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Thematic review of family therapy journals in 2007

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In 2007 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 papers but also to the less significant but representative articles in the areas of child-focused problems, adult-focused problems, couples, divorce, diversity, developments in systemic practice, assessment, training, research, international professional developments and deaths.

Child-focused problems

A number of papers in 2007 concerned systemic therapy with the following child-focused problems: childhood physical illness, childhood depression, ADHD, selective mutism, and risk management of adolescents in crisis.

Childhood physical illness

Families, Systems, and Health ran a special issue on families and chronic illness. There were papers on family characteristics and family therapy with reference to children with special healthcare needs (Uding *et al.*, 2007), Rett's syndrome (Retzlaff, 2007), cancer (Gerhardt *et al.*, 2007), congenital upper limb differences (Murray *et al.*, 2007), and developmental disabilities (Nolan *et al.*, 2007). On a similar theme in the same journal, Linville *et al.* (2007) conducted an exhaustive review of evidence for the effectiveness of medical family therapy from 1965 to 2004 and concluded that it is effective for helping families adjust to many conditions in both children and adults, but for many conditions further trials are required. Effective medical family therapy interventions involve engaging with clients in ways that take account of the multidisciplinary context of medical family therapy; psychoeducation focusing on the medical condition of concern and its management; the

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creation of a context within which family members can address the impact of the illness on family members and the way in which they cope with it; and procedures for helping families anticipate how they will manage illness-related challenges in the future after therapy has ended.

Childhood depression

Pruitt (2007) gave an overview of structural, interpersonal and attachment-based family therapy for depression in adolescent boys and concluded that there was some evidence for the effectiveness of each of these approaches to treatment. Pentecost and McNab (2007) described how the concept of 'keeping company with hope and despair' emerged as an overarching framework for thinking about the quality of the therapeutic relationship when working with depressed young people and their families within the context of a controlled trial (which is mentioned below in the section on research (Trowell *et al.*, 2007)). On a similar theme, Flaskas (2007) explored the dynamics of hope and hopelessness within intimate relationships, and their embeddedness in wider social and historical processes. Within this context, she described clinical practices that involve witnessing the coexistence of hope and hopelessness in a way that nurtures hope, while concurrently emotionally holding both hope and hopelessness.

Attention Deficit Hyperactivity Disorder (ADHD)

In a systematic review of father participation in ADHD parenting programmes, Fabiano (2007) found that 87 per cent of reviewed studies did not include information on father-related outcomes. Strategies for increasing father participation were offered which include establishing the expectation that fathers will be involved in treatment at initial clinical contacts, collecting treatment-related information from both parents, conducting parenting classes that focus on issues of direct relevance to fathers, and integrating parent-child interactions in recreational settings into parenting programmes.

Selective mutism

Sloan (2007) described family therapy with a selectively mute child over the course of two years in a school-based setting, and showed the efficacy of using school-based family therapy in treating this relatively rare condition.

Risk management of adolescents in crisis

Systemic practice with families of adolescents who are a danger to themselves or to others is challenging. With a complex case example, Bickerton *et al.* (2007) illustrated the hierarchical Safety First Model for working with such high-risk young people in crisis. With this approach, family therapy and multi-systemic interagency intervention are used to create a safe context for the young person. The approach empowers families, facilitates connections with other relevant agencies, and minimizes the need for hospitalization.

Adult-focused problems

A number of papers in 2007 concerned systemic therapy with the following adult-focused problems: depression, schizophrenia, personality disorders and trauma.

Depression

Lemmens *et al.* (2007) described an approach to multi-family therapy for hospitalized patients with major depression. The format involves a series of multi-couple group sessions with periodic multi-family sessions, in which children participate. The clinical approach integrates elements of systemic therapy, social constructionist and narrative concepts and the family systems-illness model. One aim of the approach is to help families cope better with the impact depression has on their lives. The effectiveness of this intervention is being evaluated in a randomized controlled trial.

