



## Thematic review of family therapy journals in 2013

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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 2013 are reviewed under these headings: models of family therapy, developments in family therapy practice, couple therapy, training, diversity, international developments, research and DSM-5.

### Practitioner points

- Ecosystemic structural family therapy, FFT, MST, MDFT and other traditional systemic approaches, with recent adaptations, may be helpful for an increasing range of populations.
- Developments in research and practice support the value of father involvement in systemic therapy, conducting family therapy in medical settings and using family therapy to treat adolescent eating disorders.
- The integration of mindfulness into couple therapy, and new approaches to addressing infidelity are important developments to consider in treating couples.

### Introduction

In 2013 many developments in a range of areas were covered in family therapy journals. In this review, reference will be made to particularly significant articles and special issues of journals in the areas of models of family therapy, developments in family therapy practice, couple therapy, training, diversity, international developments, research and DSM-5. A small number of key articles on systemic practice from non-family therapy journals will also be considered.

### Models of family therapy

There were a number of significant articles on models of family therapy, notably ‘second generation,’ empirically supported models

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of family therapy, as well as those without a well-developed evidence base. Articles on ecosystemic structural family therapy, functional family therapy, multi-systemic therapy, multidimensional family therapy, and narrative and solution-focused therapies deserve specific mention. Some reviewed past achievements and others were concerned with recent developments. There was also an article in a non-family therapy journal; *Behavioural Sciences and the Law*, in which Zagar *et al.* (2013) highlighted the effectiveness of functional family therapy, multi-systemic therapy, and multi-dimensional foster care in the treatment of delinquency. They argued that these empirically supported family therapy models are effective because they ameliorate risk factors for conduct problems and so should be used to prevent as well as treat delinquency.

### *Ecosystemic structural family therapy*

Ecosystemic structural family therapy was developed at the Philadelphia Child Guidance Clinic. It is one of a range of second-generation family therapy models based on Minuchin's (1974) structural family therapy. Other second-generation models include multi-systemic therapy (Henggeler *et al.* 2009), multidimensional family therapy (Liddle 2010), brief strategic family therapy (Robbins *et al.* 2010), attachment-based family therapy (Diamond *et al.* 2014) and the biobehavioural family model (Wood *et al.*, 2000). In *Contemporary Family Therapy* Lindblad-Goldberg and Northey (2013) presented an overview of ecosystemic structural family therapy which was developed to help families of children with emotional and behavioural problems at the risk of out-of-home placement. A distinctive feature of this approach is that it includes attachment theory as a central organizing principle. Ecosystemic structural family therapy is based on the fundamental assumption that child, parental and marital functioning are inextricably linked to their relational environment. Five interrelated constructs guide therapists in their understanding of clinical problems: family structure, family and individual emotional regulation, individual differences in historical, biological, cultural and developmental factors, affective proximity and family development. A practice-based evaluation dating back to the 1980s involving over 4,000 families at thirty-nine different sites showed that ecosystemic structural family therapy reduced out-of-home placement from 80 to 20 per cent.

*Functional family therapy*

In a study evaluating the effectiveness of functional family therapy for adult offenders, Datchi and Sexton (2013) found that, compared with routine probation services, functional family therapy led to significant improvements in individual and relational functioning and fewer symptoms of distress, less family conflict and higher levels of family cohesion and organization. For example, mean distress scores dropped from fifty-five to forty-seven and mean family cohesion scores increased from forty-five to fifty-six. This study, the first of its kind, showed that functional family therapy, which was originally developed to treat juvenile delinquents, may also be adapted to treat adult offenders and reduce risk factors associated with reoffending. Families attended an average of eight sessions in Datchi and Sexton's (2013) study and progressed through the stages of engagement, behaviour change and generalization. Whereas with juvenile delinquency the focus in functional family therapy is on improving parental supervision and age-appropriate discipline, in the treatment of adult offenders the emphasis was on aspects of the familial environment that have been linked to the risk of re-offending, especially marital discord, familial conflict, poor communication and ineffective problem-solving. It was expected that better family adjustment would increase the likelihood of adult offenders' participation in the family's prosocial activities as well as prosocial involvement in the community.

