p-ISSN 2089-9955
e-ISSN 2355-8539

10 (1); 2023; 9-22
KONSELI: Jurnal Bimbingan dan Konseling (E-Journal)

Identification of counselors competencies in family therapy with symptomatic cycle based on Joseph A. Micucci's Theory

Anggraeni Kusumawardani, Happy Karlina Marjo

Universitas Negeri Jakarta
kusumawardania@gmail.com

Submitted : 01-11-2022, Revised : 23-11-2022, Accepted : 08-03-2023

Abstract: In implementing guidance and counseling services at schools, adolescent problems have been a classic problem for a long time. During adolescence, known as the storm and stress period, emotions tend to be explosive and uncontrollable. They tend to blow up their feelings towards their parents or siblings. For some families, the situation brings them into family conflict. Families who only deal with the problem behavior will make the symptoms more persistent, known as the symptomatic family cycle. Micucci argues that the root of the problem is not in the problematic behavior of adolescents but in the patterns of interaction within the family. This article uses a literature review focusing on debriefs on the Micucci book. We found that the most crucial role of the counselor is to help families change symptom-related patterns of interaction. The main principle: The therapist or counselor replaces automatic and reactive responses among family members with more thoughtful and planned responses. Family therapy has five stages: beginning, identification, reframing, core treatment, and addition. Based on Micucci's guidelines, the family therapy process requires all the competencies: pedagogic, personality, social, and professional. Personal competence and professional competence become the basis of the therapy process, while pedagogic competence and social competence complement and support the success of the family therapy process. Family therapy can be an alternative for the counselor to help adolescents with symptomatic problems.
Keywords: Counselor competence; family therapy; symptomatic cycle

Introduction

The existence of guidance and counseling in schools has robust and integrated legality, which is explicitly stated in Law No. 20/2003 on the national education system. The guidance and counseling paradigm experienced a significant shift, from limited orientation, such as teaching activities and solving student problems in schools, into comprehensive orientation with placing a broad service role by pro-actively handling various aspects of student development, which included four service areas: personal, social, learning and career. The central role of guidance and counseling is to help students understand themselves and their environment and to help students solve their problems to achieve optimal development (Marfuatun & Fajrurrijal, 2019).

In the implementation of guidance and counseling services at schools, there are classic problems that are often found. One of them is the problems of adolescents. Adolescence is a transition stage from childhood to adulthood and a bridge between them. It is also known as the storm and stress period, where adolescents turn into rebellious individuals who are very different from their character in childhood; this is due to internal upheaval within adolescents, from dependence on the environment to independence (autonomy). Adolescence begins with unique characteristics in the form of puberty and ends with sexual maturity experienced by both boys and girls (Santrock & Santrock, 2007).

WHO defines adolescents conceptually based on biological, psychological, and socioeconomic criteria: Adolescents (1) Begin with first show secondary sexual signs until they reach sexual maturity, (2) experience psychological development and identification patterns from children to adults, and (3) Show a transition from complete socioeconomic dependence into more independence (Saputro, 2018). Meanwhile, Hill & Mönks (1977), in their book "adolescence and youth in prospect" divided adolescence into three parts: early adolescence (12-15 years old), middle adolescence (15-18 years old), and late adolescence (18-21 years old). Santrock said that emotions in early teens tend to be explosive and uncontrollable. They

Correspondence Author: kusumawardania@gmail.com

tend to blow up their feelings towards their parents or siblings, take their unpleasant feelings out on others, and sometimes do not adequately express them (Farih, 2022). Ups and downs relationships between adolescence and their parents most appeared in this phase. Parents complain of sudden changes in their teens' demeanor; seems like stranger person (Farih, 2022). Adolescents tend to be fiercer and more rebellious than their parents; this brings them into arguments, debates, and tiring conflicts.

