.2. Presenting Problem

James has stated many times that one of his major goals is to be a great father to both his son and daughter. James states that his daughter, Jane expressed happiness when he returned to the family. Jane is doing well in school, an honor roll student and loves playing volleyball. Although Jane has expressed happiness at her father's return home, her relationship with her mother and brother has become adversarial. The reason for the change is unclear. However, it is important to note that according to James, this change may be due to feelings of resentment that his wife and his son have shown towards him in front of Jane and Jane feels like she has to protect him.

James' son, John, is struggling in school. John's grades are inconsistent and are primarily C's, D's, and F's. Six years ago, John was found eligible for special education services and was identified at that time as having an emotional disorder. John currently has an IEP (Individualized Education Program) receiving special education services. According to James, John is closer to his mother and does not speak to him. James stated, at first John appeared to be happy with James' return home. However, their relationship changed after James had only been back for two months when James tried to discipline John due to the school contacting James regarding John's behavior at school. James has stated he wants a positive relationship with both of his kids. James stated that he recognizes that he does not have the relationship that he wants with his daughter or his son. He wishes that he had had an opportunity to be with them while they were growing up and he wishes to develop a loving relationship with them.

3.3. History

James was born and raised on the South side of Chicago, Illinois. James lived with his mother and stepfather in his youth. James' mother was 17 years old when she was first married James' biological father. James' father was 25 years old. James was two years old when his parents divorced. The primary reason for the divorce according to James' mother, was James' father was physically and mentally abusive to her. James' biological father was a gambler, cocaine addict, and sold drugs to support his drug addiction. James reported at the age of three years old and a year after his parents divorced, his mother married his step-father. According to James, his stepfather was kind and treated him well. James stated that he does, however, remember his mother and stepfather getting into aggressive arguments and physical altercations. According to James' mother, his stepfather also had a gambling addiction and there were allegations that his stepfather had many affairs with other women. James lived with his mother and stepfather until the age of 17 years old when he left home to live with a friend. James dropped out of school during his sophomore year of high school and started selling drugs.

James sold drugs for over 10 years until he was arrested, convicted, and sentenced to 10 years in prison for drug distribution. While in prison James earned his GED and an associate degree as a part of the rehabilitation process. James also received years of individual and group therapy while in prison. James stated that he was in contact with his family and that his wife came to visit him often (once or twice a month). James stated his wife did not like to bring the children to visit him in prison because she did not want them to see him like that. However, James stated that he spoke to his kids on the phone almost every week and they exchanged letters at least once a month for the duration of his incarceration.

James stated the reason he initially sold drugs was because he enjoyed the excitement and being the life of the party. James has since learned better and does not want his son to end up in prison like him. James does not have any concerns regarding his daughter Jane going to prison. However, he does not want her to end up pregnant rather would like to see her attend college. James would also like to see the relationship between his daughter and his wife improve as well.

4. Data Analysis: How the Presenting Problem is Explored

In this case study, the presenting problem is explored through the lens of both culture and the family's unique dysfunction. In this case, the type of dysfunction that exists is disengaged. Also, this family's communication style which includes how they interact with one another is also dysfunctional. Techniques and interventions used with each family should be rooted from prior acquired knowledge and cultural observation exposure from the views of the family {Marbley, 2011 #45716}. For example, James identifies himself as a Christian African American male who grew up in an urban high crime environment.

5. Methods and Materials: Assessment

During the initial intake the therapist met with James because he was the family member who had been incarcerated and had recently reentered society. During the initial intake with James' family specific questions related to James' family history were asked. These questions included an in-depth family history. This family history included questions related to suicide, domestic violence and abuse, drug abuse, and health concerns which include mental and physical health. According to James, his family has a history of domestic violence and abuse, drug addiction, poor academic outcomes, and diabetes however, there is no history of suicide in the family. During this intake, James shared that he had been arrested two times prior to his 10-year conviction but he could not stop selling drugs because he had to provide for his family and selling drugs was the only way he knew how. This is also how he developed an addiction to the drugs that he was selling. He stated that while he was growing up living with his mother and stepfather, they recognized he liked to engage in dangerous activity and he loved the excitement, and that frightened them. As a young boy James went to church every Sunday, his mother thought this would help his negative behaviors. His stepfather was unable to help him be better because he was rarely home and when he was home, his stepfather and mother would often fight.