*Multi-systemic therapy*

Letourneau *et al.* (2013) evaluated the effectiveness of multi-systemic therapy in treating adolescents who had sexually offended. Most participants were from ethnic minorities. This was an effectiveness study where therapy was offered by therapists in a community setting. In contrast, many previous evaluations of multi-systemic therapy have been efficacy studies where therapy was offered by graduate students in university settings. Letourneau *et al.* (2013) found that 2 years after treatment, multi-systemic therapy was more effective than group-based cognitive behaviour therapy in terms of reducing out-of-home placement, problematic sexual behaviour and self-reported delinquency. For example, parental ratings of adolescents' deviant sexual interests at 2 years were significantly lower in patients treated with multi-systemic therapy compared with treatment as usual (1.7 v. 2.3). In this trial four therapists with caseloads of four to six families and a

supervisor comprised the multi-systemic therapy team. Therapy spanned about 7 months and was conducted primarily in families' homes, and families had 24-hour, 7 days-a-week access to their therapist or another team member. Treatment plans were based on an assessment of adolescents' families and social networks and incorporated well-validated treatment strategies to address factors associated with deviant sexual behaviour and other problems. Treatment addressed denial of the offense, safety planning to minimize risk of reoffending and the promotion of age-appropriate social relationships and activities. Caregiver participation was a critical component of all treatment plans, and improvement in parenting was found to mediate favourable outcomes for adolescents. In contrast, cognitive-behaviour therapy was delivered to groups of eight to ten adolescents during weekly 1-hour treatment sessions for about a year. Treatment targeted deviant sexual interests, victim empathy, cognitive distortions and relapse prevention. It was augmented with treatment for comorbid problems such as substance use and family or individual sessions, as required. This study highlighted the value of an evidence-based approach to family therapy in the treatment of adolescent sexual offending.

Schaeffer *et al.* (2013) described a pilot study comparing an adaptation of multi-systemic therapy and routine community treatment of families in the child welfare system with co-occurring problems of child abuse and parental substance misuse. In the 2-year period following referral, compared with routine treatment, multi-systemic therapy was far more effective in ameliorating both these problems. For children, multi-systemic therapy also led to fewer days in out-of-home placements and better psychological adjustment. This adaptation of multi-systemic therapy, which was called Building Stronger Families, integrated standard multi-systemic therapy with modules that focused on the assessment and disruption of the family behaviour patterns which maintain child abuse, and a behavioural approach to the treatment of substance misuse.

#### *Multidimensional family therapy*

Rigter *et al.* (2013) presented the results of the International Cannabis Need for Treatment (INCANT) European trial of multidimensional family therapy for adolescent cannabis use. The trial involved the treatment of 450 patients in Belgium, France, Germany, The Netherlands and Switzerland. Compared to individual

psychotherapy, multidimensional family therapy led to greater treatment retention (90 versus 40%), a greater reduction in cannabis dependence (38 versus 52%) and a greater reduction in cannabis use among adolescents with more severe substance use problems a year following intake. This was the first European trial of multidimensional family therapy, a programme that was developed in the USA. Despite the different cultural context of the INCANT trial, and the need to translate the model into different languages, Rowe *et al.* (2013) found that multidimensional family therapy was implemented with an acceptable degree of fidelity.

### *Narrative and solution-focused therapies*

There was a special section which included four articles in the *Journal of Systemic Therapies* (volume 32, issue 2) on developments in narrative therapy and solution focused therapy since the first Therapeutic Conversations Conference in Tusla, 20 years ago (Chang, 2013; Chang and Nylund, 2013; Chang *et al.* 2013; Strong and Gale, 2013; Thomas, 2013). While there was a recognition in these articles of the refinement and increased differentiation of narrative and solution-focused approaches, an emerging hybrid of narrative and solution-focused therapy was also identified. These hybrid practices are grounded in social-constructionism. Hybrid models capitalize upon the overlaps between the solution-focused practice of identifying and working with exceptions and the narrative practice of externalizing problems and elaborating narratives about non-problem episodes with unique outcomes. The solution-focused practices of using miracle and scaling questions to identify therapeutic goals and movement towards these fit well with the narrative practice of re-authoring lives. The development of a hybrid of narrative and solution-focused therapy is situated within the current climate of evidence-based practice, the recovery model of mental health, positive psychology, strength-based approaches and the recent emphasis within the psychotherapy field generally on resilience.