In some conditions, family conflict is endless, and it seems the family experiencing it cannot handle it alone. Symptoms persist, develop and state into an emotional drainage problem. The conflict that initially occurred in a teenager in the family moves like a snowball involving all other family members. Relations between family members are strained, even damaging one another; this is called the symptomatic family cycle (Micucci, 2009). The notion of parenting style makes the complex construct of downsizing into oversimplification. Most parents apply various parenting methods in disciplining their children, flexible and open to using specific styles only (Durbin et al., 1993). The previous approaches indicate that components to investigate the familial contextual stressors still need to be included. The components contributing to the poor mental health of family members are altered family structures and developing roles around the parent or child's mental health needs (Daley et al., 2018).

Intervention for the symptomatic family cycle requires an appropriate family counseling process assisted by a reliable and experienced therapist or counselor. The concept of structural theory was first discovered by Salvador Minuchin, who was researching a naughty boy from a low-income family in 1974. In his research, he found that symptoms that occur to individuals can be understood and known through interaction patterns. What happened to his family? (Hambali, 2016).

Unfortunately, research and scientific publications on family counseling in Indonesia are limited. At the same time, the need for family counseling is essential and needed. This study intends to examine family counseling with a symptomatic cycle using the Micucci theories by identifying the competence of counselors according to the regulations. Ministry of Education and Culture has stipulated Permendiknas no. 27/2008 to regulate the standard of academic qualification and counselor competencies. Academic qualification refers to a bachelor's degree in Guidance and Counseling and a license as a counselor profession. Meanwhile, professional competence is a set of skills that must be mastered by a counselor to become a professional figure. This professional competence consists of four standards counselors must possess: pedagogic, personality, social, and professional (Haryadi & Sanjaya, 2020)

Method

This article provides an overview of a chapter from Joseph A. Micucci's book – The Adolescent in Family Therapy: Harnessing the Power of Relationship (second edition) – written in 2009. The family systems theory is built on the construct that a system composed of multiple members (e.g., a family) has specific features. One of these features is that the members mutually influence one another (Micucci, 2009). The first part of the review explains the symptomatic cycle, the second part describes the intervention for the symptomatic cycle, and the third part identifies counselor competencies within the intervention, using four standard competencies (pedagogic, personality, social, and professional). Standard competencies are minimum requirements that include abilities, knowledge, skills, and attitudes that counselors must know, achieve, and proficiently carry out (Yusri, 2013).

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Table 1. The Review Process

First Review	Second Review	Third Review
The symptomatic cycle theory by Joseph A. Micucci	The intervention for the symptomatic cycle using Micucci's guidance	1. The description of counselor competencies according to Permendiknas no. 27/2008 2. The identification of counselor competencies within the intervention for the symptomatic cycle using Micucci's guidance

Discussion

1. Micucci's Theory of Symptomatic Cycle

The core assumption of the theory is that the adolescent's context, in specific families, plays an essential role in the rise of symptoms. Although many peers and school problems happen during adolescence, the level of impact is not the same as the adolescent's problem related to the family. The approach framework concentrates on the role of family interactions and patterns. Micucci left biological factors behind; even the biological factors correlate with the emergence of some severe symptoms; other theories might discuss this. Micucci also brings his framework broader. Instead of focusing on the behavior of the adolescent self only, it needs to understand the behavior of family members; this can help the therapist or counselor has a comprehensive perspective and available options (Micucci, 2009).

Symptoms start as relatively minor transformations in adolescent behavior while responding to various factors, such as genetic vulnerability, mental health issues, or traumatic experiences. Then, the symptoms arise, evolve, and persist into lasting problems. The symptoms have dominated interactional patterns in the family, and it seems there is no way out to escape.

Most families adapt to the adolescent's developmental challenges and adjust their responses to support them. However, some families failed adjustment or misread signs about what the adolescent needs. These families react in unproductive ways that can trigger the development of severe symptoms. The more parents or family members focus on the adolescent's troubling behavior, the more adolescent feels misunderstood, resentful, and isolated from his/her family—the symptoms covering any positive qualities, characteristics, or contribution of the adolescent. As efforts to eliminate the symptoms rise, the symptoms are likely to persist and worsen. Ultimately, the family (also the adolescent) feels more helpless and frustrated. The family relationship deteriorates, creating isolation and alienation from one another.

