Exploring the Application of Structural Family Therapy in Addressing Adolescent Behavioral Issues: A Case Study Perspective

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Abstract: This study endeavors to explore the application and effectiveness of Structural Family Therapy (SFT) in addressing adolescent behavioral issues, utilizing a case study methodology. SFT, a therapeutic method that intervenes at the level of the family system, emphasizes restructuring the family and clarifying boundaries among its members. By selecting emblematic cases, this study meticulously analyzes the foundational principles employed in therapy alongside specific techniques, including enhancement of family functionality, adjustment of family structure, and resource-oriented strategies. This research probes into the effectiveness and theoretical foundations of Structural Family Therapy (SFT) in tackling adolescent behavioral challenges, highlighting its unique contributions to family therapy. Through an exhaustive examination of seminal cases from distinguished practitioners such as Minuchin, Fishman, and Lee, Wai–Yung, the paper elucidates SFT's proficiency in navigating the dynamics of family systems. It reveals how the therapy's strategic modifications in interaction patterns and boundary configurations among family members catalyze notable improvements in adolescent behaviors. These transformations transcend mere direct interventions; they epitomize a deeper, collaborative process engaging both therapists and family units. The findings further illuminate SFT's prowess in enhancing family functionality, thereby fostering an environment conducive to nurturing adolescent independence. This exploration affirms SFT's pivotal role in reshaping familial interactions, thereby mitigating adolescent behavioral issues through a holistic and collaborative approach that benefits the entire family structure. Moreover, this study additionally concentrates on the sustainability of treatment outcomes and their impact on the overall well-being of family members, aiming to provide a comprehensive evaluation of SFT's efficacy in ameliorating adolescent behavioral issues. Through an in-depth analysis of the cases, this research reveals the details of SFT's application in practice and its potential to foster positive changes in adolescent behavior and enhance overall family function. The results aim to provide mental health professionals with effective strategies for treating adolescent behavioral problems and to offer further theoretical and practical guidance in the field of family therapy.

Keywords: Structural family therapy, Adolescent behavioral problems, Family functioning, Internal family resources.

1. Introduction

Adolescent behavioral problems present a significant challenge in today's society, with issues ranging from depression and anorexia to school adjustment difficulties and peer relationship problems. These issues not only impinge upon the personal development and mental health of adolescents but also have the potential to exert long-term detrimental effects on their familial relationships, academic achievements, and social engagements. Consequently, identifying efficacious treatment methodologies is pivotal for fostering the healthy development of adolescents and mitigating societal costs.

Structural Family Therapy, originating from the pioneering work of Salvador Minuchin, focuses on the structure and interaction patterns within the family system, especially on solving problems by changing boundaries, communication styles, and interaction patterns among family members. It posits that adolescent behavioral issues often reflect dysfunction within the family system, and that restructuring the family and optimizing interactions among members can effectively address these behavioral issues.

This study aims to explore how Structural Family Therapy impacts and improves adolescent behavioral issues. Through case analysis, the research will examine the application process of Structural Family Therapy, including how therapists identify and intervene in unhealthy family patterns and promote healthy interactions through strategic family sessions and activities affecting adolescent behavior and emotions. The study will also evaluate the effectiveness of this method in various types of adolescent behavioral issues, as well as the response and sustainability of treatment outcomes among family members. By exploring the application and effects of Structural Family Therapy in actual therapy, the study intends to provide mental health professionals with additional insights and tools for employing a family systems approach to address adolescent behavioral problems. Additionally, it endeavors to provide families with practical strategies for cultivating healthier interaction patterns and exploring family structures that are more conducive to adolescents' physical and mental development.

2. Literature Review

2.1. Definition and Types of Adolescent Behavioral Problems

Adolescent behavioral problems are widely present in society and involve aspects such as depression, Anorexia, school adjustment, peer relationships, and self-harm or suicidal tendencies. Based on the research by Levy and Sharon, these problems can range from occasional lapses in judgment, typical of adolescence, to more severe behavior
patterns and frequency that may require professional intervention. The severity and frequency of these behaviors include regular substance use, fighting, truancy, and theft. Anorexia is not only related to adolescents' eating and physical health but also reflects deep psychological and emotional distress. The reduction in adolescents' sense of self-efficacy and the limitations on their pursuit of independence are often caused by parents' excessive control over their lives, usually due to unclear boundaries within the parent-child subsystem, making it difficult for adolescents to develop the ability to solve problems autonomously.