### **Developments in family therapy practice**

Strengthening families, father involvement, family therapy in medical settings and the family therapy for adolescent eating disorders were among the more salient developments in family therapy practice considered in family therapy journals in 2013.

### *Strengthening families*

There was a special section in *Family Process* on strengthening families, with articles on a family therapy programme for families of depressed Latina mothers (Valdez *et al.* 2013a, 2013b), the Stepping Stones Triple P parenting programme for families of children with disabilities (Roux *et al.* 2013), a review of the Nurtured Heart Approach to parenting children with behaviour problems (Hektner *et al.* 2013), a study of predictors of fathers' enrolment in family interventions (Wong *et al.* 2013), an evaluation of an intensive couple relationship education programme for fragile families (Wilde and Doherty, 2013), a study of group cohesion in relationship education programmes (Owen *et al.* 2013) and a marriage enhancement programme for families affected by imprisonment (Shamblen *et al.* 2013). From these articles is clear that innovative systemic interventions have an important role to play in strengthening vulnerable families.

### *Father involvement*

The importance of the involvement of fathers in family life and therapy was addressed in a range of articles. There were two studies of father involvement of interest to family therapists in the *Journal of Family Psychology*. In meta-analytic review of fifty-two studies, Adamsons and Johnson (2013) found that in families of separated couples, children showed better social and emotional well-being, academic achievement and behavioural adjustment where non-resident fathers had positive relationships with their children and were more involved in child-related activities. However, the amount of father-child contact and financial provision were not associated with child well-being.

Bagner (2013) evaluated the effects of parent-child interaction therapy, a family-based parent training programme, in a study of forty-four families of young children with externalizing behaviour problems and developmental delay. He found that two-parent families were less likely to drop out of parent-child interaction therapy than single-mother families. Among families who completed treatment, the best outcome occurred where fathers participated in therapy. In these families children had lower levels of parent-reported externalizing behaviour problems than children from single-mother families and children from two-parent families in which the father did not participate in treatment. These findings highlight the importance of involv-

ing fathers in family-based parent training, particularly when working with children with developmental delays.

There was a special section on fathers in family therapy in the *Australian and New Zealand Journal of Family Therapy* (Larner, 2013) with articles on engaging fathers of violent adolescents in therapy (Andolfi, 2013) and wraparound services (Shailer *et al.* 2013). Andolfi (2013) outlined an experiential approach for working with violent adolescents in family therapy, influenced by the pioneering work of Satir and Whitaker. In this approach the therapist explores adolescent development in the family and social context; establishes a therapeutic alliance through understanding the interpersonal context for violent behaviour and redirects negative actions into positive connections with family members. Shailer *et al.* (2013) described wraparound services in New Zealand. Wraparound is an intensive individualized coordination and care planning process for young people with mental health problems and their families. Father involvement is central to this approach.

#### *Family therapy in medical settings*

There was a special issue of the *Journal of Family Therapy* on family therapy in medical contexts with articles on medical family therapy (Marlowe, 2013), the possible contributions that the understanding of reflexivity in systemic thinking can make to medical practice (Ingrassia, 2013), family therapy and inpatient psychiatry (Haun *et al.* 2013; Stanbridge *et al.* 2013), and a social relational critique of the biomedical definition and treatment of ADHD (Wilson, 2013) with a commentary (Thapar *et al.* 2013).

In the *American Journal of Family Therapy* there was an article on systemic intervention for medically unexplained symptoms in children and adolescents (Kozłowska *et al.* 2013).