Schizophrenia

A dimensional rather than a categorical conceptualization of schizophrenia, and a state rather than trait conceptualization of parental expressed emotion (which is a relapse risk factor in psychosis) are the subject matter of two important recent papers on schizophrenia. In a systematic review, Carpenter (2007) concluded that available evidence fits better with a dimensional rather than a categorical conceptualization of schizophrenia. In a comparative study, McFarlane and Cook (2007) found that expressed emotion was significantly higher in people with a psychotic disorder than in people at risk for psychosis, and that in those at risk for psychosis, expressed emotion was correlated with prodrome duration. These results indicate that

expressed emotion is a parental reaction to the deterioration of young people developing a psychotic disorder, rather than a trait of family members. Conceptualizing expressed emotion as a potentially transitory reactive state of distressed parents, and the core symptoms of schizophrenia as dimensional phenomena, the intensity of which may wax and wane, may usefully be incorporated into psychoeducational family therapy for schizophrenia.

Personality disorders

Two important papers on working with clients with borderline personality disorder deserve mention. Kirby and Baucom (2007) described the development of a couple-based intervention, in which one partner had experienced chronic difficulties in emotion regulation, characteristic of people with borderline personality disorder. This multi-couple group programme focused on emotion regulation, communication and problem-solving skills. The intervention led to improvements in depression, emotion deregulation and relationship satisfaction. In a clinical paper, Lord (2007a) argued that in order to offer viable treatment options for clients with borderline personality disorder, it is helpful to be cognizant of the potentially profound impact that these clients have on therapists, and also to adopt a larger systems perspective that permits the involvement of multiple agencies in a coordinated way.

Post-traumatic growth

In an important position paper, Walsh (2007) proposed a resilience-oriented approach to recovery from traumatic loss when catastrophic events such as community violence and major disasters occur. Family members are helped to contextualize the distress they experience following traumatic events; to draw on strengths and resources within the family and wider social networks; and to use the experience of trauma, and the process of healing, as a context for post-traumatic growth.

Couples

In 2007 there were important papers on developments in systemic practice with couples, in the areas of emotionally focused couples therapy and sex therapy.

Emotionally focused couples therapy

A special issue of the *Journal of Systemic Therapies* was devoted to emotionally focused couples and family therapy. It included a series of papers on the topic, and Susan Johnson's (2007) plenary address from the Emotionally Focused Therapy 2006 Summit. The series of papers on emotionally focused couples and family therapy covered a range of topics including therapeutic techniques for managing blaming (Bradley and Furrow, 2007), working with blended families (Furrow and Palmer, 2007), and working with couples facing chronic illness (Stiell *et al.*, 2007). In the plenary address Susan Johnson identified attachment theory as a way of understanding adult love, and as the theoretical basis for emotion-focused couple therapy. Relationship distress occurs when partners experience attachment insecurity and fear that their mate will not meet their attachment needs. They may respond with withdrawal and avoidance (shutting down the attachment system) or escalating anxiety (turning up the attachment system). This escalation progresses from protest, through clinging on, to abandonment rage. In distressed couples, their repetitive patterns of destructive interactions (or relationship dance) are organized by intense emotions associated with attachment insecurity. These include fear of abandonment, sadness, anger and shame. Emotionally focused couples therapy helps couples understand how their distress and related destructive behaviour patterns arise from a fear that their attachment needs will not be met. It also helps them use the safety of the therapeutic context to find ways to develop attachment security.

Sex therapy

In the *Journal of Sex and Marital Therapy*, the debate over the pros and cons of the medicalization of sex therapy has been active in 2007, with a particularly important position paper being that of Rowland (2007), with many commentaries and reflections on the debate being offered by Segraves (2007) in his editorial. The introduction of pharmacological treatments, particularly for male psychosexual problems, has resulted in a shift in clinical practice from the biopsychosocial to the disease model. With this shift towards applying the disease model to male sexual dysfunction, many more individuals are now able to find relief from their difficulties. The search for biological treatments for female sexual disorders will inevitably lead to new clinical interventions. Unfortunately, the medicalization of sexuality has negative

consequences as well as benefits. There has been, and probably will continue to be, an increase in the prescription of pharmacological interventions for sexual problems without adequate assessment of the systemic context within which they occur. In these cases, there is the risk that clients will not be offered an appropriate multimodal service involving couples therapy and pharmacotherapy. This shift towards a disease model of psychosexual problems may also reduce support for basic biopsychosocial research on sexual dysfunction. Rowland (2007) argued that these potential dangers make it imperative for couples and sex therapists to develop a stronger evidence base for multimodal programmes which incorporate systemic as well as pharmacological interventions for psychosexual problems.

