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# Thematic review of family therapy journals 2009

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In this article the contents of the principal English-language family therapy journals published in 2009 are reviewed under these headings: narrative therapy, child-focused problems, adult-focused problems, substance abuse across the lifespan, illness across the lifespan, family violence, couples, diversity, developments in systemic practice, training and research.

## Introduction

In 2009 many developments in a broad range of areas were covered in the family therapy journals. In this review, reference will be made to particularly significant articles and also to less significant but representative articles in the areas of narrative therapy, child-focused problems, adult-focused problems, substance abuse across the lifespan, illness across the lifespan, family violence, couples, diversity, developments in systemic practice, training and research.

## Michael White's narrative therapy

In the wake of Michael White's death in 2008 a number of journals contained articles reflecting on his legacy or focusing on aspects of his approach to narrative therapy. There was a special issue of the *Australian and New Zealand Journal of Family Therapy* on his work, with nine contributions. These included David Epston's (2009) eulogy and a moving editorial by Alistair Campbell (2009). The articles, which were written in a very personal style, all underline the enormous and distinctive contribution Michael White made to family therapy from his early days as a founding editor of the *Australian and New Zealand Journal of Family Therapy* to his later days as an innovator and founder of the narrative therapy movement.

*Family Process* devoted a special section to the work of Michael White. The section contains articles comparing the origins of psychoanalysis, family therapy and narrative therapy (Beels, 2009); the use of White's concept of the 'absent but implicit' to enquire into the stories of self that lie beyond the problem story (Carey *et al.*, 2009) and a narrative therapy-informed approach to conducting consultations with organizations and communities (Freedman and Combs, 2009). The section also contained an article on the incorporation of Gilles Deleuze's analysis of power relations, in terms of lines of power and lines of flight, into the narrative therapy of relationship distress (Winsdale, 2009).

In the *Journal of Systemic Therapies*, Duvall and Young (2009) summarized a series of conversations with Michael White that occurred between 2002 and 2007 at the Hincks-Dellcrest Institute in Toronto in an article called 'Keeping the faith'. For White, the idea of 'keeping faith'

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involved staying true to those important sentiments, beliefs and life circumstances that underpin our core values.

Fraenkel *et al.* (2009), in the *Journal of Marital and Family Therapy*, described the use of narrative therapy with homeless families in a shelter-based, multiple-family discussion group programme called fresh start for families. The programme creates a context within which families are witnessed telling their stories about the challenges they face and how they cope with them. Families help and are helped by other families experiencing similar challenges. Through narrative therapy families strengthen a positive sense of family identity while externalizing the constraining, stigmatizing descriptions associated with homelessness and envisioning and taking steps towards preferred futures.

### **Child-focused problems**

A number of articles in 2009 concerned systemic therapy with the following child-focused problems: adolescent sex offenders, juvenile delinquency, children at risk of out-of-home placement and adolescent anorexia nervosa.

#### *Adolescent sex offenders*

Multisystemic therapy is a well-established, empirically supported treatment for adolescent conduct disorder or juvenile delinquency (Henggeler *et al.*, 2009). A key study published in 2009 supports its efficacy as a treatment of adolescent sexual offending. In a randomized controlled trial involving 127 cases, Letourneau *et al.* (2009) found that at 1-year follow up multisystemic therapy was more effective than treatment as usual for adolescent sex offenders in promoting significant reductions in sexual behaviour problems, delinquency, substance use, externalizing symptoms and out-of-home placements.

#### *Juvenile delinquency*

Much of the evidence for the effectiveness of multisystemic therapy comes from US-based studies (Henggeler *et al.*, 2009). A critical study published in 2009 provided preliminary evidence that this family therapy-based approach to delinquency works just as well in the southern hemisphere. In a study evaluating the transportability of multisystemic therapy to New Zealand, Curtis *et al.* (2009) found significant pretreatment to post-treatment improvements in the offending behaviour of juvenile delinquents and the adjustment of their families. These gains were sustained at 6 and 12 months follow up. Compared with US-based studies of multisystemic therapy, Curtis *et al.* (2009) found a lower drop-out rate in the New Zealand trial. The overall treatment effect sizes from the New Zealand study were clinically equivalent to the results of previous US-based multisystemic therapy MST outcome studies and were significantly greater than the effect sizes found in the control conditions of these studies.

