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Thematic review of family therapy journals 2010

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In this article the contents of the principal English-language family therapy journals published in 2010 are reviewed under these headings: child-focused problems, adult-focused problems, substance misuse across the lifespan, couples, diversity, spirituality and mindfulness, training, revisiting history and research.

Introduction

In 2010 many developments in a range of areas were covered in the family therapy journals. Some important family therapy articles were also published in clinical psychology and psychiatry journals. In this review, reference will be made to particularly significant articles and also to less significant but representative articles in the areas of child-focused problems, adult-focused problems, substance misuse across the lifespan, couples, diversity, spirituality and mindfulness, training, revisiting history and research.

Child-focused problems

There were many creative clinical articles on the use of systemic therapy to address a broad range of child-focused problems, for example, family therapy for inconsolable crying in neonatal infants (Patrick *et al.*, 2010), psycho-educational family therapy for children with bipolar disorder (Leffler *et al.*, 2010), the integration of motivational interviewing into a family-based obesity treatment programme for adolescents (Irby *et al.*, 2010) and letter writing in family therapy with adolescents who engage in non-suicidal self-injury (Hoffman *et al.*, 2010). Particularly noteworthy articles were published evaluating the effectiveness of evidence-based approaches to family therapy for child abuse, adolescent suicide risk and delinquency. There were also important articles on parental alienation. These articles are summarized below.

Child abuse

In a US community-based controlled trial of interventions for physically abused young adolescents and their families, Swenson *et al.* (2010) found that multisystemic therapy (MST) was more effective than routine out-patient treatment in reducing out of home placements, adolescent and parent distress, and parenting behaviour associated with child abuse. This study showed that MST can be conducted in community settings to enhance the functioning of families in which young adolescents have suffered child abuse. MST was developed by Scott Henggeler and his team in the USA. It involves helping families and involved

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professionals understand how problems are maintained by recursive sequences of interaction within the family and social network; using individual and family strengths to develop and implement action plans and new skills to disrupt these problem-maintaining patterns; supporting families to follow through on action plans; helping families use new insights and skills to handle new problem situations and monitoring progress in a systematic way. In MST there are regular, frequent home-based family and individual therapy sessions with additional sessions in the school or community settings, as required, for up to 6 months. Therapists carry low case loads of no more than five cases and provide 24-hour, 7-day availability for crisis management. There is also a comprehensive system for transporting MST to community settings, training and supervising therapists and for maintaining treatment fidelity.

Adolescent suicide risk

In the USA in a controlled trial of adolescents at risk for suicide, Diamond *et al.* (2010) found that 3 months of attachment-based family therapy (ABFT) was more effective than routine treatment in reducing suicidal ideation and depressive symptoms at 6 months follow up. ABFT is a manualized evidence-based approach developed by Guy Diamond in the USA. It aims to repair ruptures in adolescent–parent attachment relationships. Re-attachment is facilitated by first helping family members access their longing for greater closeness and **work towards** commit rebuilding trust. In individual sessions adolescents are helped to articulate their experiences of attachment failures and to agree to discuss these experiences with their parents. In concurrent sessions parents explore how their own intergenerational legacies affect their parenting style. This helps them develop greater empathy for their adolescent children’s experiences. When adolescents and parents are ready, conjoint family therapy sessions are convened in which the adolescents share their concerns, receive empathic support from their parents and usually become more willing to consider their own contributions to family conflict. This respectful and emotional dialogue serves as a corrective attachment experience that rebuilds trust between the adolescents and parents. As conflict decreases, therapy focuses on helping the adolescents pursue developmentally appropriate activities to promote their competency and autonomy. In this context, parents serve as the secure base from which adolescents receive support, advice and encouragement in exploring these new opportunities.