2.2. The Impact of Family Factors on Adolescent Behavior

According to research by Brieflands, the family environment, especially parenting styles, is crucial in preventing adolescent violent behavior. This study indicates that subtle control by parents and effective parenting practices are key family factors affecting adolescent behavior. Internal family discord, unstable family backgrounds, parental conflict, and inadequate parental supervision may exacerbate adolescent behavioral issues. Research by ASPE shows a link between early substance use and adolescents prematurely transitioning into adult roles, such as becoming parents, leaving their family home, educational disruption, and lower socioeconomic status. These findings suggest that family structures, like divorce and single-parent families, could have long-term effects on adolescents' behavior and their future socioeconomic outcomes. A cross-city study published in Frontiers found that the family environment (including economic status, parental education levels, cohabitants, and parents' attitudes towards drinking behavior) is closely related to adolescent drinking behavior. Notably, parents' supportive attitudes towards drinking are significantly related to adolescent drinking behavior. A recent research about family relations also claimed that positive parent–child relationship quality was associated with reduced adolescent problem behavior.

These studies emphasize the significant impact of positive family relationships and effective parenting on the direction of adolescent behavior development, highlighting the importance of providing a supportive, stable, and positive family environment in preventing the occurrence and development of behavioral issues.

2.3. Theoretical Foundation of Structural Family Therapy

Structural Family Therapy (SFT), founded by Salvador Minuchin in the 1960s, marked an important turning point in family therapy practice. Minuchin laid the theoretical groundwork for SFT by emphasizing the hierarchical structure, boundaries, and subsystems within the family system and their impact on individual behavior. His therapeutic approach primarily involves reshaping the family system's boundaries and roles to address interactional issues within the family. Minuchin emphasized the relationships among family members and used structured techniques to redefine and adjust these relationships to promote healthier communication and interaction. In the 1970s, the strategic family therapy developed by Jay Haley, although under a different theoretical school, had a profound influence on SFT through its collaboration with Minuchin, emphasizing the therapist's leading role and strategic interventions in the therapeutic process. In the 1980s, Charles Fishman expanded SFT in a multicultural context, emphasizing the importance of understanding and integrating family cultural backgrounds in therapy; he also highlighted the central role of family therapy in addressing adolescent issues, advocating for a more effective treatment integrating family and social environments.

In the 1990s and beyond, Harry Aponte introduced concepts of human care and social justice, while Monica McGoldrick enriched and deepened the theory of SFT by integrating it with concepts of the family life cycle and racial and cultural diversity. Entering the 21st century, WAI-YUNG LEE especially highlighted adolescents' active role in therapy within Asia and China's unique cultural contexts.

This series of developments and innovations showcase the continuous evolution of SFT theory and practice and reflects the sensitive response and adaptation strategies of family therapy practice to sociocultural changes.

2.4. Application and Effects of Structural Family Therapy on Adolescent Behavioral Problems

Structural Family Therapy has achieved notable success in addressing adolescent behavioral issues, especially by clarifying the boundaries between parents and adolescents, helping adolescents improve self-efficacy and enhance independence. Case analyses show that this therapeutic method effectively reduces adolescent behavioral issues like anorexia and improves overall family function. Therapists work together with family members to rebuild a healthy family structure and boundaries, creating a supportive environment for growth and promoting positive adolescent development.

3. Case Study Methodology

This study employs a case analysis methodology, meticulously analyzing data from published case studies, pertinent literature, and conference proceedings to explore the application of Structural Family Therapy (SFT) in mitigating adolescent behavioral issues. Initially, a series of emblematic cases were meticulously selected from the literature, elucidating the therapeutic processes, methodologies employed, and ensuing outcomes. Subsequently, these cases were carefully read and analyzed, with three of the most representative and information-rich cases chosen for in-depth study.

In the analysis of case studies, attention is directed towards several critical aspects. Initially, an examination of diagnostic and assessment methods used by family therapists in addressing adolescent behavioral problems is undertaken to grasp the nature and severity of these issues. This is followed by an exploration of therapeutic methods and strategies implemented by Structural Family Therapy (SFT) therapists. Such strategies include restructuring the family system, reshaping boundaries, and clarifying roles. The process of how therapists engage with family members to foster healthy family dynamics, alongside addressing challenges and obstacles, is also scrutinized. The analysis concludes with an assessment of therapeutic outcomes, focusing on the improvement in adolescent behavioral issues, transformations in family relationships, and the enhancement of overall family functionality.

A comprehensive analysis of structured family situations provides a profound understanding of SFTs' difficulties in teenagers and their households. Furthermore, it facilitates the
identification of available resources and strengths, thereby aiding in the discovery of potential solutions to prevalent behavioral challenges, encompassing anorexia, alcohol abuse, self-harm, autism, and interpersonal disputes, triggering more family therapists of practical exploration and inspiration.