There was also an important article on the ‘active ingredients’ of multisystemic therapy published in 2009. Foster *et al.* (2009) wondered if successful therapy depended on the therapists skills or on the racial match between therapists and clients (e.g., black therapists offering therapy to black families) In

an observational process study of multisystemic therapy, Foster *et al.* (2009) found that therapist teaching, focusing on strengths, making reinforcing statements, problem-solving and dealing with practical family needs had a significant effect on parental engagement in multisystemic therapy and their positive response to therapy, regardless of their race, the racial match between therapist and parent or social disadvantage. These results show that it is the therapist skill rather than the racial match that accounts for the success of multisystemic therapy.

#### *Children at risk of out-of-home placement*

In *Family Process* there was an article on integrated family and systems treatment for children at risk of out-of-home placement (Lee *et al.*, 2009). This is a family therapy model that integrates three key components from evidence-based approaches for working with this group. These are: (1) the development of a positive therapeutic alliance with family members, (2) supporting parents to change problematic patterns of family interaction and (3) collaboration with the other agencies and professionals involved to elicit their support for parents taking a lead role in solving the presenting problem. In a single group outcome study of 77 cases, Lee *et al.* (2009) found that integrated family and systems treatment for children at risk of out-of-home placement led to significant improvements in child behaviour, parental competency and family cohesion and adaptability.

#### *Adolescent anorexia nervosa*

The effectiveness of the Maudsley model of family therapy for anorexia nervosa in adolescents is supported by a number of trials (Lock *et al.*, 2001). A recent trial showed that augmenting the programme with parent-to-parent consultations early in treatment enhanced its effectiveness (Rhodes *et al.*, 2008). To investigate reasons why this might be, Rhodes *et al.* (2009) conducted a qualitative analysis of parents' views of the use of parent-to-parent consultations as an augmentation to the Maudsley model of family-based treatment for anorexia. They found that parent-to-parent consultations were seen as an intense emotional experience that helped parents to feel less alone, to feel empowered to progress and to reflect on changes in family interactions.

#### **Adult-focused problems**

A number of articles in 2009 concerned systemic therapy with post-traumatic stress disorder (PTSD), bipolar disorder and psychosis in adults.

#### *PTSD*

Currently there are no well-established family therapy treatment approaches for PTSD. In 2009 two important articles were published on this topic. Strategic approach therapy is a novel 10-week couple-based treatment for PTSD. In a single group outcome study Sautter *et al.* (2009) found that strategic approach therapy was effective in reducing avoidance, emotional numbing and overall symptoms of PTSD. In a clinical article Figley and Regan Figley (2009) described a very useful protocol for use with traumatized families and other systems. The protocol meets the standards of the International

Society of Traumatic Stress Studies. Both of these approaches show promise and deserve evaluation in controlled trials.

### *Bipolar disorder*

Miklowitz's (2008) family-focused therapy is a well-established, empirically supported treatment for bipolar disorder as an adjunct to mood stabilizing-medication such as lithium. It is a 9-month, 21-session structured psycho-educational family therapy programme. To date trials of this approach supporting its efficacy have been conducted in the USA. A critical study published in 2009 provided preliminary evidence that family-focused therapy for bipolar disorder is acceptable to Turkish clients and may also be effective in a Turkish context. In a single group outcome study Ozerdem *et al.* (2009) found that the approach was acceptable with minor modifications and effective in improving overall adjustment.

