Contemporary Medical Practices at National Health Service (NHS)

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Abstract

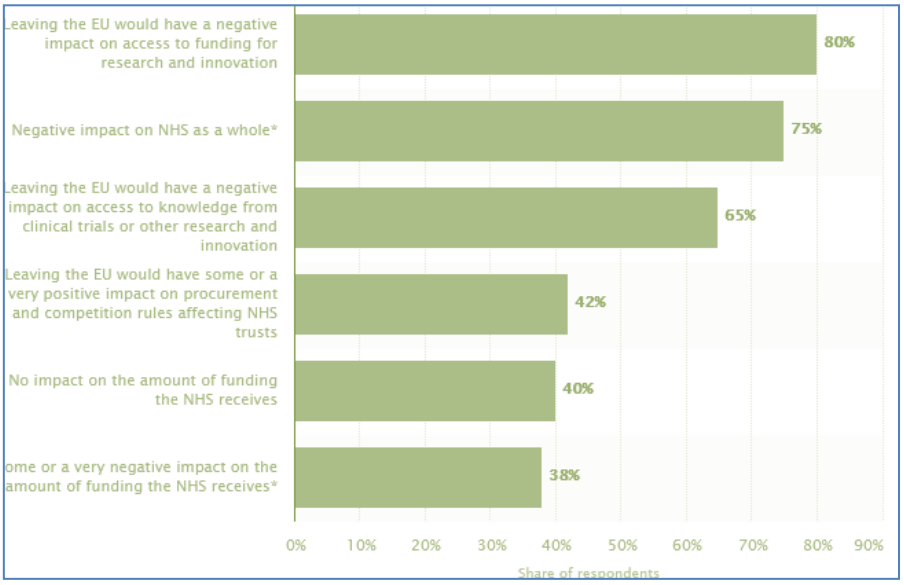
The main aim of this study was to determine the impact of Brexit on the NHS service. Other objectives included an examination of some of the challenges that the NHS system might face while striving to assure better health outcomes in the post-Brexit era, as well as recommend some of the strategies that the institution could implement towards addressing the perceived challenges with which Brexit might be associated. Imperative to note is that the study employed the Games Theory to explain some of the effects that a country's withdrawal from a continental bloc could have on its public service; including the health sector. It is further notable that this study relied on secondary data to collect and analyze information regarding the current and future impact of Brexit on the NHS. Indeed, most of the findings concurred with the current literature regarding the complexity and mixed outcomes surrounding the debate of Brexit versus NHS. On the one hand, some of the secondary sources consulted acknowledged that Brexit promises positive outcomes in terms of improved funding. Particularly, these studies contended that the £19 billion that the UK has been channeling to the EU could be redirected to other government priorities and public service in the UK, including the NHS. However, studies that argue that Brexit poses a negative impact on NHS suggest that future uncertainties surrounding the immigration status of EU-origin staff account for the mass exit. The studies hold further that the departure might lead to a significant increase in vacancy rates, with the cost of training nurses and doctors to replace the departing groups documented to exceed that which the UK would have incurred to import trained workers. Therefore, lasting solutions lie in the provision of adequate resources, political will, and the involvement of EU staff in feedback provision, cost-effective analyses of response strategies, and regular seminars and conferences that seek to sensitize workforces regarding the criticality of aligning their personal goals to the overall mission and vision of NHS. Whereas Brexit's uncertainties reflect a looming crisis at the NHS, the manner in which senior leaders and managers will transform challenges into opportunities for improvement will shape the ability of the institution to emerge victorious.

Introduction

The debate surrounding Britain's departure from the European Union (EU) membership remains dominated by the subject of immigration and the economy. For the majority of parties, the rare question is what Brexit means for individual citizens. Particularly, one of the essential areas requiring specific and urgent attention regarding the impact of Brexit on the UK is the aspect of public services; with particular emphasis on the National Health Service (NHS). Imperative to note is that mixed outcomes have been documented regarding the perceived impact of the departure on the UK. For instance, Baker (2016) observed that Brexit is likely to shake the economy and, in turn, destabilize the NHS because the latter might be unable to retain the level of funding it continually enjoyed hen Britain was still a member of the EU. In another study, Buchan, Seccombe and Charlesworth (2016) documented that Brexit is likely to cause staff unsettling at the NHS via a possible reduction in the number of qualified personnel. In a similar observation, Costa-Font (2017) asserted that Brexit might limit the UK citizens' ability to secure health services, especially those that are provided in the EU. For some of the current scholarly contributors focusing on possible negative outcomes accruing from Brexit, it is