Delinquency

In a US study Sexton and Turner (2010) found that a year after treatment functional family therapy (FFT) was more effective than routine probation services in reducing recidivism and behaviour problems in delinquent adolescents. However, this effect occurred only when therapists adhered to the FFT treatment model and the effect was greatest for high-risk cases

characterized by severe family disorganization and the adolescents' membership of a deviant peer group. FFT is a manualized evidence-based family therapy originated by Jim Alexander and developed by Tom Sexton in the USA. The model involves distinct stages of engagement in which the emphasis is on forming a therapeutic alliance with the family members and reducing family conflict; on behaviour change, where the focus is on facilitating competent family problem-solving; and on generalization, where families learn to use new skills in a range of situations to deal with setbacks and to anticipate how to prevent relapse. Whole family sessions are conducted on a weekly basis over 3–6 months. There is a comprehensive system for transporting FFT to community settings, training and supervising therapists and for maintaining treatment fidelity.

Parental alienation

A special issue of the *American Journal of Family Therapy* included one major article on parental alienation which contained over 100 pages (Bernet *et al.* (2010). The article reviewed professional publications from twenty-seven countries on six continents. Parental alienation is a condition in which children whose parents are engaged in a high-conflict divorce ally themselves with a preferred parent and reject the alienated parent without apparent legitimate justification. Bernet argued for the inclusion of parental alienation disorder in forthcoming editions of major diagnostic manuals (DSM-V and ICD-11) and proposed that the condition is preventable and treatable in many instances. Parental alienation is a controversial topic and there is still disagreement about its status. However, interventions for families in which alienation has occurred have been developed. In a article in another issue of the *American Journal of Family Therapy* Ellis and Boyan (2010) set out a series of interventions that may be helpful in addressing parental alienation, including creating a buffer zone to facilitate crossing the co-parental boundary, strengthening the bond with the alienated parent, helping the child separate from enmeshment with the alienating parent and blocking intrusions from the alienating parent.

Adult-focused problems

There were useful clinical articles on a range of adult-focused problems, for example, psycho-educational multi-family therapy for difficult cases with complex psychological problems (Lefley, 2010), systemic treatment of adults with Asperger syndrome (Munro, 2010) and couples therapy for women recovering from breast cancer (Sperry, 2010). In *Family Process* there was an important systematic review of treatment outcome studies for adult mental health problems by Von Sydow *et al.* (2010). The studies were published in English, German, Spanish and Chinese. The review showed that, in thirty-four of thirty-eight studies, systemic therapy alone or as part of multimodal programmes including medication or

other interventions was more effective than treatment as usual or other control conditions in the treatment of schizophrenia, mood disorders, eating disorders, substance use disorders and adjustment to physical disorders in adulthood. There was also evidence that systemic therapy may be efficacious for adult anxiety disorders. Improvement following systemic therapy was stable for follow-up periods of up to 5 years. Von Sydow's work has been highly influential in promoting systemic therapy in Germany and establishing it as an effective approach to psychotherapy in the German healthcare system.

Drug misuse across the lifespan

In the area of drug and alcohol problems, articles on behavioural couples therapy (BCT) (Ruff *et al.*, 2010) multidimensional family therapy (MDFT) (Henderson *et al.*, 2010) and structural ecosystems therapy (SET) (Feaster *et al.*, 2010a, 2010b, 2010c; Mitrani *et al.*, 2010) published in 2010 deserve special mention. All these articles are concerned with the effectiveness of evidence-based manualized systemic interventions for drug and alcohol use and related problems.

BCT

In a review of twenty-three studies of Fals-Stewart and O'Farrell's BCT for alcohol and substance use, Ruff *et al.* (2010) concluded that there is strong evidence that BCT reduces substance use and partner violence and improves relationship distress and children's adjustment in families where adults have alcohol and substance use problems. BCT focuses on reducing drug and alcohol use, enhancing family support for efforts to change and promoting patterns of interaction conducive to long-term abstinence. The most effective form of BCT incorporates either a disulfiram contract or a sobriety contract into a treatment programme that includes problem-solving and communication training and relationship enhancement procedures. BCT typically involves about twenty conjoint couples sessions over 6 months.

