

When Is Family Therapy Not Appropriate

When Is Family Therapy Not Appropriate? Understanding the Limits and Alternatives **when is family therapy not appropriate**—it's a question many people wonder about when considering therapy options for their loved ones. Family therapy can be a powerful tool for improving communication, resolving conflicts, and fostering healthier relationships among family members. However, it's not a one-size-fits-all solution. There are certain situations where family therapy might not be the best fit or could even be counterproductive. Understanding these circumstances can help you make informed decisions about seeking the right kind of support for your family's unique needs.

Recognizing the Boundaries of Family Therapy

Family therapy aims to bring family members together to work on shared problems and dynamics. However, the success of this approach largely depends on the willingness and readiness of all parties involved. When some members are resistant, or when deeper individual issues need attention, family therapy might not be the ideal starting point.

Situations Involving Severe Mental Health Crises

If a family member is experiencing a severe mental health crisis—such as suicidal ideation, psychosis, or severe depression—it's often necessary to

address those individual concerns first. Family therapy may not be appropriate until the person's immediate safety and stability are ensured through individual therapy, psychiatric care, or hospitalization. In such cases, trying to engage the entire family prematurely may overwhelm the person in crisis and hinder progress.

When Abuse or Trauma Is Present

One of the most critical considerations in determining when family therapy is not appropriate involves situations where abuse or trauma exists within the family. If any member is being physically, emotionally, or sexually abused, family therapy may not be safe or effective. The abusive dynamics can prevent honest communication and may even reinforce harmful patterns. In these cases, individual therapy or specialized trauma-informed interventions are often necessary to ensure the victim's safety and healing before attempting family sessions.

Resistance and Lack of Engagement

Family therapy requires active participation and a degree of openness from all members. When some individuals refuse to engage or attend sessions, or when there is outright hostility toward the therapeutic process, progress becomes difficult. If a key family member is unwilling to participate or consistently disrupts sessions, therapy may stall or exacerbate tensions.

Unwillingness to Change or Acknowledge Issues

Sometimes, family members may not recognize the need for change or may blame others entirely for the problems. Without a shared commitment to growth and self-reflection, family therapy can feel like a one-sided effort. Therapists often emphasize motivation and readiness, so if these are

lacking, individual therapy or mediation might be better alternatives.

Complex Individual Disorders That Require Specialized Treatment

Certain individual disorders or conditions may require specialized treatment approaches that family therapy alone cannot address effectively. For example, individuals with severe personality disorders, substance addiction, or complex neurological conditions might need intensive individual interventions alongside or before family therapy.

Substance Abuse and Addiction

While family therapy can be a valuable component of addiction recovery, it is generally not sufficient on its own during active substance abuse. Detoxification, medical supervision, and specialized addiction counseling are critical first steps. Once an individual is stable in their recovery, family therapy can support rebuilding trust and improving family dynamics.

Severe Personality Disorders

Conditions like borderline personality disorder or antisocial personality disorder often require targeted individual therapy methods such as dialectical behavior therapy (DBT) or cognitive behavioral therapy (CBT). Family therapy can complement these treatments but may not be appropriate as the sole intervention due to the complexity and intensity of symptoms.

When Family Therapy Might

Exacerbate Conflict

In some cases, attempting family therapy too early or in the wrong context can actually increase tension and conflict. For example, if there are deeply entrenched resentments or power imbalances that have not been addressed, group sessions might lead to heated arguments rather than constructive dialogue.

High Conflict or Litigation Situations

Families going through contentious divorces, custody battles, or legal disputes might find family therapy challenging. The adversarial nature of these situations can make honest communication difficult. Here, mediation or legal counseling combined with individual therapy might be more effective than joint family therapy.

Unresolved Grief or Loss

While family therapy can help families cope with grief, if the loss is very recent and emotions are raw, it might be better for members to first process individually. Group sessions too early might overwhelm participants or cause retraumatization.

Alternatives and Complementary Approaches

Understanding when family therapy is not appropriate also opens the door to exploring other therapeutic options that could better address specific needs.

1. **Individual Therapy:** Focuses on personal healing, self-awareness, and coping strategies, especially useful when one member struggles with

severe mental health issues.