contended that most of the funding channeled to the NHS comes from Britain's general taxation. Hence, it is worth inferring that there is a close relationship between the economy's state and NHS spending. Crafts (2016) noted further that when the NHS is compared to the rest of the public services, the institution has escaped potential adversities associated with fiscal austerity and this pattern is attributed to the protected status of NHS. However, the study indicated that in response to Brexit, the NHS is likely to experience a significant financial challenge. In another study, Dunn, McKenna and Murray (2016) predicted that the NHS' financial struggles might be exacerbated by plans for seven-day services, technological advances (and the need to respond and accommodate the same), rising, demand, and an aging population.

However, some studies predict positive outcomes. For instance, Gulland (2016) documented that Brexit is advantageous because the EU weekly cost of £350 million might be saved and channeled to relevant priorities; with the NHS inclusive (Galsworthy and McKee, 2017). Health Committee (2017) observed further that Brexit is an informed step because it absolves the UK from the EU and the latter's associated trade agreements. In so doing, the study highlighted that Brexit is likely to open up public service institutions to more foreign competition; with the NHS unexceptional. From these observations, some studies suggest that the NHS has experienced notable benefits from the EU and Brexit threatens to compromise these benefits. For other studies, benefits accruing from Brexit tend to outweigh the perceived negative outcomes. Hence, it is worth inferring that the debate of whether benefits arising from Brexit (in relation to the NHS) outperform the perceived demerits (or vice versa) is yet to abate. This study strives to determine the impact that Brexit poses on UK's NHS system. Imperative to highlight is that the study will employ John Nash's Game Theory as a theoretical framework guiding the collection of data and inference-making. It is also worth noting that the study will utilize a mixed studies approach via document analysis to investigate the post-Brexit trends in NHS service provision, some of the challenges faced, and recommend potential solutions towards the system's improved outcome provision – while seeking to adjust in the absence of EU membership. The figure below illustrates some of the recent statistical outcomes highlight responses regarding the possible effects that Brexit might pose on the NHS.