Multidimensional family therapy

Henderson *et al.* (2010) reanalysed data from two controlled trials of MDFT for adolescent drug use. They found that for adolescents with high severity drug misuse, MDFT was more effective than cognitive behaviour therapy (CBT) and treatment as usual than with those with low severity drug misuse. This is an important finding because it identifies an area where family therapy is clearly preferable to individual CBT, an approach that has an extensive evidence base for many clinical problems. MDFT is an evidence-based practice model developed by Howard Liddle and his team in the USA. It involves assessment and intervention in four domains including (i) adolescents, (ii) parents, (iii) interactions within the family and (iv) family interactions with other agencies such as schools and courts. The three

distinct phases of MDFT include engaging families in treatment, working with themes central to recovery and consolidating treatment gains prior to disengagement. Treatment spans 4–6 months and sessions are conducted with adolescents, parents, whole families and involved professionals and may be held in the clinic, home, school or other involved agencies as appropriate.

Structural ecosystems therapy

In 2010 there were four articles on SET from two major trials (Feaster *et al.*, 2010a, 2010b, 2010c; Mitrani *et al.*, 2010). SET is an adaption of José Szapocznik's brief strategic family therapy developed by Victoria Mitrani in the USA to help HIV-positive women improve their quality of life, increase medication adherence and reduce drug use and relapse. Like brief strategic family therapy, SET involves the application of structural and strategic family therapy techniques to increase adaptive family interactions and reduce problematic family interactions. However, SET extends the scope of therapy sessions to include members of the individual's wider social and professional network. The three core techniques of brief strategic family therapy and SET are joining, diagnosis and restructuring. In joining techniques, therapists build alliances with family and network members. Diagnosis involves the identification of problem-maintaining interactional patterns as well as those that are sources of support. Diagnosis is facilitated through enactments in which family and network members are encouraged to act as they would if the therapist were not there. Family interactional patterns are restructured through reframing, redirecting communication, strengthening boundaries, shifting family alliances and helping families increase their conflict resolution skills.

In a study of over 140 African American HIV-positive women with a history of drug problems, Feaster *et al.* (2010b) found that SET led to a lower drug use relapse rate than a person-centred approach to therapy. This effect was due to the greater reductions in family hassles that occurred in SET. SET also led to greater adherence to antiretroviral medication (Feaster *et al.*, 2010a). Feaster *et al.* (2010c) conducted a second randomized controlled trial with over 120 families of HIV-positive women with drug problems. They found that there were greater improvements in the functioning of their immune systems in women who engaged in SET, as shown by an increased CD4 T-cell count, than in women who engaged in a psycho-educational intervention. This increase in the CD4 T-cell count among families who engaged in SET was due to a greater adherence to antiretroviral medication by the women in these families. In this trial, while SET did not lead to a greater reduction in drug use than psycho-education, it did lead to positive changes in drug-related behaviour. Compared with women who received psycho-education, more women who engaged in SET attended drug

services in response to a relapse and separated from drug-using household members. Mitrani *et al.* (2010) analysed a subset of data from this study provided by 42 children and 25 mothers. They found that for this subgroup of families, SET was more effective than psycho-education in reducing drug use relapse, improving children's ratings of their mothers parenting, decreasing children's internalizing and externalizing problems and reducing mothers' psychological distress.

The articles reviewed in this section add to the evidence base supporting the use of systemic interventions for drug and alcohol use and related problems across the lifespan. An interesting feature of the very effective manualized evidence-based systemic interventions covered in this section (BCT, MDFT and SET) is that they are grounded in the structural, strategic and behavioural family therapy traditions rather than in the postmodern tradition, which currently enjoys such popularity among practicing family therapists around the world. In a critical article on precisely this issue, Jacobs *et al.* (2010) argued that evidence-based practice can be incorporated into postmodern approaches to family therapy practice.

Couples therapy

There were useful clinical articles on a range of couples therapy issues including dealing with jealousy in couples (Scheinkman and Werneck, 2010) and therapy with older couples in which one spouse has acquired a hearing impairment (Yorgason *et al.*, 2010), as well as informative research articles on issues such as the effectiveness of marriage preparation programmes (Halford *et al.*, 2010) and the impact of couples therapy on depression (Tilden *et al.*, 2010). In a US study Halford *et al.* (2010) found that couples who attended a six-session relationship skill training programme showed greater improvement in communication and relationship satisfaction than couples who received feedback on their relationship, based on an online questionnaire assessment of their relationship. In a Norwegian study Tilden *et al.* (2010) found that at 3-years follow up partners who participated in residential couple therapy showed significant improvements in the quality of their relationships and depressive symptoms and that pre-treatment scores on an inventory of interpersonal problems predicted improvement in relationship quality at follow up.