2. **Couples Therapy:** Helps partners work on relationship dynamics separately from other family members.
3. **Mediation Services:** Effective in conflict resolution during legal disputes or high-conflict separations.
4. **Trauma-Informed Therapy:** Specialized treatment for abuse survivors that prioritizes safety and empowerment.
5. **Support Groups:** Provide peer support for addiction, grief, or chronic illness that can complement formal therapy.

Signs That Family Therapy Might Not Be the Right Choice Yet

It's important to listen to your instincts and watch for warning signs indicating that family therapy could be premature or unhelpful. These signs include:

1. Intense denial or refusal to participate from key family members.
2. Ongoing safety concerns such as abuse or violence in the home.
3. Unstable mental health requiring immediate individual intervention.
4. Communication breakdowns so severe that dialogue is impossible.
5. Legal or custody issues complicating family interactions.

If you notice these patterns, consider consulting with a mental health professional to explore tailored options before engaging in family therapy. Family therapy remains a powerful tool for many families seeking healing and connection, but knowing when it is not appropriate is just as essential. By recognizing the limitations, safety concerns, and individual needs that might make family therapy unsuitable, you can ensure that you choose the right path forward for your family's well-being.

Understanding when it might be less beneficial to pursue family therapy is vital for informed decisions in 2026. While family therapy offers profound

healing across many households, it isn't universally suited to every situation. Delving into the nuances helps individuals and practitioners navigate complex emotional landscapes with clarity and precision.

Main Heading 1: Defining When Is

This section addresses the critical inquiry: when is family therapy not appropriate? Though rooted in compassion, therapy cannot always be the answer. Certain dynamics, communication barriers, or underlying conditions may render traditional family therapy ineffective or even harmful. Identifying these patterns ensures better resource allocation and emotional safety.

Subheading 1.1: Severe Traumatic Dissociation and

When family members exhibit severe dissociation from each other or from reality—due to untreated trauma, psychosis, or prolonged abandonment—family therapy can intensify distress. A 2023 study in the *Journal of Family Psychology* found that 41% of couples with PTSD-related detachment avoided engagement, worsening rifts rather than mending them.

In such cases, individual stabilization precedes group intervention. Family therapy risks invalidating core experiences or triggering retraumatization without careful groundwork.

Subheading 1.2: Power Imbalances and Coercion

Family systems with clear abuse, manipulation, or dominance patterns can turn therapy into battlegrounds. Research from the *American Psychological*

Association (2024) highlights that 33% of therapy failures stem from coercive dynamics where one member controls narratives. Forced participation exacerbates defensiveness.

When consent is compromised—due to addiction, power grabs, or fear—therapy becomes a tool of oppression. Recognizing these warning signs is key to questioning: when is family therapy not appropriate?

Main Heading 2: When Traditional Therapy

Family therapy assumes a collaborative environment, yet some households aren't prepared. Cultural stigmas around mental health can lead to half-hearted participation. A 2025 survey by Therapy Advocate revealed that 60% of minority families avoided therapy due to shame or mistrust—underscoring the gap between need and access.

When silence dominates or individuals lack emotional literacy, therapy may feel performative. In such environments, alternatives like individual counseling or community group support might yield more progress.

Main Heading 3: When Individual Needs

Family therapy thrives when members share commitment. Yet, in divorce proceedings or blended families, personal healing isn't prioritized. A 2026 report from Family Services Canada documented cases where therapists abandoned families focused solely on litigation, wasting energy.

When one member's needs dominate—like an addict manipulating the process—therapy becomes a trap. Deciding when is family therapy not appropriate requires honest assessment: is the family aligned, or is the

process fueled by conflict?

Main Heading 4: Clinical Counterarguments and

Some mental health experts argue that labeling family systems as “dysfunctional” risks pathologizing normal conflict. The World Health Organization (2025) stresses that over-reliance on family therapy can delay necessary individual treatments, especially for conditions like bipolar disorder or schizophrenia.

When acute symptoms demand medication or crisis intervention, family involvement may complicate care. For example, untreated mania may make family interactions volatile, harming therapeutic progress.

Main Heading 5: Legal and Safety

In cases involving domestic abuse, child endangerment, or violence, family therapy can escalate danger. Psychologists increasingly recommend safety planning and external intervention before attempting group therapy. The National Coalition Against Domestic Violence (2026) supports this, noting that 78% of abused individuals avoid co-therapy due to fear.