In the *Journal of Family Psychology* Van Ryzin and Nowicka (2013) described a long-term follow-up study of the effects of the family check-up on obesity in late adolescence. The family check-up includes an initial family interview, a family assessment, and a feedback session that emphasizes motivation to improve parenting so as to prevent behavioural problems. The focus is on parenting behaviour such as knowledge of children's whereabouts and activities, involvement in children's activities, and effective parent-child communication. Van Ryzin and Nowicka (2013) found that the family check-up conducted in early adolescence led to reductions in obesity in later adolescence, and these benefits occurred because the family check-up improved

parent–adolescent relationships and eating attitudes. This was noteworthy because the family check-up was developed to address adolescent behavioural problems, not unhealthy eating habits.

In *Family Systems and Health* there was an article by Kichler *et al.* (2013) on the Kicking in Diabetes Support (KIDS) project, which is a family intervention programme for adolescents with type 1 diabetes. KIDS involves a series of six group sessions for adolescents and parents. Separate group meetings for parents and adolescents are conducted for the first part of each session. In the second part of each session a multifamily conjoint meeting involving parents and adolescents is convened. Sessions address developmental aspects of diabetes management during adolescence, parent involvement and communication, goal setting, problem solving, behavioural contingency contracting and school and peer issues. In a study of thirty families, Kichler *et al.* found significant improvements in adolescents' diabetes-specific quality of life 4 months after the KIDS programme.

There were two articles on adult diabetes in *Contemporary Family Therapy*. In a survey of over 800 disadvantaged primary care patients, Lynch *et al.* (2013) found that individuals with higher rates of childhood trauma were more likely to be diagnosed with type 2 diabetes in adulthood. In a comprehensive review, Lister *et al.* (2013) found that the adverse effect of diabetes on well-being, sexual functioning and relationship satisfaction was moderated by disease severity, quality of disease management, and the level of support available to couples from each other and their social networks. Couple-based treatment improved adherence to illness management regimes.

#### *Family therapy for adolescent eating disorders*

There was a special issue of the *Journal of Family Therapy* (volume 35, issue supplement 1) on adolescent eating disorders with a review of the evidence base (Downs and Blow, 2013) and articles on the therapeutic alliance (LoTempio *et al.* 2013), multiple family therapy (Hollisen *et al.* 2013; Mehl *et al.* 2013), a family admission programme (Wallis *et al.* 2013) and a day hospital programme (Girz *et al.* 2013). These articles highlight the value of family therapy in the treatment of adolescent eating disorders.

### **Couple therapy**

A range of issues relevant to the practice of couple therapy was covered in systemic therapy journals in 2013 including developments



in research and practice, the application of emotionally focused couple therapy in a range of contexts, mindfulness and couple therapy, sex in later life and infidelity.

There were special issues of the *Journal of Family Therapy* (volume 35, issue 3) and *Family Process* (volume 52, issue 1) on couple therapy. The special issues of the *Journal of Family Therapy* presented new developments in evidence-based couple therapy. In a study of systemic couple therapy for depression in the Finnish public health system, Seikkula *et al.* (2013) found that at 2 years follow up, systemic couple therapy led to greater amelioration in depressive symptoms and adjustment than routine, individually based multidisciplinary mental health treatment. In a trial of behavioural couple therapy for alcohol problems, Walitzer *et al.* (2013) found that both behavioural couple therapy and regular alcohol counselling with partner involvement ameliorated communication problems more than individual therapy. Babcock *et al.* (2013) conducted a component analysis study of Gottman's Art and Science of Love 2-day workshop for distressed couples, and concluded that the combination of friendship enhancement and conflict management components of this intervention led to greater increases in marital satisfaction, friendship and conflict management than either component alone, especially for men. McKinnon and Greenberg (2013) found that expressing vulnerable emotions in emotionally focused therapy led to greater relationship improvements.