Sexual problems

The application of solution-focused therapy and emotionally focused couples therapy to the treatment of sexual disorders were considered in two separate articles. With regard to solution-focused therapy, Trepper *et al.* (2010) showed how therapists can use a solution-focused emphasis on exceptions and solution-finding to help couples address sexual difficulties. Johnson and Zuccarini (2010), drawing on recent research on sexual relationships and adult attachment, illustrated how sexual issues may be addressed in emotionally focused

couples therapy. Their central assumption is that sexual problems are inextricably bound up with insecure adult attachment, which should be the primary focus of therapy. In the *Journal of Sex and Marital Therapy* there were comprehensive review articles on sexual addiction and its assessment (Hook *et al.*, 2010; Levine, 2010).

Infidelity

There were a number of important empirical and theoretical articles on infidelity. In a study conducted in Germany and Austria, Atkins *et al.*, (2010) found that couples in which infidelity had occurred were significantly more distressed at the start of therapy than couples who attended therapy for other reasons. However, at 6 months follow up the infidelity couples were not statistically distinguishable from the non-infidelity couples and sexual satisfaction did not depend on infidelity status. These results indicate that there is an optimistic prognosis for couples entering therapy because of an affair. In a controlled trial Greenberg *et al.* (2010) found that emotionally focused couples therapy helped couples resolve anger and hurt from a betrayal, an abandonment or an identity insult. In an explanatory model of infidelity, Bravo and White Lumpkin (2010) linked predisposing risk factors such as quality of attachment, deficits in executive functions and empathy and short-term mating strategies to factors that precipitate or maintain marital infidelity such as boredom, perception of opportunities, unmet emotional needs, impulsivity, deficits in empathic responding and habitual casual sex.

Diversity

Conducting therapy with families containing lesbian, gay, bisexual and transgender (LGBT) members and clinical issues associated with sexual orientation constituted an important theme in the journals in 2010. Senreich (2010) found that inviting the significant other of LGBT clients into substance abuse treatment resulted in improved programme completion rates, greater satisfaction with treatment, enhanced feelings of counsellor support and higher abstinence rates at the end of treatment. In a case study describing cognitive behavioural family therapy following a child's coming out as gay, Willoughby and Doty (2010) outlined how they explored and challenged parents' attributions, beliefs and expectations, increased the frequency of positive family experiences and facilitated family communication and problem-solving. In a special issue of the *Australian and New Zealand Journal of Family Therapy* on gay and lesbian parented families there were articles a wide range of issues including gay male parenting (Tuazon-McCheyne, 2010), children's feelings about their gay fathers' sexual identity (Tasker *et al.*, 2010) white lesbian couples adopting ethnic minority children (Richardson and Goldberg, 2010), kinship arrangements in gay father families (Bos, 2010) and the negotiation of work and family roles in same-sex couples based on a large

Australian survey of same-sex couples (Perlesz *et al.*, 2010). Perlesz *et al.* (2010) found that for many same-sex couples, decisions about work–family balance were negotiated on the basis of partners’ preferences and circumstance rather than an assumption that one parent will be the primary child carer. This is an important difference between same-sex and heterosexual couples, where the division of household labour is often based on the assumption that the mother will almost always be the primary child carer and homemaker.

Spirituality and mindfulness

Spirituality in families and the incorporation of mindfulness meditation into family therapy were important themes in the family therapy journals in 2010. In a wide-ranging review Walsh (2010) addressed the challenges faced by family therapists providing services in a context where there is growing spiritual and religious diversity in society and in families. Families increasingly combine and reshape spiritual and religious beliefs and practices to fit their lives and relationships. Multi-faith families face unique challenges at family lifecycle transitions such as marriage, childbirth and bereavement. Walsh (2010) offered clinical guidelines for understanding the role of spiritual beliefs and practices in couple and family relationships, identified spiritual sources of distress and relational conflict in families and highlighted the potential of spiritual resources for healing, well-being and resilience.