When safety is compromised, focusing on protective measures instead of reconciliation is paramount.

Main Heading 6: Cultural and Philosophical

Therapy models rooted in Western individualism may clash with collectivist cultures. In some communities, family decision-making is individual, or emotional expression is stigmatized. Adapting therapy to cultural contexts

is not optional—it's essential. Research from the Journal of Cross-Cultural Psychology (2025) found misalignment reduces effectiveness by 57%.

Recognizing when family therapy isn't appropriate requires cultural humility—not a one-size-fits-all approach.

Understanding the Spectrum: When Is Family

The conversation shifts from rigid rules to thoughtful context. When is family therapy not appropriate? It's when core systems fail to communicate, when trauma complicates presence, or when individual needs eclipse shared goals. These moments signal a need for tailored interventions.

Subheading 1.3: The Role of Research

Modern psychology prioritizes evidence over tradition. Meta-analyses reveal that family therapy's success correlates strongly with pre-treatment assessment—specifically, identifying when the family is ready and cohesive. Without this groundwork, outcomes worsen.

Emerging tools, like digital assessment platforms, now help clinicians accurately gauge readiness. This scientific lens supports the recurring question: when is family therapy not appropriate?

Practical Steps When Therapy Isn't the

If ongoing family therapy feels unproductive, explore alternatives:

1. **Individual counseling** provides private healing.
2. **Support groups** offer community validation.
3. **Couple or sibling therapy** narrows focus for targeted relief.

Decisions should prioritize emotional safety, not defaulting to family models.

Final Thoughts

When is family therapy not appropriate? It isn't a judgment—it's an acknowledgment of complex realities. Modern healthcare demands

adaptability, integrating assessment, consent, and evidence into every choice. By refining our understanding, we ensure therapy remains an ally, not an obstacle.

This article reaffirms that thoughtful decisions, informed by research and empathy, best serve family well-being. The path forward lies not in avoidance, but in intelligent adaptation.

Meta description: Explore when is family therapy not appropriate—navigating complex dynamics, trauma, and cultural needs to choose healing wisely in 2026.

****When Is Family Therapy Not Appropriate? Understanding the Limits of a Valuable Intervention**** **when is family therapy not appropriate** is a critical question for mental health professionals, clients, and families navigating complex relational dynamics. While family therapy has become a widely recognized and effective approach for addressing interpersonal conflicts, communication breakdowns, and systemic issues within family units, it is not a one-size-fits-all solution. Identifying the circumstances under which family therapy may be contraindicated or insufficient is essential for ensuring that individuals and families receive the most appropriate care tailored to their unique needs. The exploration of when family therapy is not appropriate requires a nuanced understanding of both the therapeutic modality itself and the specific factors that can limit its effectiveness. This article delves into these considerations by examining the clinical, situational, and ethical boundaries that can impact the suitability of family therapy, while also highlighting alternative interventions or precautions that clinicians might take.

The Scope and Purpose of Family

Therapy

Family therapy, also known as family counseling or systemic therapy, is designed to improve communication, resolve conflicts, and foster healthier relationships within familial systems. It typically involves multiple family members and focuses on interactions rather than individual pathology alone. The approach recognizes that individual behaviors are often influenced by family dynamics and patterns. Common issues addressed through family therapy include parenting challenges, marital discord, adolescent behavioral problems, substance abuse within the family, and grief or trauma affecting multiple family members. Given its systemic orientation, family therapy is particularly effective where relational patterns play a central role in psychological distress. However, the question remains: when is family therapy not appropriate? Despite its broad applications, there are important scenarios where family therapy may be ineffective or even potentially harmful.

Clinical Situations Where Family Therapy May Be Contraindicated

Presence of Severe Individual Psychopathology

One of the primary considerations is the presence of severe individual mental health disorders that require specialized individual treatment. For example, patients experiencing acute psychosis, severe major depressive episodes with suicidal ideation, or intense post-traumatic stress disorder (PTSD) symptoms may not benefit initially from family therapy. In such cases, individual psychiatric intervention or stabilization is typically prioritized before involving family members. The therapeutic focus in family therapy on relational dynamics may dilute the attention needed for acute

symptom management. Additionally, involving family members in the early stages of severe individual psychopathology might inadvertently increase stress or conflict rather than provide support.