### *Psychosis*

In the *Journal of Family Therapy* there were a number of important articles on psychosis. These included a study of the service needs of carers of people with psychosis (Aske *et al.*, 2009), an investigation into the impact of an assertive outreach team on couples caring for adult children with psychosis (Wane *et al.*, 2009) and an article on the development of an adherence measure for the Maudsley approach to family therapy (Kuipers *et al.*, 2002) that has demonstrated effectiveness in reducing relapse in psychosis (Onwumere *et al.*, 2009).

### **Substance abuse across the lifespan**

There was a special issue of the *Journal of Family Therapy* on drug and alcohol problems with articles on behavioural couples' therapy for alcoholism (Fals-Stewart *et al.*, 2009), family-based treatment for adolescent substance abuse (Hogue and Liddle, 2009), systemic-motivational therapy for substance abuse disorder (Steinglass, 2009) and an appreciative inquiry for adolescent drug and alcohol abuse (McAdam and Mirza, 2009) The section closed with two articles on the pros and cons on evidence-based guidance (Mirza and Corless, 2009; Pilling, 2009) The section noted that the systemic treatment of drug and alcohol problems across the lifespan is informed by a wealth of research and clinical wisdom.

Two other articles on the systemic treatment of substance abuse deserve mention. In the *Journal of Marital and Family Therapy* Slesnick and Prestopnik (2009) described a controlled trial involving 119 families in which comparisons were made between ecological family therapy, office-based functional family therapy and service as usual at shelters for adolescent runaways with drug and alcohol problems. Slesnick and Prestopnik (2009) found that both types of family therapy led to reduced alcohol and drug use and improved family and adolescent functioning at 15 months follow up compared with service as usual. In an article in *Family Process* Marvel *et al.* (2009) described the development and implementation of the multidimensional family therapy HIV/STD risk-reduction intervention. Multidimensional family therapy is a well-established, empirically supported

intervention for adolescent drug abuse (Liddle, 2010). Marvel *et al.*'s programme combines multidimensional family therapy, multi-family groups and specific interventions to reduce the transmission of sexually transmitted diseases. Marvel *et al.*'s approach is unique in so far as it is the first empirically based family therapy programme to address the sexual health needs of adolescents with drug and alcohol problems who have high rates of sexually transmitted diseases, including HIV.

### **Physical illness across the lifespan**

In *Families, Systems & Health* there were articles on the role of family factors in a range of conditions including cancer (e.g., Harrington *et al.*, 2009; Wong *et al.*, 2009), diabetes (e.g. Anderson *et al.*, 2009; Mitchell *et al.*, 2009; Monaghan *et al.*, 2009), spina bifida (Bellin *et al.*, 2009), multiple sclerosis (Paliokosta *et al.*, 2009) and HIV/AIDS (Davey *et al.*, 2009; Mitrani *et al.*, 2009). The overriding message from these studies is that coping with physical illness challenges families and the overall level of adjustment shown by families depends upon the nature of the illness, the balance of risk and protective factors at an individual and systemic level and the quality of care received from health services.

There was also a thoughtful series of clinical articles in the *Family Journal* on systemic therapy for people with chronic medical conditions, arthritis and asthma (Sperry, 2009a, 2009b, 2009c) and a good clinical article on the management of 'psychosomatic couples' (Thoburn *et al.*, 2009). The latter authors argued that family therapists can aid primary care physicians in more effective treatment for somaticizing patients by educating them about the role of the couple relationship in the maintenance of somatic disorder, how the somaticizing patient can triangulate physicians into an unstable dyadic relationship and the usefulness of systemic therapy in the treatment of somatization. In psychosomatic couples resistance to change, nurturance of the somatic patient by their partner and rigid role-taking serve to promote relationship stability and individual pseudo-power at the cost of patient health. Effective therapy addresses these couple dynamics.