Divorce

Systemic practice and divorce was a dominant theme in family therapy journals in 2007. *Family Process* ran a special issue on divorce. The series covered the origins of modern divorce (Coontz, 2007), the effects of children's post-divorce living arrangements on adjustment (Kelly, 2007), the long-term effects of divorce on children (Ahrns, 2007), preventing post-divorce co-parenting conflict (Cookston *et al.*, 2007; Cowan *et al.*, 2007), clinical practice with complex post-divorce families (Bernstein, 2007; Lebow and Rekart, 2007), and a family therapy perspective on mediation (Katz, 2007). What follows are key points from some of these papers.

Coontz (2007) traced the origins of modern divorce to the historically unprecedented idea that marriage should be based on love and mutual affection. The fragility of modern marriage stems from the same values that have elevated the marital relationship above all other personal and familial commitments. These include the concentration of emotional attachment, personal identity, and self-validation within the marital relationship, and the attenuation of emotional attachments and obligations beyond the conjugal unit.

Kelly (2007) reviewed research on risk and resiliency of children after divorce, and concluded that traditional visiting guidelines for non-custodial parents fail to address children's best interests. Multi-option, post-divorce co-parenting arrangements serve children's diverse developmental and psychological needs far more effectively than traditional visiting arrangements.

In a twenty-year follow-up study of 173 children of divorce, Ahrns (2007) found that those who reported that their parents were

cooperative also reported better relationships with their parents, grandparents, step-parents and siblings. Parental remarriage was more stressful than divorce. When children's relationships with their fathers deteriorated after divorce, their relationships with their paternal grandparents, stepmother and step-siblings were distant, negative, or non-existent.

In a randomized field trial of the Dads for Life programme which targeted non-custodial parents, Cookston *et al.* (2007) found that it improved child well-being in the two years after divorce, and that this was due to the impact of the programme on parental conflict. Cowan *et al.* (2007) evaluated a related approach in a randomized clinical trial with low-income Mexican American and European American post-divorce fathers and their children.

Lebow and Rekart (2007) outlined an approach to family therapy for high-conflict divorce disputes over child custody and visitation. It included negotiating a clear therapy contract, creating a multi-partial alliance with all parties, careful systemic assessment, incorporating multiple therapy session formats, holding both systemic and individual focused perspectives, adopting a solution-oriented focus, and drawing upon a wide range of intervention techniques.

Diversity

Many papers in 2007 focused on various aspects of working with people from ethnic minorities, and other issues concerning sensitivity to cultural diversity in systemic practice. What follows are some illustrative examples. To take account of the stresses and changes in family organization that arise from transnational connections of economic immigrants, Falicov (2007) proposed a new framework for systemic practice which situates presenting problems not only within a relational context, but also within community and cultural-sociopolitical contexts. In a study of ninety-nine Brazilian women, Hollist *et al.* (2007) found that marital satisfaction was a strong predictor of depression two years later, and argued that this finding supported the use of couples therapy for depression in Brazilian women. Northrup and Bean (2007) explored how to conduct culturally competent family therapy with Latino/Anglo-American families containing adolescents with various problems. Parra-Cardona *et al.* (2007) presented an ecological and culturally relevant theoretical framework for clinical practice in cases of elder abuse and neglect in Latino families. Ma (2007) described the process of developing a

therapeutic alliance with Chinese adolescents suffering from eating disorders. Morwood (2007) gave an account of developing systemic parenting programmes in a Palestinian refugee community in Lebanon. Wilkins (2007) showed how the Internal Family Systems model was used in treating an African-American single mother with a female child who had been sexually abused. This sample of papers shows that sensitivity to cultural diversity in systemic practice was an important concern within the field in 2007.

Developments in systemic practice

A number of novel developments in systemic practice in 2007 may be classified as those associated with narrative therapy, those focusing on the construct of forgiveness, and those concerning mindfulness.

Narrative therapy practices

Many journals contained papers on narrative therapy practices. What follows are some illustrative examples. A special issue of the *International Journal of Narrative Therapy and Community Work* was devoted to first-person accounts, by experienced consultants, of facing particular life challenges that may be a focus of therapy. There were particularly insightful papers by a therapist who described being hospitalized for psychosis (Foss, 2007); and by a Norwegian woman who gave an account of growing up with a mother who had psychiatric difficulties and the impact of this upon her life (Walnum, 2007). In the *Journal of Feminist Family Therapy*, Cheon and Murphy (2007) presented practices involving the use of self in marriage and family therapy, drawing on narrative, collaborative language systems, and feminist approaches; and Miller *et al.* (2007) outlined the use of narrative therapy and internal family systems with survivors of childhood sexual abuse. In *Contemporary Family Therapy*, Saltzburg (2007) described a narrative therapy approach for working with families of adolescents coming out as lesbian, gay and bisexual.