In the special issue of *Family Process* on couple therapy there were articles on power (Knudson-Martin, 2013), disrupting pursuer-distancer cycle in distressed couples (Wile, 2013), sculpting impasses in couple therapy (Papp *et al.* 2013), process research in emotionally focused couple therapy (Goldman and Greenberg, 2013; Greenman and Johnson, 2013), couple therapy where a partner has a chronic illness (Weingarten, 2013), narrative couple therapy (Dickerson, 2013), behavioural couple therapy (Gurman, 2013) and web-based integrative behavioural couple therapy (Doss *et al.* 2013). Of these, the late Alan Gurman's (2013) article is particularly informative. It traces the emergence of modern integrative behavioural couple therapy from early simplistic behavioural approaches, and shows how this modern approach (which integrates useful insights from almost all other approaches to couple therapy) developed in response to the results of empirical research, clinical practice and theoretical developments in the broad field of couple therapy. Couple therapy also featured in a number of other journals, with contributions on

emotionally focused couple therapy, mindfulness, sex in later life and infidelity.

### *Emotionally focused couple therapy*

There were many articles in a range of journals on emotionally focused couple therapy on issues such as its use in the treatment of survivors of sexual abuse (Dalton *et al.*, 2013), generalized anxiety disorder (Priest, 2013), distress associated with terminal illness (Tie and Poulsen, 2013) and self-harm (Schade, 2013). There were also articles on processes in emotionally focused couple therapy such as forgiveness and reconciliation (Zuccarini *et al.* 2013) and enactments (Tilley and Palmer, 2013). A very useful overview of attachment theory and research relevant to couple and family therapy was provided by Seedall and Wampler (2013).

### *Mindfulness in couple therapy*

In *Couple and Family Psychology* there was an article by Atkinson (2013) on the integration of mindfulness training into couple therapy, and in particular into Atkinson's pragmatic and experiential therapy for couples. This model integrates empirical findings about factors that are predictive of relationship success with mindfulness and other methods for increasing emotional and social intelligence. Clients regularly practice compassion and loving-kindness meditation to help them cultivate intimacy-related feelings. They also learn to skilfully navigate conflicts by postponing deliberating about these until they have calmed upset feelings through the process of mindful attention to physical sensations. As a stepping stone to increasing tolerance for negative affect through mindful awareness, clients are invited to practice vivid re-experiencing of couple conflict and listening to prerecorded criticisms from their partner. This intervention is particularly helpful for clients unable to give mindful attention to strong negative emotions without becoming distracted by distress-maintaining thoughts during couple conflict.

### *Sex in later life*

In the *Journal of Family Psychotherapy* McCarthy *et al.* (2013) presented a psycho-biosocial model for understanding couple sexuality in later life. They highlighted the importance of positive, realistic expecta-

tions in facilitating desire, pleasure, eroticism, and satisfaction in older couples. As couples age, their levels of sexual satisfaction may remain high as long as the focus is on being an intimate, erotic team and abandoning the need for perfect sexual performance. The principal positive features of aging sexuality is that partners' relationship involves a long-standing attachment; they need each other deeply; and so sexuality tends to be more congruent and genuine.

### *Infidelity*

There were a number of articles on couple therapy in cases of infidelity, two of which are particularly noteworthy (McCarthy and Wald, 2013; Williams and Knudson-Martin, 2013). In the *Journal of Marital and Family Therapy* Williams and Knudson-Martin (2013) reviewed gender and power in the systemic treatment of infidelity. They identified five conditions that limit attention to gender and power: (i) assuming partners are equal, (ii) reframing infidelity as a relationship problem, (iii) limiting discussion of societal context of infidelity, (iv) not considering how societal gender and power patterns affect couples' relationships and (v) limiting discussion of ethics on how to position around infidelity.

In the *Journal of Sex and Marital Therapy* McCarthy and Wald (2013) provided a clinically detailed guide for assessing and treating couples in which one partner has had an extramarital affair. The assessment process consists of a conjoint first session, individual sessions with each spouse, and a couple feedback session. The therapy itself combines both individual and couple sessions. The emphasis is placed on dealing with affair-related issues as a challenge for the couple, with a dual focus on developing a shared understanding of the affair so it does not control the relationship and rebuilding a trusting, intimate and sexual bond. There are three phases to therapy, the first of which is to help partners process the meaning of the affair in a serious, congruent manner while engaging in self-care so their lives are not destabilized. The second phase is to help each partner make sense of the affair. Most marriages survive an affair, and for those that do the third phase is to solidify emotional, relational and sexual gains and develop an individualized relapse-prevention plan.