### **Family violence**

In a US national survey of 620 couple therapists, Schacht *et al.* (2009), writing in the *Journal of Marital and Family Therapy*, found that less than 4 per cent followed guidelines for screening couples suspected of domestic violence using separate interviews and questionnaires. They concluded that couple therapists may be failing to detect domestic violence and therapists may be using conjoint therapy with couples for whom such therapy is contraindicated because of relationship violence. Despite this bad news, there were two important articles on screening for domestic violence. In the *Journal of Feminist Family Therapy* Todahl and Walters (2009) described an approach that systemic therapists can use to screen for intimate partner violence and decide whether or not to conduct a full risk assessment. They also outlined principles for responding to disclosures of violence. In a study reported in the *Journal of Family Psychology* Heyman and Smith-Slep (2009) described the widespread dissemination of a diagnostic system for child and partner maltreatment involving over

800 cases at 41 sites. They found good agreement between clinician and expert decisions for partner physical and emotional abuse and for child physical, emotional and sexual abuse. They concluded that family maltreatment diagnostic criteria can be disseminated reliably.

### **Couples problems**

In 2009 there were important articles on developments in systemic practice with couples, in the areas of prevention programmes, assessment, infidelity and sex therapy.

#### *Prevention programmes for couples*

In a meta-analysis of 143 evaluation studies reported in the *Journal of Family Psychology* Blanchard *et al.* (2009) found that marriage and relationship education programmes had a positive effect on communication for both well-functioning and more distressed couples. However, these effects occurred at differing times following programme completion. For the more distressed couples, positive effects occurred immediately after programme completion. This is because programmes helped couples to immediately replace problematic styles of communication with more adaptive styles. In contrast, for well-functioning couples the benefits of marriage and relationship education programmes occurred a number of months following programme completion. This is because, for couples who were communicating well before and during training, programmes prevented deterioration in their communication when they later faced stressful challenges in their lives.

#### *Assessment in couples therapy*

In a study of a US nationally representative sample of 1020 married couples reported in the *Journal of Family Psychology*, Whisman *et al.* (2009) developed a reliable and valid 10-item self-report instrument for rapidly assessing marital discord and classifying couples as distressed using a clinical cut-off score. This brief instrument is based on the well-validated but much longer 150-item Marital satisfaction inventory – revised (Snyder, 1997). The brief instrument would be useful for rapidly assessing progress in couples therapy.

In the *Journal of Feminist Family Therapy* McGeorge *et al.* (2009) described the development and validation of the feminist couple therapy scale (FaCTS) They found that the scale had good psychometric properties and that while participants reported frequent use of some feminist practices associated with promoting equality (as assessed by the FaCTS), they were less likely to endorse items directly related to addressing patriarchy, male privilege and gender-based power imbalances. This scale may be useful in studying therapists' gender biases in systemic therapy.

#### *Marital infidelity*

There were two articles on secrecy and infidelity in couples therapy. In the *Journal of Marital and Family Therapy*, Butler *et al.* (2009) considered whether facilitating partner disclosure or accommodating nondisclosure is most beneficial following the private disclosure of infidelity to a therapist. They concluded that facilitating voluntary disclosure of infidelity is the most ethical

approach with the best prospects for renewed attachment intimacy. In the *American Journal of Family Therapy*, Kuo (2009) considered secrecy in couple therapy from ethical and clinical perspectives and the dilemmas of revealing or withholding secrets, approaches to handling secrets in couple therapy and the need for further research on this issue.