4. Specific Case Analysis of Structural Family Therapy

4.1. Case One: Minuchin's Treatment of Loretta's Anorexia Case

4.1.1. Reason for Case Selection
Loretta's case of anorexia holds a prominent place in Salvador Minuchin's practice of Structural Family Therapy (SFT), showcasing his role as a pioneer of structural family therapy and his unique therapeutic craft and style. Distinct from traditional psychoanalysis, Minuchin does not attribute the phenomenon of anorexia solely to individual psychological trauma but sees it as a product of family system interaction patterns. He delves into the boundaries between family members, observing the power struggles within the mother-daughter subsystem. Through structured thinking, he analyzes how the interaction patterns between parents and daughter contribute to maintaining Loretta's symptoms. More creatively, Minuchin directly engages in the family setting by joining them for lunch meetings, thus creating a therapeutic environment. Through this, he observes and intervenes in daily family interactions. These intriguing and effective techniques highlight the importance of fostering autonomy in adolescents within the family environment and demonstrate the effectiveness and profound impact of SFT in addressing adolescent psychological issues, showcasing SFT's profound approach to resolving individual issues by altering family dynamics.

4.1.2. Detailed Analysis of Loretta's Case
(1) Case Background
Loretta Menotti, a 16-year-old daughter in an Italian-American family, was admitted to a major city hospital at 14 due to severe abdominal pain. After numerous medical examinations ruled out organic diseases, she was diagnosed with "psychological issues." Over the next few years, Loretta continued to lose weight and became increasingly obsessed with her weight, diagnosed as "simple schizophrenia with superficial depression features." Ultimately, Loretta was diagnosed with anorexia. Dr. Salvador Minuchin applied the SFT method, shifting the problem from Loretta to the family unit. The treatment began by exposing family interaction issues and specific manifestations of Loretta's anorexia through a family lunch.

(2) Therapeutic Method
Fully Joining into the Family and Respecting the Existing Hierarchical Order
1) Minuchin joined the family by sharing a lunch with family members, closely observing their interactions. Loretta's parents showed excessive protection and concern during the meal, linked to Loretta's rebellious and defiant behaviors. Through conversations with Loretta and her parents, Minuchin gradually unveiled the internal power structure and issues, along with Loretta's potential need for independence. Almost simultaneously with the assessment, Minuchin formed an alliance with Loretta, reflecting the flexibility of SFT. Other siblings, Sophia and Maria, served as witnesses to changes in family structure, more holistically reflecting the significant role of internal dynamics and interaction patterns on Loretta's symptoms.

This innovative therapeutic setting facilitated the observation of the family's spontaneous interactions during mealtime, while maintaining respect for their cultural norms and social structure. This initial phase emphasized empathy, respect, and comprehension, establishing trust with the family and encouraging their openness and engagement in the therapeutic process. This approach aimed to enhance the individual's understanding of the family system without disrupting the established hierarchical order.

2) Linking Individual Anorexia Symptoms to Family Subsystems
Minuchin did not perceive anorexia as solely an individual concern, instead, he regarded it as an indication of a dysfunctional family system. Consequently, his assessment centered on the patterns of interaction, styles of communication, and boundary issues within the family, particularly pertaining to the patient's position within the family hierarchy. By emphasizing the mother's excessive control and protection, Minuchin linked Loretta's anorexic symptoms to the dynamics of the family unit. He questioned the mother's parenting approach and challenged her excessive maternal love through collaboration with the father, providing an avenue for the adjustment of family interaction patterns.

3) Encouraging Loretta to Express Needs
During therapy, Minuchin facilitated Loretta's enhanced communication of her requirements and emotions. He facilitated Loretta's negotiation of mealtimes and venues with her parents, thereby demonstrating Loretta's autonomy over her bodily functions. This encouragement of self-expression was pivotal in fostering Loretta's independent decision-making abilities and life skills. Minuchin ensured that Loretta's parents comprehended her needs and emotions by repeating and emphasizing her statements. Furthermore, he deliberately fostered the father-daughter subsystem, excluding the mother, developing healthier communication patterns between Loretta and her father, thereby promoting healthier familial dynamics.

4) Exploring the Need for Adolescent Independence Development
Minuchin underscored the significance of adolescents acquiring independent decision-making capabilities and life skills. He emphasized that parenting approaches must vary between infancy and adolescence, particularly when respecting adolescents' autonomy. This exploration was vital not just for Loretta's personal growth but also provided parents with valuable insights into facilitating their child's transition into adulthood. Through therapeutic sessions, Minuchin not only accommodated Loretta's age-appropriate rebellious behaviors but also fostered stronger bonds between her and her father, further enabling her independent development.

(3) Therapeutic Outcomes
1) Improvement in Adolescent Behavioral Issues
Following a period of four months of consistent treatment, Loretta's weight increased by 21 pounds during the initial three months and subsequently stabilized at approximately 105 pounds. Upon conducting a follow-up examination one and a half years post-treatment, it was revealed that Loretta had been employed as a waitress for a duration of six months and had resumed her studies to complete her high school education. She enjoyed a large social circle and maintained a
stormy relationship with her parents. The gradual increase and stabilization of Loretta's weight indicated a notable amelioration in her anorexic symptoms. Her reintegration into social and academic pursuits was a testament to her progress in both personal conduct and social adaptability.