Brendler et al., in 1991 and Hoffman in 1981, were the earlier person who conducted the symptomatic cycle, defined as the family systems models attempt to identify repetitive and recursive sequences of interaction among family members which elicit and maintain – cause and perpetuate – symptomatic behavior (Micucci, 1995). Families repeatedly caught in a symptomatic cycle take advantage of certain aspects of themselves but exclude aspects of other members. This cycle impedes and hinders the development of all family members. In symptomatic adolescents, where development is most markedly impaired, it is crucial to recognize that developmental stumbling will affect all other family members. Individual and family development are closely related and influence one another (McGoldrick & Carter, 2001).

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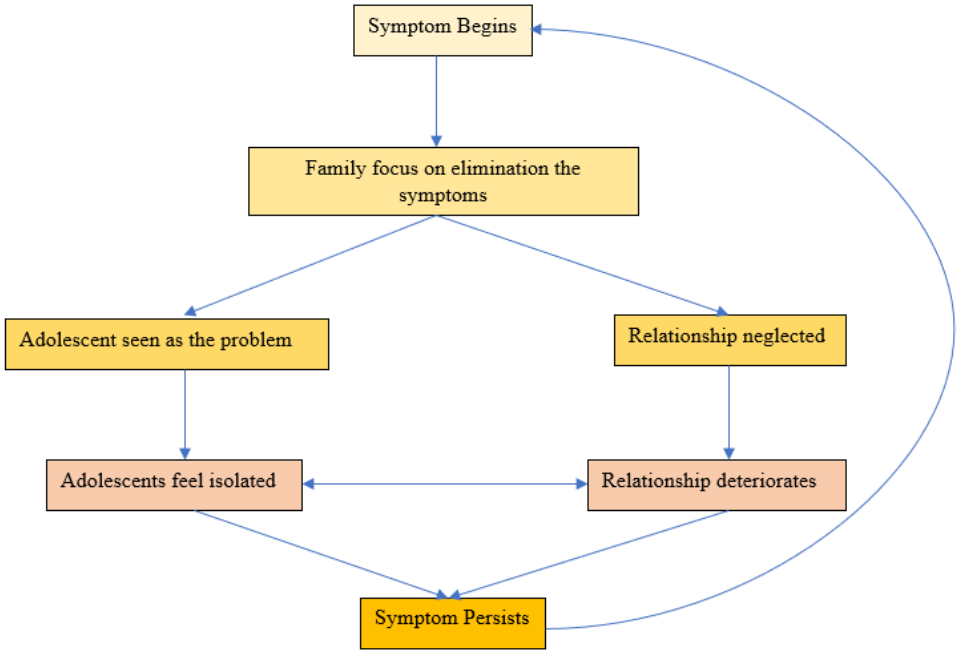

Figure 1. The Symptomatic Cycle

The narrative inside a symptomatic family is rigidly organized and closed to new information; this closed narrative functions as a selective scheme of organizing certain information. Family members seek information proving that the preferred view is "true", reinforcing the initial narrative and reducing the likelihood of disconfirming information. This view forms a system of biased perceptions, in which each family member interprets each other's behavior according to their initial assumptions. For example, parents who are more challenging and more restrictive selectively pay attention to evidence that the other parent is "too soft" and interpret this evidence as justification for their violence. Similarly, the more lenient parent selectively noticed evidence that the other parent was "too hard" to justify his leniency. This situation makes each family member try to selectively pay attention to information that supports their position rather than listening to each other and believing other perspectives. Each family member will focus energy on defending and justifying their point of view. Therefore, it is important to make family members take a different perspective. This method is better and more effective than challenges or confrontation (Micucci, 2009).