### *Sex therapy*

There was a special issue of the *Journal of Family Psychotherapy* on systemic sex therapy containing 10 articles. These covered a systemic approach to sex therapy (Hertlein and Weeks, 2009; Ridley, 2009), hypoactive sexual desire (Weeks *et al.*, 2009), inhibited arousal in women (Wylie and Hallam-Jones, 2009), anorgasmia in women (McCabe, 2009), painful intercourse (Meana, 2009), erectile dysfunction (Gambescia *et al.*, 2009), premature ejaculation (Betchen, 2009), delayed ejaculation (Foley, 2009) and sex addiction (Turner, 2009). The framework that guides the systemic sex therapy informing these articles synthesizes information from the fields of health care, couples therapy, psychology, sexuality and communication. This series of articles will be a useful resource for enhancing training in sex therapy on family therapy training programmes. There was also an important article in the *Journal of Family Psychotherapy* that followed the special issue on sex therapy advocating the integration of systemic and pharmacological treatments for sexual problems (Verhulst and Reynolds, 2009) In the *Journal of Sex and Marital Therapy* there were important articles on male hypoactive sexual desire (McCarthy and McDonald, 2009), sexual dysfunction in women with chronic fatigue syndrome (Blazquez *et al.*, 2009), the effectiveness of combined pharmacological and psychotherapeutic treatment of erectile dysfunction (Aubin *et al.*, 2009) and sex therapy failures (McCarthy and McDonald, 2009).

### **Diversity**

In *Family Process*, Sim and Hu (2009) reported a content analysis of family therapy articles in Chinese journals between 1978 and 2006 in which they identified 199 family therapy articles in 109 journals. Most of the studies were conducted by medical professionals and advocated a systemic perspective. The articles focused on the promotion of family therapy theories and interventions in China but did not specify the application of theory to specific clients and problems. There was a threefold increase in the number of family therapy articles published after 2000. However, there were no articles on distinctively Chinese approaches to family therapy and a paucity of articles on gender, professional reflection and the therapy process, nor were there articles critically exploring the applicability of western family therapy models to Chinese families. Sim and Hu pointed to these areas as a focus for the future development of systemic practice in China.

There was a special issue of *Family Process* on advances in family therapy with Latinos, with articles on the evaluation of parent–child interaction therapy (Matos *et al.*, 2009), culturally informed and flexible family-based treatment for adolescents (Santisteban and Mena, 2009) and preventive intervention programmes for depression (D'Angelo *et al.*, 2009) adapted for use in Latino

communities. This series of articles showed that systemic interventions may be modified to meet the needs of specific ethnic groups.

There was a special section on gendered power in cultural contexts in *Family Process*, with articles on immigrant couples (Maciel *et al.*, 2009), middle-class African-American couples with young children (Cowdery *et al.*, 2009) and Iranian couples (Moghadam *et al.*, 2009). Implicit in these articles is the view that systemic therapists should be sensitive to the process through which immigrant couples manage the delicate balance between the push for gender change, on the one hand and avoiding too much conflict as male power is challenged, on the other. Two other articles on this theme are worth noting. In the *Family Journal* there was an article offering guidelines for therapy with Muslim couples and families (Springer *et al.*, 2009). In the *Journal of Sex and Marital Therapy* there was an article on conducting sex therapy with traditional Islamic couples (Yasan and Gürgen, 2009).

### **Developments in systemic practice**

In 2009 the journals contained articles on many developments in systemic practice. From these, articles on collaborative practices and the involvement of animals in family therapy have been selected for review.

#### *Collaborative practices*

There was a special section in the *Journal of Systemic Therapies* on collaborative practices with articles on wrap-around, client-directed, outcome-informed services for children at risk of out-of-home placement (Sparks and Muro, 2009), a phasic model for guiding collaborative consultations to child protective services and community health care agencies (Bacigalupe, 2009) and the development of collaborative practice groups by workers in therapeutic communities (Paré, 2009). These articles build on the collaborative tradition within the systemic therapy field in an innovative way.

#### *Animals and systemic therapy*

In two related articles in *Family Process*, Walsh (2009a, 2009b) explored the relational significance of companion animals and the role of pets in family therapy. The articles reviewed relevant research and clinical literature on the emerging field of animal-assisted interventions. These have been pioneered in innovative hospital, school, prison, farm and community programmes and used with clients across the lifespan from childhood to old age for a range of problems and disabilities. Walsh showed how this literature can inform and enrich couple and family therapy.

### **Training**

Noteworthy contributions to the literature on training and supervision in 2009 have been grouped under the following headings: research on supervision, key systemic ideas for family therapy trainees and person-of-the-therapist training.

