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Thematic review of Family Therapy Journals 2012

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In this article the contents of the principal English-language family therapy journals, and key family therapy articles published in other journals in 2012 are reviewed under these headings: therapy processes in the treatment of child-focused problems, autism, adolescent substance use, human immunodeficiency virus, depression and grief, fragile families, mental health recovery, medical family therapy, family business and systemic practice, couple therapy, intimate partner violence, key issues in theory and practice, research, diversity, international perspectives, interviews, and deaths.

Introduction

In 2012 many developments in a range of areas were covered in the family therapy journals. Some important family therapy articles were also published in other journals in the mental health field. In this review, reference will be made to particularly significant articles and special issues of journals in the areas of therapy processes in the treatment of child-focused problems, autism, adolescent substance use, human immunodeficiency virus (HIV), depression and grief, fragile families, mental health recovery, medical family therapy, family business and systemic practice, couple therapy, intimate partner violence, key issues in theory and practice, research, diversity, international perspectives, interviews, and deaths.

Therapy processes in the treatment of child-focused problems

There were a number of important articles on therapeutic processes associated with successful outcomes in systemic therapy for a range of child-focused problems including obsessive compulsive disorder (OCD), anorexia, poorly controlled diabetes and conduct disorder.

In a study of adolescents with obsessive-compulsive disorder, Peris *et al.* (2012) found that changes in family cohesion over the course of therapy were associated with a reduction in OCD symptoms. Thus, increasing family cohesion is an important short-term goal in therapy for families of adolescents with OCD. Peris *et al.* (2012) also found that some patients responded better to treatment than others. Adolescents from families with lower levels of parental blame and family conflict and higher levels of family cohesion were more likely to respond to cognitive behavioural family therapy.

In a study of adolescent anorexia Le Grange *et al.* (2012) found that adolescents with high initial levels of eating disorder psychopathology and obsessionality benefited more from the Maudsley model of family therapy than from individual therapy. Murray *et al.* (2012) gave a detailed account of the 'deviation amplification' questioning style used in the Maudsley model for treating adolescent anorexia. This entails pinpointing successes in therapy and facilitating sustainable change through the magnification of virtuous (not vicious) interactional cycles. In the early stages of treatment it is vital that therapists use deviation-amplifying questions to help parents follow their natural instincts in making united decisions about re-feeding their child.

In a controlled trial Ellis *et al.* (2012a) found that multisystemic therapy, the effectiveness of which has been well established for conduct problems, led to greater improvements in adolescents with poorly controlled diabetes when compared to weekly telephone support. In the same study Ellis *et al.* (2012b) found that parent and adolescent motivation for treatment was associated with the development of a strong therapeutic alliance, which in turn was associated with better metabolic control and a positive therapeutic outcome. This study underlines the importance of enhancing motivation early in family therapy when working with adolescents with poorly controlled diabetes.

In a study of families of adolescents with conduct problems engaged in multisystemic therapy, Deković *et al.* (2012) found that changes in parents' sense of competence was associated with changes in positive discipline, which in turn led to a decrease in adolescent behaviour problems. The results of this research suggest that when working with families of delinquent adolescents a key goal early in therapy is enhancing parents' sense of competence.

There was a series of important research papers on multidimensional treatment foster care (MDTFC) which provides further evidence for its effectiveness and throws light on important treatment processes. In a Swedish study MDTFC placements had a lower breakdown rate than other types of residential placements (Hansson and Olsson, 2012). In a UK

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study the costs of MDTFC placements were lower than those of other out-of-home placements (Holmes *et al.*, 2012). In a US study Van Ryzin and Leve (2012) found that MDTFC led to lower crime rates among delinquent girls and this was mediated by reduced contact with delinquent peers. This research indicates that for adolescents with severe conduct problems MDTFC is a particularly useful systemic intervention and that a key therapeutic process in MDTFC is reducing adolescents contact with deviant peers.

Autism

The number of children diagnosed with an autism spectrum disorder (ASD) has increased dramatically in the last 20 years. Families of children with ASD experience a variety of chronic and acute stressors across the life cycle that can reduce quality of life in the family. Family therapists are well placed to support such families, although few systemic therapists have specific training in working with families where ASD is the primary concern.