2) Changes in Family Relationships

The dynamic between Loretta and her mother, Margherita, underwent profound transformations during the therapy sessions. Their initially entangled and mutually manipulative relationship gradually evolved as Loretta asserted more independence by challenging her mother. Concurrently, a subsystem excluding the mother was forged between Loretta and her father, Carlo, fostering a deeper bond and offering an alternative source of emotional sustenance for Loretta.

3) Enhancement of Family Function

The therapy profoundly impacted Loretta's individual performance while fostering positive changes in the overall functionality of the family unit. Through the therapist's guidance, family members could navigate new roles and interactions within their subsystems, discovering alternative means of communication. Margherita recognized the necessity of modifying her parenting techniques during Loretta's adolescence, and Carlo discovered a renewed sense of purpose and belonging within the family structure. This therapy effectively augmented Loretta's individual abilities while fostering a positive transformation in the dynamics of the entire family.

4.2. Case Two: H. Charles Fishman's Case of Adolescent Suicide Intervention

4.2.1. Reason for Case Selection

The situation of 13-year-old Faith, as examined by H. Charles Fishman offers a concise exemplification of Structural Family Therapy's efficacy in addressing adolescent behavioral issues. This analysis underscores the significance of modifying emotional communication in scenarios where profound familial conflicts and instability exert a significant influence on the adolescent's behavioral and emotional responses. Additionally, it delves into the adolescent's process of estranging themselves from their family in pursuit of independence, revealing the challenges encountered in the quest for self-identity amidst intricate family dynamics. These insights are invaluable in comprehending and intervening in cases of suicidal tendencies among adolescents, providing practical strategies and perspectives for addressing a diverse range of behavioral challenges encountered by adolescents.

4.2.2. Detailed Case Analysis

1) Case Background

Faith, a 13-year-old girl, was hospitalized after her first suicide attempt. Growing up in a complex family structure shaped by divorce and remarriage involving parents and grandparents, she faced daily disputes and criticisms from her mother and stepfather. Furthermore, she passively endured her mother's persistent public animosity towards her biological father while also being troubled by her grandfather's inappropriate conduct. These cumulative experiences contributed to her confused understanding of interpersonal relationships and a profound sensation of helplessness. Her suicide attempt was an extreme reaction and protest against the internal conflicts within her household.

2) Therapeutic Method

1) Diagnostic Assessment Method

The case of Faith was evaluated using a four-dimensional model, aiming to gain a comprehensive understanding of the family system. The historical dimension identified unresolved conflicts and cumulative issues, with the intricate family background serving as the root cause of Faith's emotional distress. The structural dimension highlighted chaotic family roles due to parental disputes and accusations, coupled with the grandfather's inappropriate conduct, all contributing to a dysfunctional relational pattern. The process dimension centered on the actual methods of interaction, revealing the family's inability to establish mechanisms for effective problem-solving and emotional communication, thereby affecting Faith's psychological well-being. The boundary definition dimension exposed the unclear boundaries among family members, Faith's lack of autonomy and sense of boundaries, as well as the external resources available to the family. The thorough assessment through this four-dimensional model underscored the profound influence of family dynamics on Faith's conduct and established a robust foundation for targeted therapeutic interventions.

2) Adjusting Family Structure

Dr. Charles Fishman meticulously implemented a series of family restructuring strategies to improve Faith and her family's situation. He emphasized the significance of direct communication among family members, particularly between parents and adolescents. To achieve this, he organized family meetings where Faith was encouraged to articulate her needs and emotions to her parents, affording them the opportunity to respond. This process was instrumental in resolving internal misunderstandings and reducing tensions. Dr. Fishman further clarified and reinforced the roles of parents, fostering more effective cooperation in parenting strategies and establishing boundaries. Additionally, he facilitated therapeutic sessions that enabled parents to recognize their crucial role in providing a stable and supportive family environment.

He also intervened in conflicts among family members, particularly between the parents. He guided them to identify and express their feelings and needs using non-violent communication skills, fostering mutual understanding and respect. This approach contributed to reducing tensions within the family, laying the groundwork for healthier family relationships. Ultimately, reconstructing a healthier and more functional family structure entailed clarifying family roles, rules, and responsibilities and promoting positive interactions and support among family members. Through these strategies, Dr. Fishman aimed to establish a more stable and supportive environment for Faith and her family, where every member feels valued and accepted, thereby addressing Faith's personal challenges and enhancing the family's functionality and well-being.