### **Training**

In the *Journal of Marital and Family Therapy* there was an important article on the core competencies of social constructionist supervisors

(Sutherland *et al.*, 2013a). These competencies include reflexivity and attention to power, fostering polyphony and generativity, a collaborative stance, and a focus on clients' resourcefulness. There were also two articles on how therapists, informed by social constructionist and postmodern ideas, enact persistence and use their power and influence in family therapy (Sutherland, 2013a, 2013b). Sessions by Karl Tomm (systemic therapy), Michael White (narrative therapy), Harlene Anderson (collaborative language systems approach) and Bill O'Hanlon (solution-oriented therapy) were examined for persistence practices.

### **Diversity**

In the *Journal of Feminist Family Therapy* there were a number of articles relevant to diversity. These included a position article arguing that the American Association for Marital and Family Therapy should advocate same-sex marriage (Bordoloi *et al.* 2013), a study of transgender clients' experiences of mental health services, which highlighted the need for couple and family therapists to receive training in this area (Benson, 2013) and a study of family therapy students' experiences of lesbian, gay and bisexual affirmative training, which found that students who received such training showed lower levels of biphobia (Nova *et al.* 2013).

### **International developments**

There was a special issue of *Contemporary Family Therapy* on international developments, with articles tracing the growth of family therapy in Europe (Borcsa *et al.* 2013), the UK (Stratton and Lask, 2013), Ireland (Carr, 2013), Germany (Retzlaff, 2013), Greece (Tseliou, 2013b), Turkey (Arduman, 2013), Italy (Manfrida *et al.* 2013), Norway (Jensen, 2013), Portugal (Relvas *et al.* 2013), the Czech Republic (Skorunka and Hajná, 2013), Romania (Kónya and Kónya, 2013), Poland (Jozefik *et al.* 2013), Australia (Moloney, 2013), South America (Herscovici *et al.* 2013), Canada (McLuckie *et al.* 2013), Taiwan (Chao and Huang, 2013), South Korea (Lee *et al.* 2013), Hong Kong (Wong and Ma, 2013) and China (Deng *et al.* 2013). This special issue of *Contemporary Family Therapy* highlights the international scope of the family therapy movement.

## Research

With regard to research, in 2013 there were noteworthy reviews of the evidence base for family therapy, studies of the cost-effectiveness of systemic interventions, articles on family assessment and articles on a wide variety of research methods that may be useful in studying family therapy.

### *Reviews of the evidence base*

There were two systematic review articles in *Family Process* supporting the effectiveness of systemic interventions for childhood internalizing and externalizing behaviour problems (von Sydow *et al.* 2013, Retzlaff *et al.* 2013). These two very important reviews (and a previous review of the effectiveness of systemic therapy for adult-focused problems (von Sydow *et al.* 2010) were written by a group of German psychologists who have been championing the recognition of systemic therapy in the German mental health system.

### *Cost-effectiveness*

The cost-effectiveness of systemic interventions is a central concern of Russell Crane's research team, who published two particularly significant studies in 2013. These showed that systemic interventions were more cost-effective than individual therapy in the treatment of substance use disorders (Morgan *et al.* 2013) and depression (Crane *et al.* 2013). Moreover, the relapse rate was lower when depression was treated with systemic therapy.

### *Assessment*

The systemic clinical outcome and routine evaluation (SCORE) is a self-report instrument for assessing outcome in family therapy, which has been championed by the UK Association for Family Therapy and the European Family Therapy Association. In 2013, there were two articles on the SCORE. One of these described the development of Irish norms for fifteen and twenty-eight-item versions of the SCORE based on a national telephone survey (Fay *et al.* 2013). The other outlined the development of a children's version of the SCORE-15 (Jewell *et al.* 2013). These two articles add to the growing literature on this very user-friendly and psychometrically robust index of family functioning.