There are five common patterns in symptomatic families: (1) conflict avoidance, (2) overprotective, (3) disengagement and abandonment, (4) escalation, and (5) constriction. Based on the explanation that has been described shows that interactions are not the main problem, but the patterns of interaction are the problem. Family interaction patterns affect symptoms, which in turn, symptoms will affect family interaction patterns. Therapists or counselors try to engage the untapped resources of each family member and use these aspects to inspire and stimulate new patterns of interaction among family members. The therapist will be able to achieve this goal by leveraging his relationship with each family member to draw out new aspects. When the therapist introduces each family member's new behavior in the presence of others, family members can get a different perspective and thus interact differently. In the end, a new pattern began to emerge.

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2. The Intervention of Symptomatic Cycle

The next question is how to solve or overcome it. The most crucial role of the counselor is to help families change problematic and symptom-related patterns of interaction. The main principle: The therapist or counselor replaces automatic and reactive responses among family members with more thoughtful and planned responses. The therapist seeks to change old patterns of interaction, encouraging the adolescent to reflect on his/her behavior and try new behavior or experiment with new ways of behaving, using other aspects of the self that is tended to be neglected. In non-symptomatic families, when an adolescent feels sad or upset, the parents react by comforting him/her. When adolescents feel anxious or worried, their parents react to them to calm down; this helps them feel fulfilled and understand the problem. However, in families with symptomatic cycles, this is not the case. While parents may react similarly to their teens, the interactions are awakened, automatic, and reactive. The adolescents respond cynically to their parents' responses (Micucci, 2009).

In general, problems that often occur in a family can be divided into two types: (1) problems between parents and children, (2) problems in parent's marital relationship (Carr, 2012). Family is the first environment for each individual and has a very intimate attachment compared to other community groups. It has a strong bond that an individual cannot leave or separate from his/her origin family identity. Goldenberg & Goldenberg (2012) said that even if a family member experiences a temporary or permanent experience of sense of alienation from the family, she/he cannot leave family membership. No matter how bad the relationship with family is, a person is still connected with family ties.

Family counseling is an interactive process involving the family component to support one family member. It focuses on how individuals relate to and influence one another in the family system through feedback to produce positive change (Lassiter & Culbreth, 2017). Perez said in his book that "family therapy is an integrative process which seeks to aid the family in regaining a homeostatic balance with which all the members are comfortable". The counselor provides family counseling guided by the premise that individual deviance is produced by the dysfunctional functioning of the family system, which results in poor interaction patterns among family members (Pratanti & Nuryono, 2021). The family is a unified, connected system with solid ties, whether consciously or not. If one family member has problems, other family members may be affected by the problem.

A survey of AAMFT clinical members randomly reported that most of their clients were adults, with only 13% of private practices and 36% of institutional clients under 18. They reported that children's behavior problems ranked lowest among common problems. Furthermore, much of the clinical work in MFT for children and adolescents consists of a large proportion of individual therapy rather than family therapy (Northey Jr, 2002); this means child or adolescent problems are seen as personal and not family issues. Their symptomatic behavior does not correlate with the pattern and family relationships.

Daley et al. (2018) criticize the current popular child-family therapy treatment models focusing only on the interaction between the internal individual child and parents' factors to develop symptomatic behaviors. This current model oversimplifies by ignoring multiple subsystems alive within the family as they interact and respond to maintain symptomatic behavior in children. According to Nichols & Davis in their book, systemic therapists should consider the interplay between multiple levels of systematic interaction. It is common to happen that the symptomatic behavior of one family member is dominant and plays a functional role and brings the family damage. For example, when an adolescent argues about everything and blames his/her parents, this might diffuse the marital tension between parents. Ironically, the roots and focus on family therapy or counseling are firmly embedded in the systemic intervention of symptomatic families.