3) Rebuilding Family Alliances

In Faith's case, Fishman effectively strengthened the connections among family members by involving them in the decision-making process. He guided Faith's mother and stepfather to discuss and decide on matters regarding Faith's participation in family activities and maintaining contact with her biological father. This approach promoted open and honest communication within the family and enhanced the entire family system's understanding and sense of responsibility. This heightened sense of responsibility helped increase family members' self-awareness, encouraging them to participate in family life more positively and constructively. This not only improved the interaction patterns among family members but also created a more stable and supportive environment for Faith's growth.
4) Maintaining Distance from the Family, Introducing Other Support Systems

In handling Faith's case, Fishman highlighted the importance of maintaining an appropriate distance from the family while seeking external support during adolescence. He guided family members through family meetings to clearly express their support and trust in Faith, creating a safe exploration environment. This allowed Faith the freedom to attempt building new relationships, reducing overprotection and role confusion. During the intervention phase, he introduced homework and practical tasks to enhance Faith's agency and role confusion. During the intervention phase, he introduced homework and practical tasks to enhance Faith's self-efficacy, enabling her to connect with support systems outside the family, such as social circles and psychological support organizations, offering her a broader perspective for growth. These strategies collectively shaped a growth environment for Faith that promotes individual independence without detaching from family support, reflecting Fishman's unique therapeutic style in adolescent growth and family dynamics.

(3) Therapeutic Outcomes

1) Improvement in Adolescent Behavioral Issues

Faith's suicidal tendencies were partially alleviated due to Fishman's intervention. Fishman utilized various strategies such as restructuring the family dynamics, maintaining an appropriate level of detachment from the family, and enhancing the support systems available. These measures contributed to Faith's creating a more supportive family environment. Consequently, this environment effectively reduced Faith's emotional stress and restored her sense of security. Additionally, Fishman employed a resource-oriented approach, leveraging external support resources to provide Faith with a healthier and more conducive growth environment.

2) Changes in Family Relationships

The therapy achieved remarkable results in enhancing family relationships. Fishman facilitated communication and comprehension among family members through organized family sessions and behavioral role-playing exercises. This approach enabled Faith's family to develop a profound understanding of each other's emotions and requirements, establishing healthier and supportive communication patterns. Consequently, family members exhibited more tremendous respect for each other's boundaries, fostering a more open and honest communication environment. This facilitated their collective response to the challenges they encountered.

3) Enhancement of Overall Family Function

A series of interventions had a positive influence on the improvement of family functioning. By redefining family roles and boundaries and by identifying and reforming the family structure, parents and grandparents gradually comprehended their respective roles and responsibilities. Collectively, they tackled the challenges presented by Faith's suicidal tendencies, thereby enhancing the functionality of the family unit. This comprehensive approach effectively addressed individual concerns while fostering a healthier, more supportive, and cohesive family atmosphere, ultimately contributing to the overall well-being and happiness of all family members.

4.3. Case Three: Lee, Wai–Yung's Treatment of the Case of Brothers with ADHD and Autism

4.3.1. Reason for Case Selection

This case vividly demonstrates how Lee, Wai–Yung, building upon and evolving Minuchin's theory, creatively engaged adolescents as active participants and healers in the therapeutic process, especially within the unique cultural context of Asia and China. By challenging traditional family authority structures and empowering adolescents with more voice and responsibility, Lee's approach not only fostered equal communication and deep understanding among family members but also successfully showcased the adaptability and flexibility of Structural Family Therapy in cross-cultural practice. This case provides significant insights and inspiration for understanding and applying Structural Family Therapy theory across different global cultural contexts, emphasizing the use of internal family resources, particularly the potential of adolescents, to promote the holistic healing of the family system and the individual growth of its members.

4.3.2. Detailed Case Analysis

(1) Case Background

Dr. Lee, Wai-Yung encountered a family in this instance, wherein both teenage sons had been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) respectively. The parents of this family had been separated for eleven years, yet the animosity between them persisted. Prior to engaging in therapy, the family had been referred to Dr. Lee's team by their social worker, owing to the limited effectiveness of prolonged treatment.

(2) Therapeutic Method

1) Diagnostic Assessment Method

Dr. Lee and her team employed the Biograph Infiniti Software to meticulously monitor adolescents' heart rate, skin conductivity, and peripheral temperature. This enabled them to accurately assess the physiological responses of the adolescents to conflicts between their parents. In a specific instance, when the mother expressed aggressively worded remarks towards the father, the elder son's heart rate escalated to 160, while the younger son's rose to 130. These findings revealed that despite their belief that they had become numb to these arguments, they experienced significant physiological reactions to their parents' conflicts.

2) Utilizing Physiological Responses to Disturb and Transform Family Relationships

Lee, Wai-Yung incorporates the physiological reactions of adolescents to parental conflicts, such as alterations in heart rate, into the therapeutic process. By utilizing these reactions, she aims to disrupt and transform dysfunctional family relationships. This approach, grounded in a profound comprehension of adolescents' internal experiences, centers on their physiological and emotional responses, revealing the profound impact of family conflicts on their well-being. It heightens parents' awareness regarding the consequences of their actions and provides therapists with crucial intervention points.