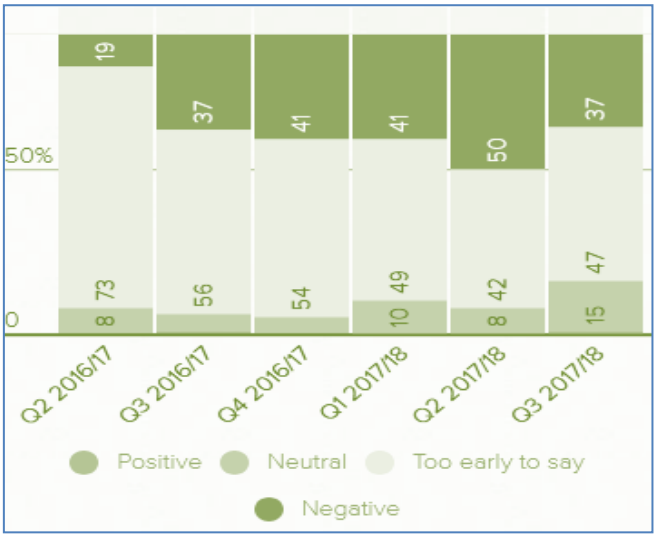


Methodology

This study focuses on secondary sources of data to collect and analyze information about the potential impact of Brexit on the NHS service. Some of the specific sources from which the data will be collected include the UK government and NHS service reports, journals, and e-books. Indeed, the sources will be used to gin n insight into issues such as the current and future effect of Brexit on issues such as workforce dynamics (recruitment and retention), funding, and patient issues. Additionally, the sources will be used to gain data regarding the current trends in NHS service provision while responding to the dilemma surrounding Brexit, and feasible solutions to some of the challenges that NHS is predicted to face the post-Brexit stage. After the collection of data from secondary sources, it will be classified and organized to ensure that relevant and broad themes (such as the impact of Brexit on funding and staffing at NHS) are established. This step will pave the way for the implementation of a document analysis technique. In the latter step, both the descriptive and inferential statistical approaches will be used. According to Antwi and Hamza (2015), the document analysis procedure is conducted in such a way that the researcher categorizes the data into themes that are linked to the central aim and specific objectives of the study. In this study, the information obtained will be presented in terms of graphs, charts, and statistical tables that will highlight the current and future impact of Brexit on the NHS service. Imperative to highlight is that the document analysis approach is embraced due to fewer costs with which it is associated; n attribute that is supported further by resource limitation on the part of the researcher. However, Bernard and Bernard (2012) cautioned that some of the secondary data in existence could be restricted from public access due to its sensitive nature; a trend that makes it difficult to collect adequate data. Despite this limitation, this study's adoption of a narrative literature review technique is poised to reap from some of the benefits with which archival research is associated.

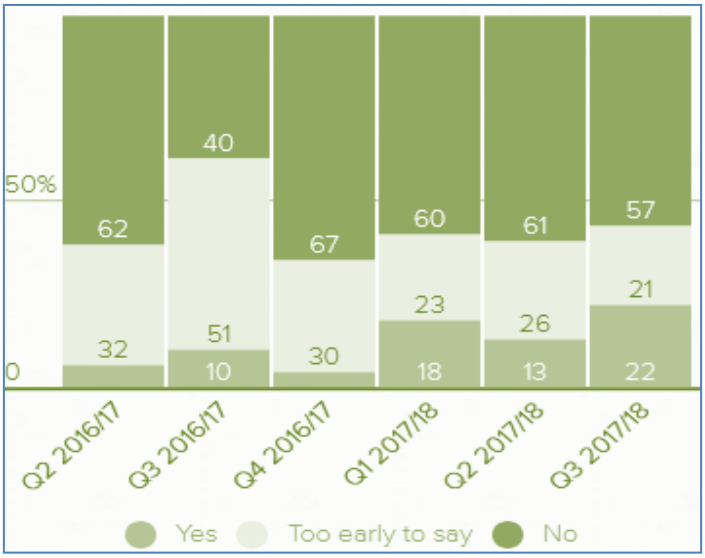
Results

In this chapter, the central objective is to highlight some of the past scholarly studies and findings that have been documented by research agencies and other scholarly efforts regarding the current and future effect of Brexit on the NHS service. Whereas some of the articles selected have focused directly on the NHS and its staff, others have examined the potential indirect effect of Brexit on the healthcare system. In one of the recent studies, Dayan (2018) focused on care providers and NHS hospitals. In particular, the study strived to gin data from managers regarding the possible impact that Brexit might have on the system's workforce. The figure below highlights the findings.



From the findings, the study suggested that very few managers were likely to acknowledge the existence of a positive relationship between Brexit and workforce operations at the NHS. It is also worth noting that few participants were in neutral position while a relatively high number were in neutral position. Imperative to highlight is that there was a steady decline in the number of participants who were in neutral position, stretching from the second quarter of the year 2016/17 to the third quarter of the year 2017/18. It is further notable that the decline in the participants in neutral position came in the wake of a steady increase of those who stated that Brexit poses a negative effect on the NHS workforce.

In the same study, another specific objective was to unearth whether the managers had embraced changes in their recruitments from the European Economic Area (EEA) while responding to the UK's withdrawal from the EU. Similar to the findings mentioned above, mixed outcomes were reported. However, it is worth noting that the latter objective witnessed a higher number of participants affirm that they had altered their recruitment plans while the number of individuals indicating that it was too early to say declined significantly. The following figure highlights the study's results.



Whereas a significant number of participants in the above study indicated that they were in neutral position regarding the impact of the UK-EU agreement regarding the rights of citizens belonging to the EEA staff, those who indicated that the agreement poses a positive effect were more than those who suggested that the agreement might have a negative effect.