Forgiveness

Many difficulties which couples and families bring to therapy involve relationships in which family members have hurt each other, either intentionally or inadvertently. Forgiveness may therefore often be a critical feature of the therapeutic process. In a thoughtful paper,

Legaree *et al.* (2007) critically reviewed how forgiveness is conceptualized within the family therapy literature and identified three main dimensions along which therapists' viewpoints can be located: essentiality, intentionality and benevolence. Legaree *et al.* (2007) then presented therapy practices and values that correspond with positions along these dimensions.

Mindfulness

In the *Journal of Marital and Family Therapy* there was a series of papers on mindfulness and family relationships. These papers showed a positive association between mindfulness and satisfying family relationships (Barnes *et al.*, 2007; Wachs and Cordova, 2007), and presented ways in which mindfulness-based interventions could be incorporated into systemic practice (Block-Lerner *et al.*, 2007; Carson *et al.*, 2007; Gehart and McCollum, 2007).

Family assessment

In 2007 there were important developments in the assessment of couples and families which focused on mother–infant attachment and marital adjustment.

Mother–infant attachment

In a study of fifty-one mother–child dyads, thirty-eight of whom had experienced child abuse or neglect, Crittenden *et al.* (2007) found that the Preschool Assessment of Attachment (Crittenden, 1992) differentiated securely attached versus insecurely attached children on maltreatment status, maternal sensitivity, child's developmental quotient and maternal attachment strategy. The Preschool Assessment of Attachment was also correlated with other family relationship variables in meaningful ways. In contrast, Crittenden *et al.* (2007) found that two other methods for assessing attachment – the Ainsworth-extended method (Ainsworth *et al.*, 1978) and the Cassidy-Marvin (Cassidy *et al.*, 1992) method – were not as good at classifying cases. These findings suggest that the Preschool Assessment of Attachment be used in preference to other methods when assessing risk of abuse or neglect in families with preschool children.

Marital adjustment

Two new methods for assessing couples appeared in the journals in 2007. Funk and Rogge (2007) described the development of a new instrument – The Couples Satisfaction Index – which is more reliable and valid than existing measures of relationship satisfaction such as the Marital Adjustment Test (Locke and Wallace, 1959) or the Dyadic Adjustment Scale (Spanier, 1976). Henriksen *et al.* (2007) developed a Multiple Heritage Couple Questionnaire which is designed to help counselling professionals attend to crucial information that is often overlooked when working with multiple-heritage couples.

Training

Noteworthy contributions to the literature on training, supervision and continuing professional development in 2007 have been grouped under the following headings: training non-family therapists in systemic practice, diversity in training, social constructionist practices in training and innovative training practices.

Training non-family therapists in systemic practice

There were a number of important papers in 2007 on continuing professional development initiatives to train non-family therapists in systemic practice skills. Borins *et al.* (2007) described the evaluation of a five-weekend, year-long, intensive psychotherapy training programme for family physicians. The therapy skills of all fifty-five family physicians who completed the programme had improved significantly at the end of the course and about half continued to improve six months later. Schweitzer *et al.* (2007) outlined a comprehensive eighteen-day, multi-team, multidisciplinary training approach to family systems practices within the context of psychiatry inpatient services. It has been developed and tested as part of a systems therapy in an acute psychiatry project in Germany, which aims to establish systemic case conceptualizations and interventions as routine practice. The training had a significant impact upon the quantity and quality of systemic conversations between mental health professionals and patients. Stanbridge and Burbach (2007) described a UK NHS-based, trust-wide training programme on systemic practice in the broad field of mental health. Webster (2007) commented that the papers by Stanbridge and Burbach (2007) and Schweitzer *et al.* (2007), along with other papers published in 2006 (Asen and Schuff, 2006;

Bertrando *et al.*, 2006; Burbach and Stanbridge, 2006; Fadden, 2006; Kuipers, 2006) provide a solid foundation for those wanting to develop systemic services for families of adult mental health service users.