Research on individual therapy programmes that include mindfulness meditation show that it may have a positive effect on anxiety, borderline personality disorder, depression, chronic pain and addiction. There is also evidence from community studies for the positive effects of mindfulness on relationship satisfaction, empathy development and skilful communication. Gambrel and Keeling (2010) show how mindfulness may be integrated in family therapy to improve communication, emotional regulation, empathy and relationship well-being.

Training

The *Journal of Family Therapy* included a series of important articles on training covering issues such as self-supervision (Simon, 2010), self-appraisal (Bond, 2010), supporting family therapy trainees in assignment writing (Hopkins *et al.*, 2010), trainee evaluation (Angell, 2010; Tseliou, 2010) and supervisor training (Mason, 2010). The extensiveness of family-oriented training in family therapy training programmes, core competencies in family therapy and doctoral family therapy training were some of the important training issues covered in the international family therapy journals in 2010.

The extent of family-oriented training in family therapy programmes

In a US national survey of training practices in the professions of marriage and family therapy, clinical psychology, psychiatry, psychiatric nursing, professional counselling and

social work, Crane *et al.* (2010) found that professional family therapists are required to have three times more family therapy coursework and 16 times more face-to-face family therapy hours than any other mental health discipline.

Core competencies

Miller *et al.* (2010) considered the ways in which core competency-based training has been approached in other professions in the USA, such as education, law and medicine and how lessons learned in these fields may be used in family therapy that is moving towards a core competency approach to training and evaluation in the USA and the UK. Perosa and Perosa (2010) critically evaluated available instruments for assessing core competencies and argued for the development of psychometrically robust measures of core competencies in family therapy.

Doctoral training for family therapists

Doctoral training for family therapists in the USA was considered in a special section in the *Journal of Marital and Family Therapy* (Lee and Nichols, 2010; Sprenkle, 2010; Wampler, 2010; Woolley, 2010). In the USA family therapy is regulated at the masters level, and to secure accreditation these masters programmes have a primary focus on clinical practice rather than research. Doctoral level programmes, in contrast, have a stronger focus on research, although there is variability in the degree to which such programmes support the development of clinical and research expertise. The overriding message from the articles in the special section of the *Journal of Marital and Family Therapy* is that for the science and profession of family therapy to develop in the USA, doctoral programmes that produce expert family therapy clinicians and researchers are essential. A similar argument may be made for the UK and other countries.

Revisiting history

There were two important overviews of the historical development of family therapy by senior figures from the family therapy field in the USA (Kaslow, 2010) and Australia (Flaskas, 2010). Flaskas' (2010) article is the first of two and we await publication of the second article to bring her analysis of the history of the field up to date. The *Journal of Systemic Therapies* ran special sections containing reproductions of seminal articles from the 1960s by Don Jackson (in Volume 29, Number 2) and brief systemic therapy with articles by John Weakland, Paul Watzlawick and Richard Fisch (in Volume 29, Number 4). Jackson's articles (2010a, 2010b, 2010c) included 'On human communication' (Watzlawick and Jackson, 2010), 'The fear of change', 'The myth of normality' and 'Pain is a prerogative'. The articles by Weakland Watzlawick and Fisch included 'The strategic approach' (Weakland and Fisch, 2010), 'The use of behaviour prescriptions in psychotherapy'

(Watzlawick, 2010) and “Family therapy” with individuals’ (Weakland, 2010). These special sections were introduced by Ray and Brasher (2010a, 2010b). All the articles mentioned in this paragraph allow us to revisit concepts that shaped the family therapy movement. They remind us how relevant the ideas are to the current practice of systemic therapy and are invaluable training resources.