Conclusion

In summary, the central aim of this study was to find out the impact of Brexit on the NHS. Furthermore, the study sought to unearth some of the challenges that NHS is likely to face and recommend feasible solutions that are worth implementing while seeking to achieve success during post-Brexit service provision. Imperative to note is that the study relied on secondary sources of data. Indeed, most of the findings concur with the current literature in such a way that Brexit promises to pose mixed outcomes regarding NHS service provision. Whereas some of the sources consulted hold that the UK's withdrawal from the EU promises positive outcomes, others contend that the move comes with negative effects. For the proponents of there being a positive effect between Brexit and NHS operations, the consensus is that the £19 billion that the UK has been channeling annually to the EU might be saved and used to fund public service and other government priorities, including the NHS. On the other

hand, findings that point to a negative effect of Brexit on the NHS indicate that the withdrawal prompts an increase in the departure of nurses. In the majority of cases, this departure is attributed to the uncertainties surrounding the EU-origin staff's future immigration statuses. Furthermore, findings suggest that most of the past scholarly studies contending that Brexit poses a negative effect on the NHS argue that the cost of training nurses and doctors to fill vacancies of the EU-based staff leaving the UK might outweigh that which the UK has been incurring to import skilled or already-trained workers, with other countries having incurred the training expenses. Hence, the relationship between Brexit and NHS reflects a complex issue but the dominant theme or pattern is that the withdrawal might pose a hit to the economy of the UK. In turn, this hit might worsen the country's health outcomes − with the NHS service on focus.

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Attention Deficit Disorder and Direct-to-Consumer Practice Effectiveness

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Abstract
Mixed outcomes arise regarding the relationship between DTC advertising and the prevalence of attention deficit disorder. On the one hand, part of the current literature documents benefits of DTC advertising to include issues such as the ability to encourage individuals to seek earlier treatments, the provision of educational opportunities about new drugs, and the availability of multiple sources of information that the individuals can consult to answer their questions (including brochures and pamphlets). However, some scholarly studies point to the existence of a negative correlation between DTC advertising and the rate of attention deficit disorder. For example, adversities associated with prescription drug ads in the US include misinformation, the under-statement of side effects associated with the drugs being advertised, and the capacity to hinder the relationship between patients and providers. Additional adversities include the over-statement of health benefits associated with the drug and the capacity to encourage the use of medication even in situations where lifestyle changes can be applied.

Introduction
Pharmaceutical direct-to-consumer (DTC) advertisements are used on platforms such as television, internet websites, magazines, and newspapers. Proponents of this practice contend that it increases the sale of pharmaceuticals. However, this trend poses mixed outcomes. On the one hand, proponents argue that the practice averts the underuse of medicine by individuals. On the other hand, some scholarly contributors assert that DTC advertising poses the danger of potential overuse among target populations of the prescription drugs. For the groups opposing the practice, they concur that the current drug advertisement practices and approval fail to protect the best interests of the public in the US context. Additionally, these groups avow that the majority of targeted individuals are unaware of some of the hidden pharmaceutical dangers associated with the prescription drugs presented via DTC advertising. The arising question is: does DTC advertising increase the rate of attention deficit disorder in the US?

Methods
This study investigates the practice of DTC advertising and how it shapes the current trends of attention deficit disorder in the US. Whether or not DTC advertising leads to an increase in the rate of attention deficit disorder forms the central subject; gaining specific insights from the current literature. Thus, a secondary study approach is employed, gaining data from journals and institutional reports.

Results
In “Regulating direct-to-consumer advertising of prescription drugs in the digital age,” Gibson (2014) sought to determine the current trends of DTC and their positive, as well as negative effects on the prevalence of disorders. Findings suggested that that on average, an American watches about nine pharmaceutical ads daily ─ amounting to 16 hours of drug advertisement per year. Whereas this trend of DTC advertising is illegal in developed nations, the study affirmed that the regions that have legalized it include New Zealand, Canada, and the

US. In relation to the effects of DTS advertising on the prevalence of disorders, it was avowed that the practice aids in bridging the information gap through patient empowerment, the patient's improved understanding relative to disease and the available treatments, and the enhancement of the relationship between healthcare providers and patients. Therefore, the study was insightful because it acknowledged the critical role played by DTC advertising in addressing the perceived information gaps among populations. What remained unaddressed was the whether or not DTC advertising hinders the interaction between patients and health care providers or practitioners, as well as the potential impact of such adversity (if any) on the increase in cases of attention deficit disorder.