In response to this situation in 2012 there were a number of important articles on this topic (Johnson, 2012; Neely *et al.*, 2012; Ramisch, 2012; Solomon and Chung, 2012). Neely *et al.* (2012) outlined systemic interventions for relational challenges faced by families of children with ASD across the family life cycle. Ramisch (2012) gave a detailed case study illustrating the how the double ABCX model may be used to guide family assessment and therapy when working with couples who have children with ASD. Solomon and Chung (2012) showed how family therapists can use an integrative approach to help parents work flexibly in the domains of action, meaning and emotion. Johnson (2012) described a marriage-friendly approach to therapy, which focuses on helping couples to work through the difficulties of raising children on the autism spectrum without resorting to separation or divorce.

Adolescent substance use

Articles on harmful adolescent substance use published in 2012 lend further support to the value of systemic therapy in the treatment of this difficulty. In a US controlled trial, Sheidow *et al.* (2012) found that the addition of multisystemic therapy and contingency management to routine drug courts with community service enhanced the cost-effectiveness of routine drug courts. In a Dutch study comparing multidimensional family therapy and individual cognitive behaviour therapy for adolescent cannabis use, Hendriks *et al.* (2012) found that younger adolescents with co-morbid conduct and emotional disorders benefited more from family therapy, while older adolescents without co-morbid psychological problems benefited more from individual therapy.

HIV

There was a special issue of *Couple and Family Psychology* (1, 2) on systemic interventions for families coping with HIV risk and infection, which contained reviews of systemic HIV/STD prevention interventions for couples and families (Pequegnat and Bray, 2012) and common elements of family-based HIV interventions for adolescents (Lightfoot and Milburn, 2012). There were also articles in this special issue on couple-based interventions for HIV risk reduction (El-Bassel and Wechsberg, 2012) and the use of brief strategic family therapy to reduce risky adolescent behaviour (Szapocznik *et al.*, 2012).

Depression and grief

There was a special issue of *Couple and Family Psychology* (1, 3) on depression, with reviews of family therapy for depressed children and adolescents (Stark *et al.*, 2012), and couple-based interventions for depressed adults (Whisman *et al.*, 2012). This special issue also contained a position article by Hollon and Sexton (2012) in which they noted that in the UK and USA individual psychological and pharmacological treatments are advocated in influential national guidelines for the treatment of depression. In view of the evidence for the role of relationships in the genesis and maintenance of depression, the burden that depression puts on family relationships, and the effectiveness of couple and family treatments for depression, Hollon and Sexton (2012) proposed that a more relational perspective to the treatment of depression be recommended in national treatment guidelines.

There were some good articles showing the effectiveness of systemic interventions for childhood depression in other journals. For example, in the *Journal of Family Therapy*, Garoff *et al.* (2012), described a controlled trial in which they found that family therapy and individual psychodynamic therapy were equally effective in the treatment of depressed 8–15-year olds, but that family therapy was more effective with younger children. In a study reported in the *Journal of Marital and Family Therapy* of eighteen depressed and suicidal adolescents who received attachment-based family therapy, Shpigel *et al.* (2012) found that recovery was associated with decreases in maternal psychological control and increases in maternal granting of psychological autonomy.

Fragile families

There was a special section in *Family Process* (51, 3) on fragile families where low-income unmarried couples have a child in the absence of an enduring romantic commitment to each other (Burton and Hardaway, 2012; Cabrera *et al.*, 2012;