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Micucci's guidance of intervention to the symptomatic cycle has some general principles (Micucci, 2009):

a. Have a plan and stay focused: Therapists or counselors have a concrete plan and focus on ensuring that the plan works unless there is evidence that the plan is far from desired results. Therapists or counselors sometimes find resistance from family members due to discomfort in implementing the new planned patterns. In such conditions, the therapist's persistence to continue encouraging all family members' involvement will be decisive.
b. Focus on changing relationships and patterns: requested people to change "what they do", not "who they are".
c. Invite collaboration: The therapist or counselor explores each family member's difficulties that hold them or some life experiences that prevent them from adopting new behavior. This invitation conveys that the therapist or counselor respects family struggles and desires to build relationships.
d. Refer back to the pattern: when symptoms worsen, pressure focuses on the symptoms; this brings the symptomatic cycle to take root. Whether symptoms improve or worsen, therapists or counselors always attribute these changes back to patterns of interaction among family members. Remember systemic formulations and not decide that therapy has failed if symptoms worsen or relapse.
e. Offer encouragement and accentuate the positive: Therapists show positive vibes. Family members caught in a symptomatic feel something that looks like depression may be a manifestation of hopelessness, exhaustion, and overwhelm. The therapist or counselor must stay optimistic and foster hope that family members can change. Therapists should be sensitive to signs of strength and resources in the family and seek to use them to stimulate change.
f. Promote moments of engagement: trying to connect among family members. Symptomatic family members feel disconnected and alienated from the family, but they still yearn for connection. They were setting and conditioning the therapy process for family members to experience an emotional connection with others.

Sofyan S. Wilis, in his book, stated that the purpose of family counseling is to increase awareness about problems of a family member that affect perceptions, interactions, and expectations of other family members (Hati, 2019). Meanwhile, Micucci tries to reformulate the pattern from a symptomatic pattern to a non-symptomatic pattern; this also impacts the family member's relationship. Micucci made some steps in the intervention of the symptomatic cycle, as shown in the table below:

Table 2. Process of Intervention for Symptomatic Families

Process	Purposes	Notes
Beginning	Construct an alliance with the family	How to make a relationship with each family member
Identification	Find and identify symptoms, patterns, relationships, and how the family members interact with each other	Focus on patterns
Reframing	Make an activities plan, and assign tasks	Asked each family member to join and contribute
	Explain the process and goals, and ask about each family member's expectations	Reasonable expectation, hope but not guaranteed
Core	Implement relevant techniques	Replace the old pattern with the new pattern

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Addition	Do individual sessions and consultations with other experts	When the result does not meet expectations or privacy issues

3. The Identification of Counselor Competencies Within the Intervention

Before identifying counselor competencies within the intervention, we should know all competencies written in the regulation. Chaplin (2004) defines that competence as skill, ability, and authority. Moreover, competence is the translation of the word competence which means the feasibility of the ability or training to do one task. There are four significant competencies for a school counselor in Indonesia, according to Permendiknas no. 27 / 2008:

Table 3. Significant Competencies for a school counselor in Indonesia

Counselor Competency	Description
Pedagogic	Mastering the theory and praxis of education
	Implementing the physiological and psychological development and behavior of counselee
	Mastering the core of guidance and counseling services for any line, type, and level of education
Personality	Believe and piety in God Almighty.
	Respect and honor human values, individuality, and freedom of choice
	Have a strong personality, integrity, and stability.
	Featuring high-quality performance
Social	Implementing internal collaboration in the Workplace
	Play a role in the organization and activities of the guidance and counseling profession.
	Implement interprofessional collaboration
Professional	Mastering the concepts and praxis of assessment to understand the conditions, needs, and problems of the counselee
	Mastering the theoretical framework and practical guidance and counseling
	Designing guidance and counseling programs
	Implement a comprehensive guidance and counseling program
	Assess the process and results of guidance and counseling activities
	Awareness and commitment to professional ethics
	Mastering the concepts and praxis of research in guidance and counseling

Professional counselors must have strong determination, pleasant characteristics, and a wonderful personality to help others and have a positive nature to see the counselee as a human being with different beliefs, values, wishes, experiences, cultures, and backgrounds (Marjo & Sodiq, 2022). Professional counselors will pay attention to their performance to always prioritize the trust and welfare of the counselee. Gibson & Mitchell (2005) said the counselor is professionally responsible for practicing within the limits of his ability. It is not easy to define the limits of a counselor's competence, but training and experience can provide valuable guidelines to indicate whether a counselor is qualified. Being forthright about professional and personal limitations takes work. This attitude appears in counselors with high professional responsibility and a solid commitment to putting the counselee's welfare above institutional and personal interests (Marjo & Sodiq, 2022).