Diversity in training

Taking account of cultural diversity within systemic supervision was a significant theme within the training literature in 2007. What follows are two examples of papers which focused on this theme. Watts-Jones *et al.* (2007) outlined the development, process and impact of a mentoring group for family therapists of colour working within a predominantly white institution. The mentoring group offered a valuable resource for support, validation and empowerment. Shellenberger *et al.* (2007) showed how the cultural genogram may be used as an educational tool to teach healthcare professionals a structured way to address patients' and families' cultural beliefs and practices, particularly where families come from differing ethnic backgrounds.

Social constructionist practices in training

The use of narrative and social constructionist practices in supervision was addressed in a number of papers in 2007. Whiting (2007) described how social constructionist and narrative ideas can be applied in supervision, both as content to be taught and as a philosophy to be applied. Lee and Littlejohns (2007) illustrated how externalization may be used in systemic supervision.

Innovative training practices

The *Journal of Family Therapy* contained a special feature on innovative training practices edited by David Cottrell (2007). The papers contained creative training exercises on such topics as interdisciplinary and interagency learning (Aggett *et al.*, 2007), identifying support systems (Dutta and Finlay-Musonda, 2007), exploring the position of the other (Partridge *et al.*, 2007), polyphonic dialogue for introducing systemic-social constructionist ideas (Tseliou, 2007), meditation (Lord, 2007b), the use of self (Boston, 2007) and development of self in family therapy (Woodcock and Rivett, 2007), experiential learning of research skills (Stratton, 2007), family therapy and clinical psychology (Atkin, 2007; Carr, 2007), and diversity, race and culture (Ali, 2007; Mills-Powell and Worthington, 2007).

Research

In 2007 significant research papers of interest to systemic practitioners focused on therapy outcome, deterioration in family functioning following individual therapy, therapy process, common factors in couples therapy, the therapist as a common factor, and cost-effectiveness.

Therapy outcome

In 2007 a number of randomized controlled trials were published which support the effectiveness of systemic therapy with a range of disorders including behaviour problems in toddlers (Gardner *et al.*, 2007), childhood depression (Trowell *et al.*, 2007), juvenile obsessive compulsive disorders (Storch *et al.*, 2007), adolescent bulimia nervosa (Le Grange *et al.*, 2007; Schmidt *et al.*, 2007), adherence problems in juvenile diabetes (Ellis *et al.*, 2007), adult bipolar disorder (Miklowitz *et al.*, 2007) and substance abuse (Li *et al.*, 2007). In a randomized trial with 120 low-income families of 2-year-old boys, Gardner *et al.* (2007) found that a brief, family-centred intervention led to increases in proactive and positive parenting which in turn reduced disruptive behaviour. In an international multi-site trial of seventy-two depressed 9- to 15-year-olds, Trowell *et al.* (2007) found that 81 per cent of those who received family therapy and 100 per cent of those who received psychodynamic therapy were fully recovered at six months' follow-up (but this group difference was not significant). In a trial involving forty young people with obsessive compulsive disorder, Storch *et al.* (2007) found that an intensive daily programme, and a less intensive weekly programme of family-based exposure and response prevention treatment were equally effective, leading to remission in 72 to 77 per cent of cases. In two eating disorder trials, family therapy for adolescent bulimia nervosa was shown to be more effective than supportive therapy (Le Grange *et al.*, 2007), and as effective as cognitive behaviour therapy (Schmidt *et al.*, 2007). In both trials, at six months' follow-up, over 70 per cent of cases treated with family therapy showed partial or complete recovery. In a trial involving forty families of adolescents with poorly controlled type 1 diabetes, Ellis *et al.* (2007) found that multi-systemic therapy led to significant improvements in adherence and metabolic control, and treatment effectiveness was mediated by treatment fidelity. In a multi-site comparative trial to assess the impact of adjunctive psychotherapy in enhancing recovery of bipolar patients being treated with mood-

stabilizing medication, Miklowitz *et al.* (2007) found that family therapy was as effective as interpersonal and social rhythm therapy, and cognitive behaviour therapy, but more effective than routine care. In a randomized trial of multi-couple and single-couple brief therapy for substance abuse, Li *et al.* (2007) found that at six months' follow-up both approaches led to improvements in substance abuse and mental health. Most of these trials were published in non-family therapy journals, but deserve mention because of their importance in adding to the evidence base for systemic therapy.