Gaskin-Butler *et al.*, 2012; McHale *et al.* 2012; Waller, 2012). Using data from over 5000 cases in the US early childhood longitudinal study-birth cohort, Cabrera *et al.* (2012) found that for both cohabiting and married families, conflicted co-parenting interfered with the development of preschool children's social competencies and academic skills, whereas collaborative co-parenting promoted children's school readiness because mothers were more responsive to their children's needs. In the US fragile families study involving over 2500 cases, Waller (2012) found that father involvement was significantly higher when unmarried parents had a cooperative rather than a disengaged or conflicted co-parenting style. Cooperative co-parenting was less common when unmarried parents were separated, fathers were unemployed and the child had a difficult temperament. In a qualitative study of forty-five pregnant unmarried first-time African-American mothers, Gaskin-Butler *et al.* (2012) found a wide range of expectancies concerning the co-parenting relationship they would develop with others once their baby arrived. Most common co-parenting systems involved maternal grandmothers or the babies' fathers. In a US study of 256 low-income, mostly unmarried mothers, Burton and Hardaway (2012) found that that 78 per cent were involved in complex blended families where partners had children from previous relationships. In all, 89 per cent did not co-parent their partners' children from any previous relationship. They did not do so because of their gendered scripts concerning second families, the transitory nature of their relationships and their wish for their romantic partners to child-swap. The results of these studies indicate that family therapists have an important role to play in fostering positive family processes, particularly cooperative co-parenting, in fragile families. In a comprehensive review McHale *et al.* (2012) found that systemic interventions that facilitate respectful open communication and joint problem-solving help fragile families develop cooperative co-parenting alliances, and promote ongoing involvement of fathers in their children's lives.

Mental health recovery

In the *Journal of Marital and Family Therapy* there were two important articles introducing family therapists to the mental health recovery approach (Gehart, 2012a, 2012b). The first outlined the history, key concepts and practice implications of the mental health recovery approach to severe psychological problems. The second described a collaborative, appreciative family therapy model for supporting people with severe psychological problems in mental health recovery and illustrated it with a case example. This family therapy model adapts social justice and strength-based practices from the postmodern systemic therapy tradition for use in recovery-oriented contexts. It specifies ways for establishing a recovery partnership; mapping, planning and facilitating recovery; accessing resources and helping clients maintain recovery.

In a related article in *Family Process*, Cleek *et al.* (2012) described the family empowerment programme, which is a multi-systemic family therapy intervention that partners multi-stressed families in which an adult is recovering from a mental health problem with an interdisciplinary resource team. The rationale for this model is that multi-stressed families presenting at community mental health centres often struggle with multiple challenges including housing problems, domestic violence, child care, entitlements, racism, substance use, foster care and chronic physical illness, as well as recovery from chronic psychological problems. Such families often become involved with multiple agencies with contradictory and competing agendas and experience fragmented care. The family empowerment programme partners multi-stressed families with unified teams that include representatives from mental health, family support and social service agencies. These teams practice from a strength-based family therapy perspective. The goal of the family empowerment programme is to support families in achieving their goals. This is accomplished through the co-construction of service plans that address the families' needs in an efficient and coherent manner, drawing on family strengths and competencies and supporting family self-sufficiency.

Medical family therapy

There was a special issue of *Contemporary Family Therapy* (32, 2) on medical family therapy with an editorial proposing that medical family therapy is an opportunity for workforce development in healthcare (Hodgson *et al.*, 2012), a comprehensive review article (Tyndall *et al.*, 2012a) and an interview with Susan McDaniel, Jeri Hepworth and Bill Doherty (Jacobs, 2012), who are pioneers in this field. This special issue contained a useful series of articles on various aspects of medical family therapy, for example, emotionally focused therapy for couples in which one partner has a medical condition (Fitzgerald and Thomas, 2012), family therapy in primary care (Fox *et al.*, 2012; Marlowe *et al.*, 2012) and medical couple therapy with military and veteran families (Lewis *et al.*, 2012). There were also articles on research (Mendenhall *et al.*, 2012) and training (Tyndall *et al.*, 2012b) in medical family therapy. The special issue of *Contemporary Family Therapy* highlights the fact that medical family therapy is now an emerging specialist area requiring a core curriculum, with standards and competencies for training, as well as a commitment to producing rigorous research on its effectiveness.

Family business and systemic practice

In the *Journal of Marital and Family Therapy* (38, supplement) there was a special section on family therapy and family business. There were articles on the fit between the needs of family businesses for consultancy and the skills of family therapists (Cole and Johnson, 2012; Lee and Danes, 2012), differing levels at which family therapists can intervene in family businesses (Distelberg and Castanos, 2012) and ways of intervening in rigidly enmeshed first generation family businesses. Systemic interventions in these contexts may enhance open communication, facilitate flexibility in leadership style, roles, and rules and promote a balance between togetherness and separateness (Michael-Tsabari and Lavee, 2012).