3) Family Structure Reconstruction

In therapy, Lee, Wai–Yung fosters open communication among family members, encouraging adolescents to critique and provide feedback on their parents' verbal and behavioral patterns. This significant shift from traditional roles assigned to adolescents in family therapy amplifies their voices, allowing parents to hear feedback. It strengthens adolescents' self-expression and self-esteem and offers new perspectives and resources for resolving internal issues. This breaks away from traditional Asian views on family roles and communication patterns, challenging authority and hierarchical structures within the family and turning it into a
more democratic and adaptable system. Through such reconstruction, family members can reassess each other's roles and contributions to the family.

4) Adolescents' Multiple Roles and Labels

In Lee, Wai–Yung's practice, adolescents are recognized as proactive contributors and crucial agents of healing in family therapy sessions rather than merely passive recipients affected by familial disputes. This perspective introduces fresh dimensions and prospects for family interactions, endowing adolescents with the status of "little therapists." This elevation of status enhances their importance within the family hierarchy and fosters their self-awareness and self-esteem. Parents are advised to embrace and regard their adolescents' opinions and sentiments with respect, reassessing their interactions with them from a more equitable and respectful lens.

This acknowledgment prompts parents to acknowledge the multifaceted nature of adolescents' roles within the family. They are individuals who require care and protection, yet they are also capable agents of fostering positive changes in family dynamics and therapeutic processes. The diversification of roles and identities empowers parents to employ more adaptable strategies in addressing familial challenges, shifting from a rigid perspective and providing adolescents with ample opportunities for growth and personal development. By fostering active participation in improving family relations based on mutual respect and understanding, adolescents are taught to actively engage in enhancing family cohesion.

5) Constructive and Resource-Oriented Approach in Adolescents

Lee, Wai–Yung's therapeutic methods, influenced by postmodern constructivism and a resource-oriented approach, highlight the innovative role of adolescents in the family therapy process. This approach not only moves beyond the traditional view of adolescents as carriers of problem labels but also recognizes and activates their inner potential and resources as key agents in promoting family healing and relationship rebuilding. This helps to boost adolescents' self-esteem and self-efficacy, laying the groundwork for their personal growth and development.

Lee, Wai–Yung focuses not only on short-term behavioral changes but also on the long-term health of the family system and the transformation of deep-seated relationships between members. This method emphasizes the interdependence and influence among family members, viewing each member as an indispensable resource in the healing process. By activating and utilizing these resources, leveraging the family's self-organizing capabilities, it aims to promote dynamic equilibrium within the family, enhancing cohesion and adaptability, thus achieving an overall enhancement of the family system while fostering individual growth.

4.3.3. Therapeutic Outcomes and Analysis

1) Reconstruction of Family Structure

Through this therapeutic approach, parents became aware for the first time of their adolescents' sensitivity and discomfort towards family conflicts, considering how to change their behaviors to lessen the negative impact on their adolescents. Adolescents set up a series of behavioral guidelines for their parents, aiding in improving their relationship. This process reduced parental disputes and freed adolescents from overly focusing on their parents' relationship, shifting towards personal growth. Ultimately, by enhancing adolescents' roles in parental conflicts instead of shielding them from triangular dynamics, the family successfully sparked their innate desire to repair family relationships. The therapy successfully created multiple identities for family members, moving beyond single identities, especially in situations like divorce.

2) Creativity in Cross-Cultural Context

In the cultural contexts of Asian countries, especially in China, the family is perceived as a unit that adheres to strict hierarchies and authoritative structures. Within this framework, parents' status and roles carry profound cultural significance, and adolescents are expected to comply with these roles, rarely participating in family decisions or conflicts. However, Lee, Wai-Yung's approach actively encourages adolescents to share their observations and critiques on parental relationships. This repositioning of roles effectively challenges and rebuilds the traditional family authority structure. Such an approach not only enhances adolescents' sense of agency and engagement but also fosters the establishment of more egalitarian and mutually respectful relationships among family members.

Dr. Lee's cross-cultural therapeutic practice demonstrated her profound understanding of the unique cultural sensitivity of Asian families and how she skillfully integrated these cultural factors into the therapy process. By respecting and activating the voices and experiences of adolescents in therapy, her approach did not merely adjust therapeutic techniques to accommodate cultural differences. However, it pushed for a profound transformation of family roles and relationships in a cultural context. By giving adolescents more responsibility and space for expression, her therapeutic strategies not only challenged traditional family roles and hierarchies within the cultural context but also provided families with a path to deeper communication, understanding, and harmony. This profound insight and sensitive adaptation to Asian family culture make Dr. Lee's therapeutic practice a significant contribution to the field of cross-cultural family therapy.

5. Discussion

5.1. Effectiveness of Therapy

5.1.1. Restructuring of the Family System

Cases from Minuchin, Fishman, and Lee, Wai–Yung have demonstrated the ability of Structural Family Therapy (SFT) to address behavioral issues in adolescents by restructuring the interaction patterns and boundary setting within the family. The family system is a complex network where each member plays a specific role, with these roles' interaction patterns significantly affecting the behavior and emotions of family members. Adolescent behavioral issues are often not isolated but closely related to the dynamics within the family system. In this context, SFT focuses on the structural issues within the family system that maintain problematic behaviors. This includes resetting family boundaries, adjusting interaction patterns among family members, and promoting more effective communication methods, thereby helping more adolescents and families overcome difficulties.