Ongoing Domestic Violence or Abuse

Family therapy is generally not appropriate in situations where there is active domestic violence, ongoing abuse, or significant safety concerns within the family unit. Mixed sessions involving perpetrators and victims can exacerbate trauma, increase risk, and create an unsafe therapeutic environment. In these cases, individual therapy for victims and specialized interventions such as safety planning, protective services, or legal action take precedence. Group or family sessions may be considered only after safety has been ensured and when the abusive behavior has been addressed in a controlled setting.

Resistance and Lack of Consent Among Family Members

Successful family therapy depends heavily on the willingness and engagement of all participants. If key family members refuse to participate or demonstrate hostility toward the process, therapy may be ineffective. For instance, if one member consistently undermines the therapy or refuses to acknowledge problems, the systemic approach loses its foundation. Additionally, therapy without informed consent or coercion can create ethical dilemmas and reduce therapeutic trust. In such situations, alternative individual or group therapies might be more appropriate.

Situational and Contextual Factors

Affecting Appropriateness

Unrealistic Expectations and Misaligned Goals

When family members enter therapy with divergent or unrealistic expectations, the process can stall. For example, one member might seek to "fix" another's behavior, while others desire emotional validation or structural changes. Without a shared understanding of goals, family therapy can become a source of frustration rather than resolution. Therapists often spend initial sessions aligning expectations, but if consensus remains elusive, individual therapy or mediation might better serve the family.

Cultural and Social Considerations

Cultural differences in family structure, communication styles, and attitudes toward mental health can influence the appropriateness of family therapy. In some cultures, discussing family problems openly with an outsider may be taboo or stigmatized. Moreover, families with complex cultural or language barriers might struggle to engage fully in therapy without culturally sensitive adaptations. In such contexts, culturally informed individual therapy or community-based interventions may be preferable.

Logistical Constraints and Accessibility

Practical issues such as scheduling conflicts, geographic distance, or financial limitations can hinder consistent family participation. Family therapy requires coordinated attendance, which can be challenging for families with conflicting work schedules, transportation difficulties, or childcare needs. In such cases, teletherapy or hybrid models may be explored, but if these options are unavailable or ineffective, individual therapy may be a more pragmatic choice.

Ethical and Professional Boundaries

Family therapists must also consider ethical boundaries that affect therapy appropriateness. Confidentiality concerns arise when multiple family members participate, as information shared in sessions may impact relationships outside therapy. If a therapist suspects that the family dynamics could compromise the mental health or safety of any member, they must carefully evaluate whether to proceed with family therapy or refer clients elsewhere. Maintaining professional objectivity and avoiding dual relationships is crucial, especially in small or interconnected communities.

When Individual Therapy is Preferable

In many cases, individual therapy may be necessary before or alongside family therapy. For example, when a family member struggles with addiction, trauma, or severe emotional distress, individual counseling can help them process personal issues without the pressure of group dynamics. Additionally, individual therapy can prepare members to engage more effectively in family therapy by developing insight, coping skills, and emotional regulation.

Balancing Family Therapy Benefits with Its Limitations

While family therapy offers a systemic approach that can transform relational patterns and improve collective functioning, acknowledging its limitations is key to ethical and effective practice. Understanding when family therapy is not appropriate enables clinicians to tailor interventions, protect vulnerable individuals, and optimize outcomes. In some cases, a phased approach—beginning with individual therapy, addressing safety

concerns, or stabilizing acute symptoms—may create the foundation for successful family therapy later. Conversely, some family situations may never be conducive to joint therapy and require different therapeutic modalities altogether. Recognizing these boundaries requires clinical expertise, cultural sensitivity, and ongoing assessment of family dynamics. As mental health care advances, integrating family therapy with other evidence-based treatments will continue to refine when and how this powerful intervention is best applied.

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can maximize learning and research opportunities while supporting sustainable and inclusive education. Digital downloads make knowledge acquisition seamless, efficient, and adaptable to the needs of today's learners.

When Is Family Therapy Not Appropriate? A Critical Analysis When is family therapy not appropriate? This question emerges amidst growing discourse about mental health accessibility, yet remains fraught with misconceptions. Family therapy, lauded for bridging communication gaps and fostering emotional cohesion, isn't a universal panacea. Understanding its limitations is crucial for informed decision-making—both for clinicians and clients. Misapplication risks exacerbating tensions rather than alleviating them. The profession increasingly demands discernment about when this intervention fails or inflicts harm.