After the initial intake, the therapist included John and Jane in the therapy sessions. John and Jane were asked a series of questions as well to determine whether or not they believed that their family was dysfunctional and if their family needed help. The therapist also gathered data pertaining to each child's belief systems including their roles in the family and their level of awareness of their father's return home and the impact on their lives.

Discussion: Theory-Based Case Conceptualization

According to Minuchin (1974) before making a treatment plan for a family, it is primarily important to develop a strong therapeutic relationship with each client (Minuchin, 2018; Minuchin & Fishman, 1981). This can be done via the process of joining as it was discussed previously in order for a therapist to be effective when using the SFT therapeutic model. The therapist must not only observe family interactions but also must join the family. It is also important to note that the focus of therapeutic sessions and or plans using this model, is centered on identifying harmful patterns of communication, challenges related to boundaries or lack thereof within a family system and how each family member views their role within the family (Tadros & Finney, 2018, 2019). The focus of SFT is not to single out any individual family member as being the problem (Tadros & Finney, 2018). SFT emphasizes the need for individual family members within a family unit to gain knowledge and awareness of their family dysfunction and the role that they may play within that dysfunction.

In this case study parenting styles, the ideas related to parenting styles, and the power between the parents and child was explored. For example, because James was incarcerated for ten years, he was unable to develop or master an important family life cycle stage called family of younger children. This is where the parent has a different level of responsibility when it comes to taking care of their children. Upon coming home James found himself in the family life cycle stage called families with adolescents. It is also important to note that due to the fact that James was not present in key developmental stages of his children's lives due to his incarceration, he was unable to develop his own parenting style or coparenting styles between himself and his wife.

This further exacerbates the problem because the mother had to create a hybrid circle of support while raising two children. Everyone who is a member of this support system has their own parenting style, belief system, cultural background, and ideas about power between parents and their children. This hybrid model created confusion about the role of each parent, child, and would present a problem regarding identifying and setting clear expectations or boundaries that could be developed.

When a therapist tries to assist a parent with developing necessary parenting skills through the lens of psychology, it is important to note that the development and enforcement of clear rules and boundaries within a family system is essential. Through this process, the symptoms of family

dysfunction can be greatly alleviated. Identifying patterns within the family that are seen as dysfunctional allows the therapist to recognize at what point he or she should mediate in therapy sessions (Metcalf et al., 2004). Tadros & Finney (2018) suggest enactment rehearsal among family members who want to express issues to another family member with an empty chair prior to interacting with him or her in real-time is beneficial. If needed the therapist can help recreate the act and offer more positive and insightful ideas to implement for the real discussion when it takes place (Tadros & Finney, 2018). It was also noted by Vetere (2001), that restructuring communication style assists family members in working on mindful space to represent and strengthen each member's boundaries in their subsystem creating encouragement and prospects for resolutions (Vetere, 2001).

James must develop parenting skills and a parenting style for each of his children. Since his Children are in different stages of development and differ in age James must approach the parent and child relationship with each child with the understanding that his parental responsibilities as a father will differ because the stage of development for each of his children is different. This also includes changes related to each child's specific needs and in some instances their gender. James would benefit from including his wife in this conversation so that they can learn how to coparent which includes setting expectations that they have agreed upon as it relates to their children and working together as their parents. A primary intervention for James and his family includes spending a significant amount of time at the beginning of the therapy treatment timeline creating a detailed family map that may include the hybrid support system as well.

At different points throughout the treatment process, the therapist with input from the family should adjust the family map as needed, when roles and boundaries are clearly identified and defined throughout the therapeutic process. The therapist will provide James with information related to additional resources through family services as needed because James has identified that he is unable to pay for treatment at this time but feels that it is valuable.

6. Clinical Implications

When reviewing the existing literature, it was observed that there is a lot of information surrounding cultural competency and the impact of incarceration on families. Incarcerated couples' voices are often not heard through

research and policy, yet these individuals present an opportunity for implementation of programs and support services during incarceration as well as post-release.