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Five ethical principles must be considered by counselors in providing services: (1) beneficence, (2) non-maleficence, (3) autonomy, (4) justice, and (5) fidelity (Hunainah, 2016). Counselors with high integrity must implement all ethical principles. We try to describe the intervention and purposes of each step and identify counselor competencies in the table below:

Table 4. The Identification of Counselor Competencies

	Activities	Describe	Counselor Competencies
build an alliance with the family	Start session	Greetings, and trying to have a short chat with each family member. Ensure each person has time to talk and listen respectfully. Ensure a counselor can remember critical information, such as each family member's name, occupation, or interests. There is no need to force the conversation if the situation is still stiff.	Personality competencies: appearance, a commendable personality, and behavior (such as authoritative, honest, patient, friendly, and consistent) This step aims to build trust and a relationship with the family—the counselor's warm and charming personality is needed.
	Respecting the family structure	Know and treat with respect the family's structure. The information collected from the early contact, such as first phone contact or referral, therapist or counselor can formulate a preliminary hypothesis about the family's current structure. In cases with late adolescents who are aware of symptoms and participate willingly in treatment, the counselor should have an initial conversation with him/her. When the counselor confronts parents with one dominant and the other submissive, the counselor should start with the dominant parent first.	Personality competencies (sensitive, empathetic, and respectful to diversity and change): Counselors know that it is essential to avoid bias when facing family structure. As the leading member of the family structure, parents should feel they are not abandoned or disrespected by the counselor.
	Listening and tracking	The therapist or counselor actively listens to what each family member says, gives appropriate confirmation, and accepts the person's opinion without being neglected or brought down. When one family member interrupts another, the therapist or counselor reminds them that no one speaks until the speaker has finished. When a family member refuses to talk or maybe dominates the conversation, a counselor must be able to deal with it. For example, the counselor said, "All right, I understand you do not feel like talking right now. I appreciate that you are present here anyway, and I think you can get a lot out of listening as well as talking. Hearing your mind, emotion and else is important to me, so I ask you to get involve and might just keep checking in with you as we go along to see whether you have anything to contribute to the discussion".	Professional competencies (Mastering the concepts and praxis of assessment to understand the counselee's conditions, needs, and problems): Counselors can use his/her practical skill in listening and tracking to collect data and information correctly and carefully. It is crucial to not rush judgment or conclusion by only listening and tracking from one to two family members (such as a parent) and neglecting others. Personality competencies: deliver effective communication. Counselors can encourage each family member to talk and listen to one another.