In a related study, titled "Prescription drug coupons: evolution and need for regulation in direct-to-consumer advertising," Mackey, Yagi and Liang (2014) sought to establish some of the strategies that could be implemented to regulate DTC adverting; as well as the impact of failed regulation on the prevalence of conditions, including attention deficit disorder. In the findings, this study contended that that DTC advertising poses the danger of underuse and overuse. It was also inferred that DTC advertising of prescription drugs for children poses an ethical dilemma. In particular, it was established that some of the DTC advertisements are a source of confusion for sections of parents, a trend accounting for the increasing number of cases of overuse and underuse. Additional results suggested that DTC advertising can be a predictor of attention deficit disorder in the U.S. whereby the ads become a marketing avenue that strives to promote the treatment of the disorder, yet they fail to focus on the disorder itself. Therefore, the study is worth acknowledging because it established the danger of DTC advertising as that which lies in the possibility of prompting a prescription drug overuse and underuse and, in turn, lead to the possibility of increased cases of attention deficit disorder. The study I also important because it concurred highlighted the failure of DTC advertising to establish platforms that could be used for early intervention and prevent the occurrence of the disorder.

Similarly, Jambulingam and Sharma (2010) aimed at establishing some of the effects of internet marketing, a platform of DTC advertising, on the rates of occurrence of conditions such as attention deficit disorders, as well as their associated co-morbidities. Titled "Estimating the value of internet marketing in the US pharmaceutical industry," the study revealed several insights. For instance, the authors found that the DTC advertising procedure increases the rate of attention deficit disorder because it emphasizes benefits at the expense of risks. Additionally, it was asserted that DTC advertising creates unrealistic expectations regarding the performance of drugs, as well as the medicalization of trivial ailments, cosmetic issues, and natural conditions. Overall, the authors concurred that DTC advertising produces an overmedicated society. Hence, the emerging theme is that DTC advertising tends o put little emphasis or consideration of the risks accruing from the prescription drugs advertised (due to the profit-making objective of the practice). Thus, the study sensitized audiences regarding the information flaws that accrue from DTC advertising, with the misinformation putting populations at the risk of attention deficit disorder.

Whereas the majority of the scholarly studies above argue against DTC advertising, other studies suggest that DTC advertising leads to a significant reduction in the under-treatment and under-diagnosis of attention deficit disorder. In "Pharmaceutical companies and their drugs on social media: a content analysis of drug information on popular social media site," Tyrawski and DeAndrea (2015) sought to find out the role of social media in reinforcing physician data and offering relevant drug information about conditions such as attention deficit disorder and their associated co-morbidities. The study established that about 25 percent of patients visiting doctors after interacting with DTC adverts receive a new diagnosis, pointing to the capacity of the practice to shun the adversity of under-diagnosis. Hence, the positive side of DTC advertising is that it educates patients with attention deficit disorder and their families

(as well as those at risk) and enables them to take charge of their health. The study established further that health care providers play a crucial role in steering successful examination and patient diagnoses, but DTC advertising plays a complementary role of ensuring that the affected populations interact with additional information that aims at reinforcing the data accruing from physician examinations and diagnoses.

In contrast, Kim (2015) published "Trouble spots in online direct-to-consumer prescription drug promotion: a content analysis of FDA warning letters" and reported that DTC advertising prompts patients to seek expensive or unneeded medications. The principal aim of this study was to identify some of the institutions that had been issued FDA warning letters and the extent to which their engagement in DTC advertising had yielded adverse patient or population outcomes. In the findings, it was reported that some providers object the patients' demands and perceive them as less effective − compared to the DTC advertised prescription drugs. In other situations, the study indicated that sections of health care providers and practitioners prescribe or follow the treatment regimens requested by patients (in response to the DTC advertised drugs) without acknowledging the benefits and risks of such drugs. Furthermore, the author concurred that these providers, who heed to the patients' requests, fail to analyze the relevance o the requested drugs in averting conditions such as attention deficit disorder, compounding the situations (or increasing their prevalence).