5.1.2. Promoting Emotional Connections Among Family Members

SFT, by reshaping the family structure and boundaries, facilitates deeper emotional connections and understanding among family members. The therapy emphasizes mutual support and understanding among family members. Especially for families with complex power structures or
certain secretive taboos, breaking existing rigid patterns and encouraging members to adopt non-violent communication methods is crucial for understanding individual emotional experiences, clearly expressing needs to other members, and building a safe, loving family environment.

5.1.3. Utilizing Resources and Strengths Within the System

Therapists actively explore and utilize resources and strengths within the family system, identifying and reinforcing positive factors already present, such as love, support, and communication skills among members, the adolescent's cognition of family relationships and needs, and the family's ability to solve problems collectively. Through this approach, SFT fully leverages the self-organizing function of the family system, focusing not only on solving family issues but also on enhancing the overall functionality of the family and supporting individual growth.

5.1.4. Adaptability and Flexibility

SFT emphasizes collaboration with clients to find solutions to problems rather than focusing solely on the problems themselves. Therapists consider cultural factors affecting family member interactions and communication, tailoring more appropriate treatment plans; they also closely monitor feedback and changes among family members, adjusting treatment plans accordingly. Such adaptability and flexibility help family members establish more harmonious relationships, alleviate conflicts, and improve overall family well-being.

5.2. Limitations

5.2.1. Family Participation

The success of SFT largely depends on the participation and cooperation of family members. In some cases, members may be resistant to therapy or unable to fully engage in the process, which could limit the effectiveness of SFT.

5.2.2. The simplicity of the intervention mode

SFT occasionally overemphasizes the significance of family structure, favoring its adjustment within the intervention strategy. Although SFT has shown significant advantages in addressing adolescent behavioral issues, it may need to be combined with other therapeutic methods in particularly complex or multifaceted family cases to achieve the best outcomes.

5.2.3. Balancing Cultural Adaptability and Universality

Despite SFT's emphasis on cross-cultural adaptability, with Lee, Wai–Yung's case particularly showcasing its application in an Asian cultural context, the universality of SFT across different cultures and social settings remains a challenge. Specific therapeutic strategies and techniques may need adjustment based on the family's cultural background to ensure effectiveness, requiring therapists to have deep cultural sensitivity and a profound understanding of family dynamics in different cultural environments.

5.2.4. Difficulty in Long-Term Tracking and Maintaining Changes

SFT primarily concentrates on the restructuring of short-term family dynamics and behavioral modifications. However, ensuring the sustainability of these changes and mitigating the recurrence of problematic behaviors in the long term pose significant challenges. The risk of unsustainable treatment outcomes exists due to the absence of long-term follow-up research and consistent support mechanisms for families. Consequently, it is imperative to establish robust follow-up support and intervention strategies to enhance the long-term effectiveness of SFT.

5.3. Implications for Practice

Structural Family Therapy (SFT) stands out for its strategic focus on the intricacies of family organization, identifying this as a pivotal factor in shaping individual behaviors and mental well-being. This methodology enables therapists to delve into the underlying issues of dysfunction beyond mere symptom treatment. By fostering enhanced communication, defining clear roles, and setting firm boundaries, SFT significantly improves family functionality, cultivating a supportive and enriching home environment. Furthermore, SFT empowers families by actively engaging them in the therapeutic journey, teaching them to autonomously address their challenges, which bolsters resilience and diminishes reliance on therapeutic interventions over time. Additionally, SFT is notable for its cultural sensitivity, acknowledging the profound impact of cultural and societal norms on family dynamics. Therapists are thus urged to integrate these considerations into their evaluations and treatments, ensuring that SFT remains adaptable and considerate across diverse cultural landscapes.

Additionally, SFT reminds therapists to continuously learn the latest therapeutic theories and techniques, reflect on themselves, understand how their own values and biases may affect the therapeutic process, and display high cultural sensitivity when dealing with cross-cultural family issues to ensure the adaptability and effectiveness of therapeutic methods. Moreover, learning to utilize other professionals (such as social workers, school teachers, etc.) as therapeutic resources becomes critical to providing comprehensive support. By integrating these insights into therapeutic practice, therapists can more effectively address challenges, promote healthier and more harmonious relationships among family members, and contribute to the overall well-being of families.

5.4. Limitations and Future Directions of Research

5.4.1. Limitations

(1) Research Method Limitations

This study mainly relies on case analysis, which, while providing profound insights into the effects of SFT, may need more quantitative data support, limiting the objective and universal assessment of therapeutic outcomes. Future research could introduce quantitative research methods, such as randomized controlled trials (RCTs), to enhance the reliability and universality of findings. This method could provide more statistical evidence on the effects of SFT, validating case analysis findings and assessing SFT's effectiveness under different conditions.