There was also a lot of information and literature about the structural family therapy model and theoretical framework therapy. However, there was a noticeable lack of literature that specifically targets the impact of having culturally competent therapists provide quality therapy to a culturally diverse family clientele. The idea is a therapist cannot be effective if they do not gather data related to their client's demographic which includes medical information, socioeconomic status, etc. The therapist must also acquire knowledge of a client's culture in the larger context which includes race and ethnicity but also the culture of the family and the community in which the incarcerated family lives. This case study attempts to bridge the gap between the two as this is important in providing effective treatment to the families of returning citizens. It helps not only reduce the recidivism rate and keeps these key figures within the family structure home where they are needed, but it also has a far-reaching positive impact on the outcome of the children of formerly incarcerated individuals.

Tadros et al. (2022) noted that previously incarcerated individuals are impacted by mental illness, but nonetheless do not acquire the mental health services that are an essential part of recovery. Families of individuals previously incarcerated are frequently not equipped for the mental health necessities post-release of their loved one (Tadros et al., 2022). Therapists working with individuals who have been incarcerated need to be cognizant of the differences among them, such as the negative stigmas of incarceration that society has associated with them (Tadros & Finney, 2018; Tadros et al., 2023). However, nonetheless, for the reason of incarceration, it is important that mental health treatment services are equally provided for these individuals (Tadros & Finney, 2018, 2019).

Within SFT and a previously incarcerated family, implementing a new family structure can be difficult at first and may even raise some family issues as all member's roles can change, different boundaries may be put in place, and hierarchies of power may change. A healthy hierarchy within a family system can help with overall family dynamics (Tadros & Finney, 2018). When there is not a healthy hierarchy within the family, roles are not appropriately established thus causing conflict, dysfunction, and even confusion in the family. Vetere (2001) noted boundaries to be the guidelines and meaning of protection of what is appropriate and inappropriate in one's family

subsystem (Vetere, 2001). Metcalf (2019) similarly believes boundaries are also established or created to accomplish organization in everyday existence within a family household along with room for discussions on possible changes to specific boundaries as members grow and develop (Metcalf et al., 2004). Presenting the family with a miracle question can also be a good technique to assist them in reflecting on possible resolutions to their family issues (Tadros & Finney, 2019). This case study showcases why clinicians should employ SFT and cultural humility when developing therapy plans and interventions for their clients. The potential of a positive impact on incarcerated families when employing both concepts cannot be measured at this time however future researchers can use this case study as an important resource.

7. Conclusion and Future Directions

In a time where history has shown us that not much accountability has been taken in the lack of social justice for minoritized groups, it is of extreme importance that mental health professionals take a stand in not contributing to the neglect that they have historically endured. There is tremendous importance in validating clients in the recognition of racial injustices that are usually spoken of as a troublesome time in history rather than current times (Tadros et al., 2023). With this, racial injustices were most likely also experienced by individuals while incarcerated and those experiences need and should be addressed for healing and understanding, not just for the individual but for the family of the individual who will need the appropriate tools to sensitively support their loved one upon returning home. All of this plays a large role in why someone is the way they are and why a family structure is important. Creating a family structure with hierarchies of power, subsystems, and boundaries is vital for a healthy family of unity.

More empirical research is needed to determine how race, ethnicity, and age groups in males differ in regard to the incarcerated individual as well as the family of the incarcerated that are impacted upon their return home (Tadros & Durante, 2021). It is noteworthy that future research should be conducted with same-sex couples or coparents of the LGBTQ+ community that is the incarcerated individual or co-parents with the incarcerated individual as this population may differ from cis-gender couples or coparents (Tadros & Durante, 2021). With male incarceration being significantly more studied than women

incarceration, an increase in research is needed on female incarcerated individuals returning to society and their families as they too are impacted by incarceration and may differ in ways of adjustment to their community, family interaction, employment, housing, etc. compared to their male counterparts. Tadros & Finney (2018) agree that recognizing how the SFT method of treatment can pertain to incarcerated women as well, can offer the additional provision of the model's general application to incarcerated individuals regardless of gender (Tadros & Finney, 2018).

Lastly, a more in-depth view of vital ways to further assist populations that have been affected by incarceration that can impactfully help them return to their communities as positive active members of society should be discussed. For example, assisting with skills such as anger management, conflict resolution, family engagement, verbal/written communication, and current technology as many of these individuals have been incarcerated for long periods of time. Correctional facilities should take a deep dive into the importance of investing in programs of essential life and people skills that will not only help the individual to readily return to society but can help individuals to change their mindset to reduce recidivism.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

None.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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