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	Exploring more information	After briefly explaining each family member's concerns, the counselor may follow up with more questions to help expand on specific topics.	Professional competencies: Broaden the assessment to reveal the counselee's problems
	Acknowledging strength	The problem is symptomatic families is that they are trapped in symptoms and lose clarity of the path to doing suitable or appropriate. The counselor chance every possibility to increase the force and capacity of the family appropriately. The counselor never disparages or unnatural acts to the family for something trivial. Instead, it is the therapist's job to find the true strength of the family and then do it; this implies that the family can solve their problems and fosters the belief that the therapist can help them.	Pedagogic competencies: Understanding the problem based on the rules of behavior, physical and psychological development of the counselee Personality competencies: Appreciate and develop the positive potential of individuals as a family and member of the family
Identify Symptomatic Cycle	Identify: viewpoint of problems from each family member	Counselors closely investigate how each family member talks about problems and about each other to get precise information into the symptom cycle based on interrelated narratives. By asking the question, "How do you see the problem?" The counselor can obtain from each family member his/her narrative about (1) the problem (what), (2) the problem person (who), and (3) his relationship with the problem person (how). In this way, the counselor can uncover hidden, unspoken, and unquestioned assumptions.	Professional competencies: assessment process to reveal the client's actual condition related to the environment (relationship with other family members such as a parent, siblings, et cetera.) This step is significant to get a balanced review from all family members.
	Identify: problem-solving or solutions have been tried	Past solutions or previous unsuccessful attempts at problem intervention provide information for the counselor; on what has not functioned and how these attempts might have persistingly exacerbated the problem. Fisch et al. 1982 wrote that "often, problems crystallize because the family members are attempting to solve new problems by repeatedly using methods that might have worked for them at an earlier phase of symptoms" but did not work at the current phase.	Professional competencies: Assessing prior documentation results about previous attempts, the family tried to consider why it did not work. Counselors can develop previous attempts or create new attempts after assessing prior results. Personality competencies (A high tolerance for clients who face stress and frustration)
	Identify patterns among family members.	The difference between family therapy from other therapeutic approaches is the concern with patterns of interpersonal interaction. This repetitive pattern, which usually occurs outside the awareness of family members, causes symptoms to	Professional competencies: conclusion of the assessment. Counselors can make conclusions based on a predetermined assessment process to identify symptoms relevant to the main problem to be addressed.

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		persist. The patterns are the main issue for the symptomatic family.	
Reframing the problem	Setting courses, activities, and homework for treatment	The critical point in this step is to teach and understand the family about the connection between the presenting problems with the family member's interaction. The counselor focuses on reframing the problem. When the family joins therapy and starts blaming the adolescent as the problem maker, the therapist or counselor explains to the family to look broader at problems and that it is not just a person's problem. "The problem is the pattern, not the adolescent or his/her behavior". Therapists or counselors promote that intervention will focus on changing patterns, leading to handling adolescent behavior. The goal of therapy is to reframe and change the pattern.	Professional competencies: Together with the family, the counselor explains the present problem, how the problem develops and resists, and its impact on the family relationship. The counselor also explains the therapy for reframing the problem and designing step-by-step session and exercise to create a new pattern. The counselor should always involve the family in treatment and emphasize the importance of each family member's contribution to solving the problem.
Core of intervention	It knows the patterns.	When at least one person in the pattern makes a conscious, soothe, and deliberate effort to change how he/she responds to the others in the pattern. Set some commitment to maintaining the new pattern, and hold pressure from other persons to return to the old pattern. From the family member's perspective, they did not recognize pattern was the real problem. In their perspective, the problems were symptoms and person. Disengaged by a person from this pattern, other family members might feel uncomfortable, unsupported, or disregarded; this called as disorientation is when a person in the pattern turns into another person who feels displeased and annoyed and will return to the changed person to his/her previous way of behaving.	Professional competencies: Counselors are aware of differences in how the family perceives the problem and how the family views the problem as it should be. By understanding the problem correctly, symptoms can be reduced; relationships can be improved through reframing to better patterns.
	Strategies for changing patterns	1. Direct instruction 2. Using complementary 3. Encouraging direct communication 4. Working with emotions 5. Uncovering and challenging assumptions 6. Separating people from their problems 7. Unbalancing 8. Assigning tasks	Professional competencies (Counselors can implement therapy that has been designed comprehensively). Personality competencies (Energetic, disciplined, and independent): Encourage the family to commit to the therapy process.