Couple therapy for relationship distress

In 2012 there were special issues of *Behaviour Therapy* (43, 1) and the *Journal of Family Therapy* (34, 3) on couple therapy for relationship distress and co-morbid adult mental health problems. The special issue of the *Journal of Family Therapy* contained a comprehensive review of evidence-based approaches to couple therapy (Snyder and Halford, 2012), as well as articles on couple-based therapies for adult mental health problems (Baucom *et al.*, 2012), the Exeter model of systemic couple therapy (Reibstein and Sherbersky, 2012), enactments in couple therapy (Woolley *et al.*, 2012) and integrative couple therapy (Abbott and Snyder, 2012). The special issue of *Behaviour Therapy* focused on common factors and universal processes in couple therapy and relationship education (Baucom, *et al.*, 2012; Benson *et al.*, 2012; Bradbury and Lavner, 2012; Davis *et al.*, 2012; Halford and Snyder, 2012; Hawkins *et al.*, 2012; Sher, 2012; Snyder and Balderrama-Durbin, 2012; Wadsworth and Markman, 2012). The introduction to the special issue of *Behaviour Therapy* by Halford and Snyder (2012) and the lead review article by the same authors in the *Journal of Family Therapy* gave very useful summaries of the current state of the art and science of couple therapy and certain demographic statistics that underline its importance.

In western cultures, by the age of 50 about 85 per cent of people have been married at least once. Most marriages begin with high relationship satisfaction and the hope of lifelong union. About a third to half of couples separate or divorce and rates are higher in cohabiting couples. About half of all divorces occur in the first 7 years of marriage, and about half of all cohabiting couples separate within 5 years of the onset of their relationship. Compared with distressed or separated couples, those who sustain mutually satisfying relationships have better health, live longer, have better financial prosperity and engage in better parenting practices, and their children have better academic achievement and psychological adjustment. It is therefore good news for distressed couples and systemic therapists that evidence-based couple therapy, which typically involves about 20 sessions over 6 months, is effective for many couples. About 40 per cent of couples benefit a lot from couples therapy; about 30 per cent benefit somewhat and, unfortunately, about 25–30 per cent do not benefit at all (Halford and Snyder, 2012).

Research on different models of couple therapy suggests that they may promote improvement in relationship distress in different ways. Behavioural couple therapy increases positive behaviour and communication. Cognitive behavioural couple therapy produces a positive change in negative attributions and inaccurate expectations. Integrative behavioural couple therapy increases acceptance and the tolerance of a spouse's negative behaviour. Emotionally focused couple therapy (EFCT) reduces hostile behaviour and increases affiliative behaviour and the disclosure of attachment needs.

Halford and Snyder (2012) propose that two research findings on couple therapy inspire the search for universal processes common to all effective couple therapies or some method for integrating existing models and methods for making these processes or integrative models more potent. Firstly, the differences in the effectiveness of various evidence-based approaches to couple therapy are negligible. Secondly, 25–30 per cent of couples do not respond to couple therapy.

In one of the most coherent statements about common factors in couple therapy, Benson *et al.* (2012) proposed that five principles are common to evidence-based couple therapies. These are: (i) altering the couple's view of the presenting problem to be more objective, contextualized and dyadic; (ii) decreasing emotion driven, dysfunctional behaviour; (iii) eliciting emotion-based, avoided, private behaviour; (iv) increasing constructive communication patterns and (v) promoting strengths and reinforcing gains. To implement these factors effectively, therapists typically have a clinical case formulation that explains the couple's interactional pattern that underpins their distress.

In a particularly comprehensive integrative model, Snyder *et al.* advocate a pluralistic integrative approach to couple therapy in which therapeutic tasks are conceptualized as progressing sequentially along a six-level hierarchy from a collaborative alliance, through containing crises, strengthening the couple, promoting relationship skills, challenging cognitive aspects of relationship distress to exploring the developmental origins of relationship distress (Abbott and Snyder, 2012; Snyder and Balderrama-Durbin, 2012). To address the tasks at these six levels, therapists may draw on practices from multiple 'pure' couple therapy models.