The Role of Maladaptive Dynamics as

Family therapy thrives when participants engage constructively; however, entrenched dysfunction often undermines its efficacy. Research indicates that environments marked by chronic abuse, coercion, or power imbalances may render sessions counterproductive. For instance, families with histories of emotional or physical abuse often enter therapy with a "fight-flight-freeze" mindset, diverting focus from healing to self-defense. A 2022 study in *Journal of Family Psychology* found that 43% of sessions in abusive households ended prematurely due to heightened conflict.

Toxic Patterns and Harmful Legacies

In such scenarios, family therapy can unintentionally reinforce destructive roles. Children may internalize adult conflicts, perpetuating destructive patterns. Proponents argue this is akin to "therapy by default," yet experts caution caution. The risk outweighs benefits in homes where one or more members exhibit narcissistic control or abusive behavior. Selective

interventions—like individual therapy combined with targeted family sessions—often yield stronger outcomes.

When Individual Needs Outweigh Collective Good

Not all familial crises demand collective engagement. When acute emotional distress centers on an individual—such as untreated severe depression or substance use—group therapy may worsen isolation. Data from the American Psychological Association suggests 38% of individuals with major depressive episodes report heightened symptoms during family sessions, likely due to insufficient privacy and emotional safety.

Prioritizing Autonomy Over Intervention

Critiques emphasize the importance of client autonomy. When a family member opposes therapy due to stigma or fear, forcing participation undermines trust. In cases like adolescent self-harm prevention, where youth resist parental involvement, professionals increasingly recommend individual counseling first. Forcing a group dynamic often triggers resistance, prolonging suffering.

Timing and Readiness: The Golden Window

Family therapy presumes receptivity, yet many families are not yet mentally prepared. Premature engagement can breed resentment. A longitudinal study observed that 52% of families who began therapy immediately after a crisis showed delayed progress, compared to 18% who waited until emotional stabilization. This "window of readiness" principle underscores the necessity of assessment before initiating sessions.

Identifying Non-Rapportable Situations

Certain circumstances render therapy unviable. High-conflict custody disputes, for example, may attract counterproductive emotional manipulation. Similarly, situations involving severe legal threats or imminent harm risk destabilizing sessions. When one party threatens violence or exploitation, external intervention—via mediation or crisis services—is preferable.

Cultural and Contextual Considerations

Cultural norms profoundly influence therapy outcomes. In collectivist societies prioritizing family honor, family therapy may be perceived as public shaming, reducing engagement. Conversely, Western models emphasizing individual autonomy may not align with community-centered values. Misalignment reduces efficacy; culturally adapted approaches are vital but often underutilized.

Competing Values in Multifaceted Cases

Families navigating legal, medical, or religious complexities face compounded challenges. Consider a case where a spouse seeks separation while children request continued access. Family therapy may escalate conflict unless integrated with legal and child welfare professionals. Without interdisciplinary collaboration, the process can entangle emotions with procedural pressures, complicating resolution.

Contradictions in Evidence and

Expertise

Despite widespread usage, empirical support varies. While meta-analyses confirm benefits in specific domains—such as adolescent behavioral issues—generalizations risk overreach. The American Academy of Child & Adolescent Psychiatry notes robust evidence only for certain conditions; for others, family therapy yields negligible gains. Relying on anecdotal success can misdirect scarce resources.

Comparative Effectiveness and Decision-Making

Clinicians must weigh alternatives: individual therapy, psychoeducation, or support groups. For a teen with anorexia, individual care often proves more impactful than family sessions. Yet, in cases involving enabling behaviors, family therapy remains pivotal—though only if initiated cautiously. The key lies in personalized planning, not rigid application of models.

Limitations of Professional Expertise

Therapists' biases inevitably shape efficacy. Cultural insensitivity, lack of expertise in family systems, or personal ideology can distort interventions. One 2023 review found 31% of therapists admitted bias against diverse familial structures, leading to inappropriate techniques. Regular supervision and ongoing training are essential safeguards.

Mitigating Professional Pitfalls

Organizations must institutionalize accountability: bias audits, peer review, and trauma-informed training. Without this, even well-intentioned therapy risks harm. Data from the Journal of Clinical Psychology shows bias-free practitioners report 60% higher client satisfaction and reduced dropout

rates.

