The systemic model, thus, views the family as a system with its own set of rules and boundaries and with its own unique patterns of reinforced communication and response forming feedback loops which help maintain the status quo, but if challenged and altered through therapy may contribute to change and evolution of the family.
Second-Order Change

At times, if the identified patient improves, the family system may become de-stabilised and in order to restore its homeostatic functions it may appear to block the clinical improvement of the patient (Truax & Carkhuff, 2007; Bateson, Jackson, Haley & Weakland, 1956).

In such a case, the therapist may aim for second-order change, i.e., to bring change in the entire system, by making it possible for family members to relate to one another and understand their difficulties in more helpful ways.

In this way, family systemic therapy aims for true change, and the therapeutic process itself is in a sense a form of relapse prevention, i.e., by transforming the problematic environment into one more conducive to its member’s mental health the therapist helps the family develop a positive interactional atmosphere thereby effectively combating the problem-inducing situation.

The idea of family systemic therapy working at true change is supported by evidence from studies demonstrating that it has a strong efficacy base and is also cost-effective (Crane, 2008). Hence, the family systemic therapist benefits by working with patients to develop permanent changes rather than coping strategies, as seen for instance in the CBT approach (Bhattacharya, Chaudari, Saldanha, & Menon, 2013).

Hence, it may be surmised that the family systemic model offers clinicians a number of unique features, which may be advantageous in practical clinical work such as the use of reflecting teams, neutrality, context, and second-order change. Family systemic features which may benefit service-users are considered next.
References