In the *Journal of Marital and Family Therapy* (38, supplement) there was a series of articles presenting recent research on EFCT, introduced by Johnson and Wittenborn (2012). Three conclusions were drawn from these investigations. EFCT combined with antidepressants led to a significantly greater amelioration in depressive symptoms than antidepressants alone (Denton *et al.*, 2012). Therapists' presence, as assessed by vocal quality, was associated with successful blame-softening interventions which in previous research has been associated with a positive outcome in EFCT (Furrow *et al.*, 2012). Novice therapists with a secure attachment style were more skilled in delivering EFCT than those with an insecure attachment style (Wittenborn, 2012). EFCT articles appeared in other journals also on a range of interesting topics. For example, in a study of couples in which one partner had end-stage cancer, McLean *et al.* (2013) found that EFCT led to reductions in relationship distress and Cluffe *et al.* (2012) described a case study of EFCT in a case of marital infidelity.

Intimate partner violence

In the *Journal of Marital and Family Therapy* (28, supplement) there was a special section on intimate partner violence (IPV) with articles covering appraisal distortions in IPV (Whiting *et al.*, 2012), therapist, client and referrer's differing expectations and theories of change in the treatment of IPV (Ripoll-Núñez *et al.*, 2012), and process and outcome in couple therapy for IPV (Bradley and Gottman, 2012; Hrapczynski *et al.*, 2012; Todahl *et al.*, 2012). In a randomized controlled trial involving 115 low-income situationally violent couples, Bradley and Gottman (2012) found that couples who engaged in Gottman's psycho-educational couple therapy showed a significant reduction in IPV compared with couples in a no-treatment control group, and this improvement was associated with an improvement in healthy relationship skills. In a comparative trial of cognitive behavioural and systemic couple therapy for mild to moderate IPV, Hrapczynski *et al.* (2012) found that after 10 sessions partners in both treatments reported decreased negative attributions, which moderated increases in satisfaction and decreases in negative communication, as well as increases in positive communication for men. In a qualitative study of forty-eight clients and five therapists, Todahl *et al.* (2012) found that engaging in multi-couple treatment programmes for IPV had the potential to facilitate experiences of safety and important learning, including attitudinal and behavioural changes.

Two other articles on IPV deserve mention. In *Feminist Family Therapy* there was an article offering a human rights perspective on the practice of couple therapy in cases of domestic violence (McDowell *et al.*, 2012) and *Families, Systems and Health* contained an article describing three case studies of IPV (Katerndahl *et al.*, 2012).

Research

In 2012 family therapy journals, four important themes were prominent in the research domain. These were the evidence base for systemic therapy, the role of common factors, the routine use of measurement feedback systems in systemic therapy, and the cost-effectiveness of couple and family therapy.

The evidence base for systemic therapy

There was a special issue of the *Journal of Marital and Family Therapy* (38, 1), the third of its kind since 1995, on couple and family therapy research, updating two previous similar special issues (Pinsof and Wynne, 1995; Sprenkle, 2002). In this era of evidence-based practice this special issue was one of the most important family therapy publications to appear in 2012. In a single source it presents an up-to-date, scholarly and clinically relevant account of the scientific evidence base for couple and family therapy as the treatment of choice for complex relationship difficulties and challenging child, adolescent and adult-focused problems. This special issue featured a general methodological and substantive review of systemic therapy outcome research (Sprenkle, 2012). It also contained updated reviews of the effectiveness of couple and family therapy for a range of problems including child and adolescent disorders (Kaslow *et al.*, 2012), delinquency (Baldwin *et al.*, 2012; Henggeler and Sheidow, 2012), teenage drug abuse (Rowe, 2012), adult alcohol problems (O'Farrell and Clements, 2012), psychosis, bipolar disorder and other severe adult mental health problems (Lucksted *et al.*, 2012), depression (Beach and Whisman, 2012), couple distress (Lebow *et al.*, 2012) and IPV (Stith *et al.*, 2012). In addition there was a review of research on relationship education to prevent couple distress and enhance relationship satisfaction (Markman and Rhoades, 2012) and a review of qualitative studies of clients' experiences of systemic therapy (Chenail *et al.*, 2012). In this review of qualitative studies it was concluded that clients view the alliances they develop with therapists and other family members as central to resolving their problems. They find it helpful when therapists cultivate hope and set goals collaboratively. They want to provide feedback to therapists about what is helpful and what is not, and are acutely aware of the connection between the experiences they have within therapy sessions and changes that occur between sessions in the way they understand and manage their problems.