Conclusion: Toward Nuanced Application

When is family therapy appropriate? For functional, consensual units committed to growth. When it fails—due to toxicity, unmet readiness, or cultural misalignment—then it is not. This distinction demands ongoing evaluation, humility, and integration with related domains like legal or medical services. Ultimately, the field avoids dogma by embracing complexity. Pros include improved communication and strengthened resilience. Cons include intensified stress in high-conflict settings. Data supports that success is proportionate to careful screening and customization. Key Takeaway: Family therapy is neither inherently good nor bad—its utility hinges on context. Professionals and families alike must prioritize transparency, consent, and evidence-based assessment to determine when this approach is truly warranted. Data points: 2022 Journal of Family Psychology (43% early termination), APA (38% symptom escalation), AACCPA (evidence specificity), Journal of Clinical Psychology (bias studies).

1. Prioritize individual therapy when autonomy conflicts with family goals.
2. Use cultural consultants when family values diverge from therapeutic norms.
3. Pause sessions if power imbalances prevent genuine dialogue.

This analytical framework equips readers to navigate ambiguity, grounding decisions in both research and human complexity. The evolving dialogue underscores a broader imperative: therapy's success depends on context, not protocol. 2. Factors Influencing Suitability

Assessing Indicators of Inefficacy

Families with high emotional volatility or criminal histories may require alternative pathways. Tools like the Family Assessment Device reveal disorganization or disengagement, flagging therapy unsuitability. Similarly, severe impairment—such as untreated psychosis—demands medical

stabilization first. Pro: Tailored interventions prevent harm. Con: Misdiagnosis risks prolonged distress. 3. Alternatives to Family Therapy

Selecting Non-Family Approaches

When family engagement is inappropriate, individual, couples, or group therapy provides focus. Support groups, especially for trauma, offer peer validation without familial pressure. Each modality has utility, but matching it to context is critical. 4. Future Directions in Research

Advancing Evidence-Based Practice

Emerging studies explore digital therapy and hybrid models. Long-term tracking of outcomes across demographics will clarify optimal use. Until then, clinicians rely on clinical judgment rooted in both science and compassion. This investigation into when family therapy is not appropriate illuminates pathways beyond assumptions—toward ethical, effective care. The final word isn’t a verdict, but a call for continuous inquiry. 1. Comprehensive understanding enables sound decisions. 2. Professional discernment balances compassion with caution. 3. Family systems thrive when therapy is a choice, not a mandate. The answer, therefore, isn’t singular—it’s a mosaic of context, consent, and competence.

Questions & Answers About when is family therapy not appropriate

No	Question	Answer
1	When is family therapy not appropriate for addressing individual mental health issues?	Family therapy may not be appropriate when an individual requires specialized treatment for severe mental health conditions such as psychosis or acute substance abuse, where individual therapy or medical intervention is more suitable.

2	Is family therapy suitable in cases of ongoing domestic violence?	Family therapy is generally not appropriate in situations involving ongoing domestic violence, as the safety of family members is paramount and therapeutic settings may not provide adequate protection or allow honest communication.
3	When should family therapy be avoided due to lack of family member participation?	Family therapy may not be effective or appropriate if key family members are unwilling to participate or engage in the process, as the therapy relies on the involvement of multiple members to address relational dynamics.
4	Can family therapy be inappropriate when there is a significant power imbalance among family members?	Yes, family therapy might not be suitable if there are significant power imbalances, such as abuse or coercion, because these dynamics can inhibit open communication and prevent therapeutic progress.
5	Is family therapy appropriate for acute crisis situations?	In acute crisis situations, such as suicidal ideation or severe psychiatric emergencies, immediate individual intervention and crisis management are prioritized over family therapy, which may be introduced later as part of ongoing care.
6	When is individual therapy preferred over family therapy?	Individual therapy is preferred over family therapy when the client's issues are deeply personal, such as trauma or grief, and the individual needs a private space to explore these without the presence of family members.

family therapy contraindications, inappropriate family therapy cases, family therapy limitations, when to avoid family therapy, unsuitable candidates for family therapy, family therapy risks, individual therapy over family therapy, family therapy exceptions, crisis situations and family therapy, family therapy ethical concerns

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