(2) Lack of Sample Diversity

Additionally, this study has limitations in sample diversity, especially in terms of representativeness in gender, age, socioeconomic status, etc. To comprehensively assess the applicability of SFT and understand its suitability across different populations, future research should strive to recruit more diverse participants. Through this approach, research findings will better reflect SFT's actual effects across a broad population.

(3) Insufficient Long-Term Effect Assessment

Another limitation is the lack of systematic tracking and assessment of long-term effects. This study mainly focuses on the short-term improvements in adolescent behavioral issues.
and family dynamics brought about by SFT. However, a systematic follow-up and assessment of the sustainability of these effects are needed. Assessing and improving the long-term effects of SFT is crucial. Future research should evaluate the lasting changes SFT brings to individuals and families through long-term follow-up studies, identifying factors that maintain these positive changes. Overcoming these limitations and adopting corresponding research methods will allow future studies to provide more comprehensive and profound insights, helping to optimize and expand the application of Structural Family Therapy in treating adolescent behavioral issues.

5.4.2. Future Research Directions

(1) Cross-Cultural Applicability Studies

Future research should delve into exploring the applicability of Structural Family Therapy (SFT) across different cultural and social environments globally. This involves culturally sensitive adjustments to SFT principles, techniques, and strategies to ensure effectiveness across various cultural backgrounds. For instance, research could explore how to adjust concepts of family roles and boundaries to fit different cultures' understanding of family structure. By comparing SFT applications in different cultures, research will reveal how cultural factors influence the therapeutic process and outcomes, guiding culturally adaptive strategies in therapeutic practice.

(2) Comparative Studies with Other Therapeutic Methods

Systematically comparing the effects of SFT with other family therapy methods (such as strategic family therapy, narrative therapy, etc.) will reveal SFT's unique advantages and limitations in addressing specific types of family issues. This comparison helps understand the relative effects of different therapeutic methods and provides practical guidance for therapists, helping them choose the most suitable method based on clients' specific needs.

(3) Long-Term Follow up Studies

Long-term follow-up studies are crucial for assessing the enduring effects of SFT. By observing families after therapy completion over an extended period, research can evaluate the lasting impact of SFT on adolescent behavioral issues and family dynamics improvements. Such studies help identify which treatment outcomes can be maintained long-term and the factors that contribute to or hinder the sustainability of therapy effects.

(4) Studies on Specific Populations

Considering the diversity in family structures and adolescent behavioral issues, research targeting specific populations (such as adolescents of different age groups, various types of family structures, etc.) will provide data support for the personalized application of SFT. These studies help understand the unique needs of specific populations and explore the effectiveness and necessary adjustments of SFT in these groups, aiming for broader applicability and higher therapeutic effectiveness.

Through an in-depth exploration of these research directions, SFT will further develop and refine both theoretically and practically, enriching the knowledge base and practical guidance for family therapy, providing more precise, efficient support and solutions for adolescents and their families facing various family challenges. The continuous exploration and innovation in this field will further enrich the theory and practice of family therapy, offering more possibilities and flexibility in solving complex family issues.

6. Conclusion

This research delves into the effectiveness and theoretical underpinnings of Structural Family Therapy (SFT) in addressing adolescent behavioral issues, spotlighting its distinctive contributions to the realm of family therapy. Through a detailed examination of seminal cases from renowned practitioners like Minuchin, Fishman, and Lee, Wai-Yung, the paper elucidates SFT's adaptability in navigating family system dynamics. It reveals how the therapy's strategic modifications in interaction patterns and boundary configurations among family members catalyze notable improvements in adolescent behaviors. Such transformations are not merely a result of direct interventions; they reflect a more profound, collaborative process involving both therapists and family units. The findings further illuminate SFT's prowess in fortifying family functionality, fostering a conducive environment for nurturing adolescent independence. This exploration affirms SFT's pivotal role in reshaping familial interactions, thereby mitigating adolescent behavioral issues through a holistic and collaborative approach that benefits the entire family structure.

The therapeutic strategies of SFT cover multiple aspects, including innovative assessment techniques, reconfiguration of family structure, in-depth analysis of interactions between family subsystems, adequate mobilization of internal resources, and cultivation of adolescent autonomy and self-efficacy, collectively creating a supportive and growth-promoting family atmosphere. These strategies not only contribute to forming healthier and more harmonious relationships among family members but also have a profound positive impact on the comprehensive well-being of family members.

In conclusion, with its theoretical depth and practical effectiveness, SFT opens new pathways for individual growth and improving family dynamics in addressing adolescent behavioral challenges. With further research and optimization of SFT's practical application, it is anticipated that more precise and efficient support and solutions will be available for adolescents and their families facing various family challenges. The ongoing exploration and innovation in this field will continue to enrich the theory and practice of family therapy, providing more possibilities and flexibility in solving complex family issues.

References