Deterioration

Before biomedical treatments are approved for use in routine practice, safety tests must be carried out to assess their potential negative effects on vulnerable organ systems. Szapocznik and Prado (2007) argue that a case may be made for requiring similar safety tests to be carried out for the potential negative effects of psychotherapeutic treatments on vulnerable social systems, such as the family. In support of this position, they carried out a detailed review of three controlled trials which compared family-based interventions with individual therapy. They found that in all three trials, individual therapy led to significant deterioration in family functioning. They concluded that, in certain instances, individual therapies with vulnerable populations have the potential to produce negative side effects on families, so clearly, safety tests are warranted.

Therapy process

A number of process studies, and reviews of such studies, were published in 2007 which throw light on the importance of particular variables in contributing to the effectiveness of family therapy, notably practice style and the therapeutic alliance. In a review of fifty trials of couples therapy, Wright *et al.* (2007) found that larger effect sizes were obtained in trials that were more representative of normal clinical practice style, in which therapists were more experienced, used a less structured approach to treatment and received less intensive pre-trial training. Mahaffey and Granello (2007) conducted a systematic review of nineteen marital and family therapy studies on the therapeutic alliance published between 1989 and 2003, and found that the results of these studies support the centrality of the therapeutic alliance to effective marital and family therapy. In a qualitative study of nineteen

families who completed home-based family therapy, Thompson *et al.* (2007) found that parents and adolescents believed that engagement was facilitated by developing a therapeutic alliance with therapists, partly because this aided building a shared alliance among family members. In a study of couples therapy, Knobloch-Fedders *et al.* (2007) found that the therapeutic alliance accounted for between 5 and 22 per cent of the variance in improvement in marital distress.

Common factors in couples therapy

In a qualitative study of three approaches to couples therapy reported in two papers in the *Journal of Marital and Family Therapy*, Davis and Piercy (2007a, 2007b) explored factors common to emotionally focused couples therapy, cognitive behavioural couples therapy and internal family systems therapy. They interviewed model developers (Susan Johnson, Frank Dattilio and Richard Schwartz), former students of these model developers, and former clients who had successfully completed therapy with them. They found that a useful distinction could be made between model-dependent and model-independent common factors. Model-dependent common factors include common conceptualizations, common interventions and common outcome. Model-independent categories include client variables, therapist variables, the therapeutic alliance, the therapeutic process, expectancy and motivational factors. They also set out a conceptual framework that outlined how various common factors interact to promote improvement in relationships.

The therapist as a common factor

There was a series of important papers in *Family Process* and the *Journal of Family Therapy* on the therapist as a common factor contributing to therapy effectiveness (Blow *et al.*, 2007; Eisler, 2006; Sexton, 2007; Simon, 2006, 2007; Sprenkle and Blow, 2007). What follows are some highlights from this debate.

Simon (2006) argued that therapists achieve maximum effectiveness by committing themselves to a family therapy model of proven efficacy, the underlying worldview of which closely matches their own personal worldview. Sexton (2007) pointed out that the therapist is the unifying thread through any course of therapy. Within the context of the therapy process, the therapist enhances or diminishes the impact of both the common factors and model-specific techniques

on the clients. Sprenkle and Blow (2007) argued that the contribution of therapist factors to outcome are probably more complex than Simon (2006) suggests, and that an adequate model of such effects should take account of other common and specific factors such as therapist expertise in model delivery, and the quality of the alliance. Blow and Sprenkle (2007) reviewed research findings on the relative contribution of the therapist to outcome, and argued that the therapist is a key change ingredient in most successful therapy.

Cost-effectiveness

Caldwell *et al.* (2007) estimated the cost-effectiveness of the government or health insurers underwriting the costs of marital therapy for couples considering divorce. They calculated the costs of providing 50,000 distressed couples with behavioural marital therapy or emotionally focused therapy, both of which are relatively brief, empirically supported interventions. They also calculated the public and health-care costs associated with all of these couples divorcing, and the proportion that might not divorce as a result of engaging in couples therapy. In light of these cost estimations, they concluded that marital therapy appears to be cost-effective when paid for by the government to reduce the public costs of divorce, or when paid for by insurers to offset the increased healthcare expenses associated with divorce.