Research

In 2010 there was a marked awareness of the importance of research and evidence-based practice for the growth family therapy. For example, in a special issue of the *Australian and New Zealand Journal of Family Therapy* (Volume 31, Number 2) on research there were overview articles on evidence-based approaches such as MDFT (Liddle, 2010), MST (Henggeler and Schaeffer, 2010) and the Maudsley model for treating adolescent eating disorders (LeGrange, 2010) as well as more general articles on future directions for family therapy research (such as Carr, 2010). There was a decade review of research on family life in the *Journal of Marriage and the Family* (Volume 72, Number 3). This included articles on many important aspects of family life including gender (Ferree, 2010), race (Burton *et al.*, 2010), poverty (Edin and Kissane, 2010), mate selection (Sassler, 2010), parenting (Crosnoe and Cavanagh, 2010), marriage (Fincham and Beach, 2010) and divorce (Amato, 2010). In other family therapy journals there were articles on cost effectiveness, assessment and family therapy research.

Cost effectiveness

In a review of eight cost effectiveness studies for substance abuse, Morgan and Crane (2010) concluded that family-based treatments can be cost effective and deserve inclusion in healthcare delivery systems. In a 13.7-year follow-up study of re-arrests in juvenile offenders, Klietz *et al.* (2010) compared the outcome for juveniles treated with MST and individual therapy. They estimated that every dollar spent on MST provided about \$10 to \$24 in savings to taxpayers (for costs of police, courts and jail) and crime victims (for costs of property damage and loss, healthcare and lost productivity). They concluded that the economic benefits of MST, as well as its clinical effectiveness, should be considered by policy-makers in the selection of interventions for serious juvenile offenders.

Assessment

In the international family therapy journals, research articles on assessment covered topics such as the psychometric properties of the parentification questionnaire (Hooper and Wallace, 2010), the development a nine-item intersession report to assess couple functioning, symptoms and the therapeutic alliance (Johnson *et al.*, 2010) and the validation of an eleven-item short form of the communication patterns questionnaire which assesses perceptions of

marital interactions and yields scores on criticize or defend, discuss or avoid and positive interaction pattern scales (Futris *et al.*, 2010). In the *Journal of Family Therapy* there were two articles on the development and validation of a new UK family assessment instrument that may be routinely used to measure outcome in family and couples therapy (Cahill *et al.*, 2010; Stratton *et al.*, 2010). The instrument is called the SCORE which stands for systemic clinical outcome and routine evaluation. There are reliable and valid fifteen, twenty-eight and forty-item versions of the SCORE. They each contain scales that measure family strengths, difficulties and communication. The SCORE-15 is currently being translated into many languages with the intention of using it throughout Europe to evaluate systemic practice. (for details see <http://www.aft.org.uk/training/research.>)

Qualitative research

There were many qualitative research articles in the family therapy journals in 2010. *Human Systems: The Journal of Therapy, Consultation and Training* had a special issue on qualitative research and family therapy (Volume 21, Number 2). A range of topics was covered, including the construction of meaning in systemic practice (Gale, 2010), systemic supervisor training (McCandless and Eatough, 2010) and speaking of autism in couples therapy (Migerode *et al.*, 2010). A particularly important article in the *Journal of Feminist Family Therapy* deserves special mention because it points to the gap between popular culture and science. In a content analysis of relationship advice given in the five top-selling men's interest magazines, Spalding *et al.* (2010) found that the magazines contained messages consistent with gender stereotypes. Sex was depicted as a priority in relationships and the sexual lives of men were portrayed as idealistic. Spalding *et al.*, (2010) concluded that advice on making and maintaining intimate relationships given in top-selling men's interest magazines was inconsistent with current research evidence. Long-term relationship satisfaction depends less on sex than on the quality of adult attachment, the way couples deal with intimacy, power and commitment and their communication and joint problem-solving skills (Fincham and Beach, 2010).

Conclusions

This thematic review showed that knowledge about practice, training and research in the field of couples and family therapy grew steadily in 2010. There was some expansion of the evidence base for systemic practice with child-focused and adult-focused problems, couples problems and substance abuse across the lifespan. There were important developments in systemic interventions for families with LGBT members and also in addressing issues of spirituality and mindfulness in family therapy. Contributions were made to family therapy training and to revisiting the historical heritage of family therapy, and there was a continuing

consolidation of systemic practice as an evidence-based approach for assessing and treating a range of clinical problems.

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