In concurrence with Kim (2015) (regarding the positive effects or benefits that accrue from DTC advertising in relation to conditions such as attention deficit disorder), Kornfield, Donohue, Berndt and Alexander (2013) focused on the aspect of education. Titled "Promotion of prescription drugs to consumers and providers," the study established that DTC advertising gives patients more control over their care; steering improvements in their well-being. The authors noted that as the patients feel empowered and educated, they end up seeking help regarding attention deficit disorder. It was noted further that about 44 percent of patient respondents are educated via DTC advertising, with similar observation revealed by about 32 percent of physicians. Indeed, the study I important because it points to a trend in which DTC advertising plays an informative role of sensitizing attention deficit patients and their families about the importance of seeking treatment. What remained unaddressed is the gap regarding the failure of DTC advertising (as concurred by most of the previous studies) to form a platform of early intervention. These earlier studies indicate that DTC advertising increases the rate of attention deficit disorder because it assumes that the condition is present and that the prescription drugs being advertised seek to treat it.

In "Content analysis of false and misleading claims in television advertising for prescription and nonprescription drugs," Faerber and Kreling (2014) examined some of the negative effect accruing from DTC advertising and how the practice compounds medical conditions, including attention deficit disorder. The authors observed that DTC advertising diminishes the time needed to evaluate attention deficit disorder patients. It was also established that the majority of providers in the US are under pressure to ensure that the time dedicated for office visits is limited while ensuring that the productivity increases – relative to the number of patients seen. The study suggested further that DTC advertising increases the rate of attention deficit disorder by impeding the effectiveness of the doctor. In particular, the results suggested that upon interacting with patient-related information on DTC advertising platforms, most of the individuals withhold the doctor's information while others attempt to self-treat themselves – using alternative and over-the-counter medicines are used. Therefore, the study was informative because it pointed out the negative effect of DTC advertising on the doctor's effectiveness, as well as the trickle-down of this trend on the increased prevalence of attention deficit disorder.

Conclusion

Overall, mixed outcomes arise regarding the relationship between DTC advertising and the prevalence of attention deficit disorder. On the one hand, part of the current literature documents benefits of DTC advertising to include issues such as the ability to encourage individuals to seek earlier treatments, the provision of educational opportunities about new drugs, and the availability of multiple sources of information that the individuals can consult to answer their questions (including brochures and pamphlets). However, some scholarly studies point to the existence of a negative correlation between DTC advertising and the rate of attention deficit disorder. For example, adversities associated with prescription drug ads in the US include misinformation, the under-statement of side effects associated with the drugs being advertised, and the capacity to hinder the relationship between patients and providers. Additional adversities include the over-statement of health benefits associated with the drug and the capacity to encourage the use of medication even in situations where lifestyle changes can be applied. Other studies contend that the DTC adverts fail to convey information about benefits and risks equally well. Indeed, these observations are insightful. However, several gaps emerge and are worth addressing or investigating. For instance, the selected studies fail to explain whether or not demographic and geographical variations in the environments in which individuals live play a role in shaping the effectiveness of DTC advertising ─ relative to attention deficit disorder. Similarly, the studies fail to offer an in-depth analysis of the current trends in DTC advertising with a specific focus on prescription drugs targeting patients with or prone to attention deficit disorder. By addressing these gaps, it is projected that the study will be insightful by shedding light on the relationship between DTC advertising and the rate of attention deficit disorder in the context of the US.

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Symbolic-Experiential Therapy in Medical Practices: Modern Model Description and Case Analysis

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Abstract

Whitaker's modern model is linked to the designed case in such a way that it aids in acknowledging the family members' themselves and their capacity as problem solvers. Particularly, the model calls for the need to reinforce client capacity and allow them to play a leading role in shaping the direction of the therapy, with the approach expected to achieve lasting outcomes. Given that the family conflict in the case of Alejandro requires the active participation of the members to attract lasting effects, it remains inferable that it exhibits a direct relationship with Whitaker's Symbolic-Experiential Therapy.