#### *Research on supervision*

There were two important research articles on supervision. In a study of 132 family therapy trainees, Cheon *et al.* (2009) found that the quality of the working alliance between supervisors and trainees

was a far more significant predictor of trainee satisfaction with supervision than the match between supervisors and trainees on individual characteristics. In a study of the effects of live supervision Silverthorn *et al.* (2009) found that it improves the ratings of therapists, but not clients, of therapeutic progress over the course of therapy.

#### *Key systemic ideas for family therapy trainees*

In the *Australian and New Zealand Journal of Family Therapy* Garven and White (2009) gave a very accessible account of key systemic ideas for family therapy trainees. These included how a family system gets organized, how family therapy works and how therapists create a context for change. The article clearly describes and illustrates circular patterns, processes and questions, feedback loops, the importance of context, the interdependence of meaning and action, taking a meta-perspective, systemic hypothesizing, neutrality, curiosity, second order change, use of language and the position of the therapist.

There were two articles in the *Family Journal* in which seminal ideas and practices in family therapy were revisited in a way that family therapy trainees may find engaging. Brownlee *et al.* (2009) reviewed the development of Tom Andersen's reflecting team practices and outlined its implications for an approach to family therapy that is collaborative, inclusive and client centred. In an interview with Karl Tomm, one of the Canadian family therapy pioneers, the evolution of his approach to family therapy was retraced. It began with the McMaster problem-solving approach in the early part of his career and later progressed to the Milan Group approach before giving way to his more recent interest in narrative therapy (Collins and Tomm, 2009).

#### *Person-of-the-therapist training*

There was a special section on person-of-the-therapist training in the *Journal of Marital and Family Therapy* (Lutz and Spell Irizarry, 2009; Aponte *et al.*, 2009; Aponte and Carlsen, 2009). The articles in this section describe Aponte's person-of-the-therapist family therapy training model and its implementation at Drexel University. The model views the full person of therapists and their personal vulnerabilities in particular as central to effective family therapy. Person-of-the-therapist training leads to a deepening awareness of the therapists' self, with both its assets and vulnerabilities in family therapy and to the development of skills to use the self diagnostically and therapeutically in family therapy.

### **Research**

In 2009 significant research articles of interest to systemic practitioners focused on family assessment and the overall effectiveness of systemic therapy. In the *American Journal of Family Therapy* Sanderson *et al.* (2009) reported a review of 274 studies of the effectiveness of couples and family therapy published in 25 journals between 1990 and 2005. They found that a wide range of instruments were used in outcome research, making comparison across studies difficult. They recommended that researchers and therapists in the field of systemic therapy should use an agreed, integrated and

coherent assessment battery so that meaningful comparisons across studies and in routine clinical practice may be made.

In the *Journal of Family Therapy* there were comprehensive reviews on the effectiveness of systemic interventions for child-focused problems and adult-focused problems (Carr, 2009a,2000b) which update similar reviews published a decade ago (Carr, 2000a, 2000b). These two articles show that there is an impressive body of evidence to support the effectiveness of systemic interventions for a range of common child and adult focused problems. In *Contemporary Family Therapy* Raney and Grubb (2009) proposed that there is a need for a debate from both modern and postmodern perspectives on evidence-based practice. To date there has been a lack of open dialogue between family therapists from both groups. Such a dialogue has the potential to deepen understanding of these differing perspectives within the field of systemic therapy.

### **Conclusions**

This thematic review showed that knowledge concerning practice, training and research in the field of couples and family therapy showed steady growth in 2009. There was some expansion of the evidence base for systemic practice with child and adult focused problems, couples problems and substance abuse and physical illness across the lifespan. There were important developments in systemic interventions for family violence and working with ethnic minorities. Contributions were made to family therapy training and there was a continuing consolidation of couples and family therapy as an evidence-based approach for a wide range of problems.

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