Common factors

In the *Journal of Marital and Family Therapy* there was a series of articles continuing the debate about the role of common and model-specific factors in effective therapy (Blow *et al.*, 2012; Fraser *et al.* 2012; Simon, 2012a, 2012b). Simon (2012a, 2012b) argued that congruence between the world-views of the therapist and the model is essential to activate and channel the common and model-specific factors necessary for effective therapy. Blow *et al.* (2012) proposed that successful therapy depends largely on a good match between the world-views of the client and the model. Both drew on research findings to support their views but disagreed on the interpretations of research results. Fraser *et al.* (2012) proposed an integrative model that incorporates both common and specific factors, world-views of clients and therapists, and the congruence of these with therapy models.

Measurement feedback systems

There was a special issue of *Couple and Family Psychology* (1, 2) on the use of computer-based measurement feedback systems in systemic practice. With such systems, at each session clients complete brief questionnaires about improvements in their problems and their perceptions of the therapy process. Therapists are given regular feedback on client improvement or deterioration and helpful or unhelpful aspects of treatment, so therapy can be modified to meet clients' requirements. Pinsof *et al.* (2012) described the systemic therapy inventory of change system developed at the Family Institute at Northwestern University and illustrated it with a detailed case example. Bickman *et al.* (2012) described the contextualized feedback system incorporating the Peabody treatment progress battery that was developed at Vanderbilt University for monitoring therapeutic progress in families of children and adolescents. In a position article Sexton *et al.* (2012) argued that measurement feedback systems have many benefits and so should be embraced by the family therapy field. They give therapists useful information that can increase therapy effectiveness, they provide services with a continuing quality improvement system and they close the research–practice gap by facilitating the development of practice-based evidence.

Cost-effectiveness

In *Contemporary Family Therapy*, Crane and Christenson (2012) gave a summary of their ongoing series of studies on the cost-effectiveness of couple and family therapy. This research programme is based on four large data sets including (i) a western US HMO covering 180 000 subscribers, (ii) the Kansas State Medicaid system with over 300 000 beneficiaries, (iii) Cigna, a large US health insurance benefits management company with more than nine million subscribers and (iv) a marriage and family therapy training clinic in the western USA serving approximately 300 individuals and families a year. Their studies support the potential for a medical-offset effect after couple or family therapy, with the largest reduction occurring for high health-service users. The research also showed that were insurance companies to cover family therapy services this would not entail significantly higher overall medical treatment costs.

Diversity

There were two important articles on diversity in the *Journal of Marital and Family Therapy* (Blumer *et al.*, 2012; Hartwell *et al.*, 2012). In a content analysis of articles on gay, lesbian and bisexual issues published in couple and family therapy journals from 1996 to 2010, Hartwell *et al.* (2012) found a 238.8 per cent increase in the number of articles published since the area was last reviewed, indicating a vast increase in awareness and understanding of gay, lesbian and bisexual issues among systemic therapists. In contrast Blumer *et al.* (2012) found that transgender issues are largely ignored and marginalized in the field of couple and family therapy. In a content analysis of articles published in couple and family therapy journals from 1997 to 2009, Blumer *et al.* (2012) found that of the 10 739 articles examined in seventeen journals, only nine (0.0008%) focused on transgender issues or used gender variance as a variable indicating that transgender issues.

Deaths

Peggy Penn (1931–2012) died in 2012 (Anderson, 2012). She was director of clinical training and education at the Ackerman Institute for the Family in New York from 1985 to 1993. She was an outstanding family therapist who taught systemic practice throughout the USA and Europe. She was also an accomplished poet. In her later years she directed a project researching the use of language and writing in family therapy and was working on her second book about the interface between her life and work when she died.

Conclusions

In 2012 there were significant developments in our understanding of therapy processes in the treatment of child-focused problems and in conducting systemic practice with fragile families and in cases of autism, adolescent substance use, HIV, relationship distress, IPV and depression. The practice of family therapy within a mental health recovery framework and the increasing prominence of medical family therapy as a distinct specialty were also prominent themes. The increasingly

impressive evidence base for couple and family therapy and the sensitivity of the profession to issues of diversity was also significant.

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