Introduction

The selected modern model is Symbolic-Experiential Therapy, which was coined by Carl Whitaker in 1953. The main goal is to change patterns and interactions via growth processes. As documented by Roberto (1991), the model does not emphasize the use of medications towards the creation of change; with the latter associated with psychiatric approaches. It has also been documented that the focus of this model is the client family's growth, rather than narrow down to the resolution of a problem with which the client family presents. In most cases, Gehart and Tuttle (2003) documented that symbolic-experiential family therapy is conducted by two co-therapists in which one plays a confrontational role while the other is charged with support provision. Lindforss and Magnusson (1997) observed further that in most cases, the duration of therapeutic approaches that embrace symbolic family-experiential family therapy lasts from six months to two years.

It is also worth noting that this model involves the client of origin in its entirety, rather than focus on subsets of individual family members or family subsystems (De Shazer et al., 2007). From a stepwise perspective, the first stage involves the provision of a safe environment before joining client families with the aim of discussing the presenting problems. Mitten and Connell (2004) observed the therapist needs to encourage attendance and participation and use humor and spontaneity while inviting a co-therapist as deemed appropriate. The next step involves, gaining information regarding the empathy, coalitions, boundaries, roles, and level of conflict characterizing the family system. As concurred by Napier and Whitaker (1978), this stage paves the way for the establishment of goals before strengthening the family initiative via the decision to challenge members to design the agenda of the session.

From the description of the model's stages, the central objective of this model is to steer a sense of cohesion with the family towards relieving symptoms with which it presents. In the late phase, the therapist is expected to promote individual growth by prompting members to achieve certain developmental goals. According to Roberto (1991), this framework holds several assumptions. These assumptions focus on attributes such as growth-development, life, marriage, and the formation of human potential. For instance, the model acknowledges that every family and individual exhibits the capacity of developing, yet some might not embrace hope in maintaining the capacity. Additionally, it is assumed that each individual exhibits the

capability to select the manner in which they could choose their life but most of the perceived choices are determined by the individuals' interactions or experiences with their families. As avowed by Whitaker and Keith (1981), the model assumes further that all individuals exhibit the potentiality of growing and developing; implying that all humans are similar and that they are in a continuous quest to develop. Whitaker and Malone (1953) concurred that the model assumes further that the maintenance, guarding and protection of the identity of self or own sensitivity while ensuring that individuals remain attached to the family is important.

Methods

Carl Whitaker believed that experience needs to be prioritized at the expense of intellectual thought. The theorist stated further that there is a need to focus on the here-and-now while ensuring that the therapist emerges as a real person. According to Gehart and Tuttle (2003), it is expected further that families exhibit inherent abilities to heal themselves; with the therapist's and client's "craziness" playing a complementary role in achieving specific and general therapy goals. Alienation forms another concept that the modern model addresses. Particularly, the model states that an individual is likely to shut off from his true feelings when a dysfunctional family is present; compromising the achievement of family intimacy (Lindforss& Magnusson, 1997). The implication is that proponents of this framework require members of the family to experiment in a similar manner as that in which they would be in the other's role, as long as the central understanding is that the role play sessions are symbolic. Notably, the model can be perceived to belong to classical schools of family therapy whereby the majority of family problems are associated with emotional suppression. As avowed by Mitten and Connell (2004), it is expected that the family holds the responsibility to change; with all generations and family members expected to be present.

Overall, the model relies on real-life and "symbolic" experiences. Additionally, the framework is shaped by affective confrontation, play, and humor (Napier and Whitaker, 1978). The battle for initiative and battle for structure are also evident in this approach. Regarding the battle for structure, it is expected that the session process and content produce change while the therapy is conducted frequently to achieve optimal outcomes or steer progress. Additionally, the battle for structure requires that the therapist ensures that all necessary parties attend the therapy sessions (Roberto, 1991). In relation to the battle for initiative, Whitaker and Keith (1981) documented that the model expects clients to work harder than the therapist. Hence, this battle needs to be won by the client. The eventuality is that in some instances, the therapist needs to allow crisis and tension to build to the point where the client embraces the incentive to change.