International professional developments

Two international issues in 2007 deserving mention are the development of a statement of core competencies for family therapists in the USA, and the twenty-fifth anniversary of the Australian and New Zealand Journal of Family Therapy.

Core competencies for family therapy in the USA

Nelson *et al.* (2007) described the development of an American Association for Marriage and Family Therapy task force statement on core competencies for the practice of marriage and family therapy. The task force was responding to a call for outcome-based education in systemic therapy, and to questions about the types of practices in which marriage and family therapists engage. The development of the core competencies statement moved the marital and family

therapy field into a leading-edge position in mental health in the USA. A similar process is currently underway in the UK.

Twenty-five years of family therapy in Australia and New Zealand

Crago and Crago (2007) presented an overview of the twenty-five-year history of the *Australian and New Zealand Journal of Family Therapy* (ANZJFT). They also provide a bibliometric survey of the journal. Darracott (2007) reviewed key themes in the past twenty-five years of Australian family therapy.

Deaths

In 2007 we lost seven major contributors to the field of family therapy.

Ian Falloon (1945–2006) died on 14 July 2006 at the age of 61. A tribute to him by Julian Leff (2007) appeared in the *Journal of Family Therapy*. Falloon was one of the pioneers of family interventions for schizophrenia, and will be remembered for his major contribution to the evidence base of family interventions for schizophrenia.

Insoo Kim Berg (1934–2007) died on 10 January 2007 at the age of 72. Tributes to her were written by Yvonne Dolan (2007) in the *Journal of Marital and Family Therapy*, and by Michael Durrant (2007) in the *Journal of Systemic Therapies*. She was a founder, with the late Steve deShazer, of solution-focused therapy.

Lyman C. Wynne (1923–2007) died on 17 January 2007 at the age of 83. Tributes to his life and work appeared in *Family Process* (Bloch, 2007; McDaniel, 2007; Sluzki, 2007a) and the *Journal of Marital and Family Therapy* (Shields and McDaniel, 2007). He was a founder of family therapy, and conducted pioneering work on the role of genetic and family factors in the aetiology of schizophrenia.

Ivan Boszormenyi-Nagy (1920–2007) died on 28 January 2007 at the age of 86. Obituaries to him were written by Marlene Watson (2007) in the *Journal of Marital and Family Therapy*, and by Margaret Cotroneo (2007) in *Family Process*. He will be remembered for the central role he accorded to invisible loyalties in his intergenerational, contextual approach to family therapy.

Jay Haley (1923–2007) died on 13 February 2007 at the age of 83. Tributes to him were written by Salvatore Minuchin (2007) in *Family Process*; Wendle Ray (2007a) in the *Journal of Marital and Family Therapy*; Jerome Price (2007) in the *Journal of Systemic Therapies*; and Carlos Sluzki (2007b) in the *Journal of Family Therapy*. Haley will be

remembered as the founder of the strategic family therapy tradition, and the person who made the work of the hypnotherapist Milton Erickson accessible to the field of family therapy.

Paul Watzlawick (1922–2007) died on 31 March 2007 at the age of 85. Obituaries to him by Wendle Ray (2007b, 2007c, 2007d) were published in *Family Process*, the *Journal of Marital and Family Therapy* and the *Journal of Systemic Therapies*. Watzlawick will be remembered for bringing the principles of communication and constructivist theories to bear on clinical practice within the context of the MRI brief therapy model.

Tom Andersen died on 15 May 2007. Tributes to him by Harlene Anderson appeared in the *Journal of Marital and Family Therapy* and *Family Process*, with the latter co-authored by Lynn Hoffman (Anderson, 2007; Anderson and Hoffman, 2007). Andersen's reflecting team practices were a major contribution to the field of family therapy.

Conclusion

In light of this thematic review it is clear that 2007 was an important year for family therapy. Significant developments in systemic practice with child- and adult-focused problems, relationship distress and divorce-related adjustment difficulties occurred, and the evidence base supporting systemic interventions for a number of problems in these domains increased. Sensitivity to cultural diversity within the field continued to be an important issue. A number of innovations in family assessment and systemic training occurred. This was also a year in which we lost seven important pioneers. The growing number of deaths among the founders of family therapy, while a deeply felt loss, also marks the maturing of the discipline.

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