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	The urgent individual session	The issue of confidentiality becomes a significant issue in individual sessions. Adolescents will only share some information in a session involving the whole family. Some information will be provided when only to the counselor and asked the counselor to keep confidential. It is important to remember that in many laws and jurisdictions, parents can ask a therapist or counselor using the parent's right to share information obtained in private sessions with minors. Even some therapists resist individual sessions in family therapy; it can provide complementary information and strengthen the therapeutic process involving the whole family. In early therapy, it helps the counselor assess the role of each member in the problem or symptoms. It can challenge a family member to transform in the middle of therapy. In the late therapy, individual sessions assist family members facing restarting their developmental process.	Pedagogic competencies: sensitive to the personality, individuality, and differences of the counselee Personality competencies: Tolerant to the counselee's problems by realizing that each counselee has strengths and limitations, accepting their fears and anxieties to express their problems privately. Professional competencies (Awareness and commitment to professional ethics): Confidentiality in counseling is essential. In some cases of family therapy, children find it difficult to talk about themselves, their parents, and their families, comment on the parenting way, traumatic events, or what is considered a disgrace to the family, thus requiring individual counseling.
Invite other professionals	Benefits and risks of consultations	In some family therapy cases, involving other colleagues to continue the process is necessary. A psychiatrist prescribes certain drugs if the counselor assesses that family members need them. A psychologist does some psychological tests to reveal information that has not been revealed. The trigger can be from family members' needs or the counselor himself. The main requirement is the consent of the family being handled. Families need a reasonable explanation from the counselor why this is needed. If not permitted, the counselor is not ethically justified in involving other colleagues directly. "Seeking other professionals or consultants (e.g., for medication or psychological testing) at a time when the therapy is stuck runs the risk that the consultant will be triangulated into a conflict between the family and the therapist" (Carl & Jurkovic, in Micucci, 2009); (Larsen et al., 2008).	Social competencies: Implement interprofessional collaboration. Work professionally in teams with other professions. It opens the possibility of referrals to other professional experts as needed. The involvement of other experts must get the consent of the family. Personality competencies: Appreciate the dignity and human rights of the counselee. The counselor prioritizes the interests of the counselee and his family in the first place, so when counseling requires the involvement of other professional experts, the family's consent is needed.

Based on the exposure to the counselor competencies needed in family therapy with a symptomatic cycle, it can be concluded that professional competence and personality competence are the two most widely used essential competencies. Personality competence is

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related to the ability of the counselor to create a fundamental therapeutic relationship between the counselor, the counselee, and his family. While professional competence is related to the counselor's ability to assess and identify information, symptoms, and efforts that have been made by the family previously, the ability to design programs and supporting exercises, the ability to implement programs comprehensively, and the ability to assess family achievements and progress following the goals set.

Pedagogic competence provides the basis in the therapeutic process that the counselor must understand the principles of physiological and psychological development of the counselee both as an individual and as a family member. The therapist or counselor shows genuine acceptance and understanding counselee's personality in general and, in particular, understands the problem from various points of view. Moreover, social competence refers to the counselor's ability to involve other professional experts when needed, valid for advancing the family being treated. Counselors prioritize family priorities in the entire family therapy process. All competencies (pedagogic, personality, social, and professional) play a role in strengthening and complementing each other to achieve the goals of family therapy.

Conclusions and Suggestions

Adolescent problems have been a classic problem for a long time. According to experts, most families only focus on dealing with the problem behavior, which makes the symptoms more persistent; this is known as the symptomatic family cycle. Micucci argues that the root of the problem is not in the problematic behavior of adolescents but in the patterns of interaction within the family.

Based on Micucci's therapy guidelines, there are five stages in the family therapy process carried out by experienced therapists/counselors: beginning, identification, reframing, core treatment, and addition. These stages require adequate competence from the therapist/counselor as the main requirement for the success of the family therapy process.

Referring to the Minister of National Education Regulation No. 27/2008, which regulates the competence of counselors in Indonesia, the family therapy process based on Micucci's guidelines requires all the competencies in question: pedagogic, personality, social, and professional. Personal competence and professional competence become the basis of the therapy process, while pedagogic competence and social competence complement and support the success of the family therapy process.

Micucci's therapy guide can be an alternative and the right choice in dealing with various cases of problematic adolescents at school. When efforts and counseling programs to overcome the problem seem less successful and make the teenager look worse in his problem, family therapy is possible to try with the guidance of Micucci.

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