Several examples of intervention have also been documented in relation to the selected modern model. Regarding the first goal of establishing a safe environment, interventions includeremaining open to families towards communication modeling, requiring that all family members attend therapy sessions, and involving spontaneity and humor in discussions. Regarding the second step of identifying family anxiety levels, roles, coalitions and systemic boundaries, Whitaker and Malone (1953) documented several interventions that are worth employing. These interventions include involving the families in discussions, conducting assessment via affective confrontation, exploring the ideas of symptoms that each family member holds, exploring the role of some members as scapegoats, and identifying the aspect of role rigidity as evidenced by the families in question. Gehart and Tuttle (2003) observed that the goal of establishing therapy goals and requiring the initiative of client families attracts interventions such as the decision to challenge members towards deciding the subject of

discussion, requiring that the members demonstrate initiative, and employing "what if…" fantasies with members of the family.

Indeed, it is worth inferring that Whitaker's Symbolic-Experiential Therapy is a strength-based model. According to Lindforss and Magnusson (1997), strength-based models seek to emphasize the strengths and self-determination of people, with client families viewed as resilient and resourceful parties in the face of perceived adversities. Indeed, Whitaker's framework is a client-led model whose focus is on the strengths that family members bring to a crisis or problem, as well as future outcomes. Hence, the approach fulfills the features associated with strength-based models.

Results

In the case presented, major family problems involve Alejandro's recent job lay off in the wake of Jane's persistent complaint about his drinking behavior. Furthermore, the Mexican immigrants' short stay in the U.S. poses a language problem because neither of them speaks English fluently; yielding a socio-cultural dilemma. The guilt that the husband feels due to the perceived failure to fulfill his family role (following the job layoff) compounds the dilemma. Indeed, the husband' guilt is informed by predictions of a looming economic challenge in the family. In this case, Whitaker's modern model of Symbolic-Experiential Therapy is deemed appropriate and worth applying.

In this case, applying the model implies that the first goal is to develop cohesion with Alejandro's family. Some of the practical interventions could include the use of affective confrontation with the aim of expanding positive anxiety of the family members' symptoms, and the decision to embrace positive confrontation with the aim of highlighting the husband's coalition of denial regarding drinking as a marital problem. Similarly, parental empathy would be increased towards meeting the children's needs while assigning the son and the daughter assignments of playing roles of scapegoats. An application of the modern model to the selected case would imply that the second goal involves the creation and maintenance of parental and generational boundaries. According to Mitten and Connell (2004), this step aids in reducing marital conflicts. Specific interventions that are aligned to the model and could be applied to the designed case include the use of humor to expose the husband's persistent avoidance of acknowledging alcoholism as a source of marital conflict, the use of affective confrontation to reveal role delegations and role rigidity, and the use of couples therapy towards addressing intimacy challenges.

As the therapy approaches the late phase, an additional goal, which remains linked to the Symbolic-Experiential Therapy, would be to promote all the family members' growth while

steering towards the realization of a new family structure that is marked by positive communication, couple intimacy, and the achievement of a supportive social environment that assures social support and remains free of anxiety among children. Indeed, specific interventions that are worth embracing towards the achievement of this goal include highlighting that the conflict between Jane and Alejandro does not necessarily have to escalate and touch on their children, defining stressors present in the family conflict, and encouraging growth and individualism with "what if…" fantasies. Another goal that could characterize the conclusive stage entails the therapist's engagement in the highlight of the sessions' accomplishment of growth, goals, and relief of symptoms characterizing the family's conflict. Specifically, severally practical interventions could be used to highlight these accomplishments. According to Napier and Whitaker (1978), some of these intervention include the sharing of the therapist's personal responses to the family, an identification of potential barriers to the continued development of family goals, the reframing of Alejandro's initial symptoms to steer change and growth, and the decision to allow each member of the family express themselves about the therapy sessions and their effects on their lives.

Conclusion

In summary, Whitaker's modern model is linked to the designed case in such a way that it aids in acknowledging the family members' themselves and their capacity as problem solvers. Particularly, the model calls for the need to reinforce client capacity and allow them to play a leading role in shaping the direction of the therapy, with the approach expected to achieve lasting outcomes. Given that the family conflict in the case of Alejandro requires the active participation of the members to attract lasting effects, it remains inferable that it exhibits a direct relationship with Whitaker's Symbolic-Experiential Therapy.

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