### Methodology

In a number of journals there were useful articles on a range of research methods that may fruitfully throw light on therapeutic processes, and offer alternatives to the randomized controlled trial as way of investigating treatment effectiveness. In the *Journal of Systemic Therapies* Strong and Gale (2013) reflected on the gap between postmodern therapeutic practice and research, and proposed approaches that may narrow this gap. These include qualitative research methods, process-oriented research, action research projects and the generation of practiced-based evidence for therapy effectiveness through the incorporation of routine process and outcome data collection into clinical practice. In the *Journal of Marital and Family Therapy* there was a review article on the use of process research, dyadic data analysis and sequential analysis in family therapy research (Oka and Whiting, 2013) and a review of mixed-methods family therapy research, in which quantitative and qualitative methods are combined (Gambrel and Butler, 2013). In *Family Process* there was a critical methodological review of discourse and conversation analysis studies of family therapy. Tseliou (2013a) concluded that both offer unique ways for investigating the therapeutic dialogue in systemic practice, although increased rigour is required in studies using these research methods. There was a special section in the *Journal of Systemic Therapies* (volume 32 issue 2) on the microanalysis of communication as method for conducting psychotherapy research. Microanalysis is a method for investigating hypotheses by analysing videotaped interactions. There were articles on using microanalysis to observe co-construction in psychotherapy (De Jong *et al.* 2013), the microanalysis of formulations in solution-focused brief therapy, cognitive behavioural therapy, and motivational interviewing (Korman *et al.* 2013), the microanalysis of positive and negative content in solution-focused brief therapy and cognitive behavioural therapy expert sessions (Smock-Jordan *et al.* 2013) and identifying solution-building formulations through microanalysis (Froerer and Smock-Jordan, 2013).

### DSM-5

DSM-5, the latest edition of the American Psychiatric Association's diagnostic classification system, was published in May 2013. There were two editorials in the *Journal of Marital and Family Therapy* on

DSM-5 (Lebow, 2013a; Wamboldt, 2013). There was also a special issue of the *Australian and New Zealand Journal of Family Therapy* on DSM-5 (volume 34 issue 2) with articles on DSM-5 and evidence-based family therapy (Strong and Busch, 2013), medical family therapy (Nobbs, 2013), narrative informed practice (Simblett, 2013), emotional processes (Chambers *et al.* 2013), first order change (Denton and Bell, 2013) and self and society (Epstein *et al.* 2013). Two emerging themes from these articles were an acknowledgement of the centrality of the DSM to discourse in the international mental health field, and a continuing dissatisfaction among systemic therapists with the DSM classification system, which conceptualizes problems within an individual framework rather than a systemic one.

## Deaths

In the final months of 2012 and in 2013, two exceptional member of the family therapy community passed away.

**Betty Carter** (1929–2012) died on 11 September 2012, aged 83 years (McGoldrick, 2013). She is best known internationally for her bestselling book with Monica McGoldrick *The Family Life Cycle* (Carter and McGoldrick, 1980, 1989, 1999; McGoldrick, Carter and Garcia-Preto, 2011) which is now in its fourth edition. A Bowen family therapist and feminist, she was founding director of the Family Institute of Westchester, New York and co-founder of the Women's Project in Family Therapy, which challenged traditional patriarchal thinking in the systemic therapy movement. With this group she published *The Invisible Web: Gender Patterns in Family Relationships* (Walters *et al.*, 1988). She made her views on equitable gender roles in marriage available to a wider audience in her book *Love, Honour, and Negotiate: Building Partnerships That Last a Lifetime* (Carter and Peters, 1996). Betty Carter was a remarkable teacher and family therapist who will be sadly missed.

**Alan Gurman** (1945–2013) died on 26 May 2013, aged 68 (Lebow, 2013b). His contribution to couple and family therapy is inestimable. He co-edited the first two editions of the *Handbook of Family Therapy* (Gurman and Kniskern, 1981, 1991) and four editions of the *Clinical Handbook of Couple Therapy* (Gurman, 2008; Gurman and Jacobson, 2002; Jacobson and Gurman, 1986, 1995). These volumes were central to establishing couple and family therapy as a clinical and academic discipline. He was one of the earliest advocates for theoretical integration in the field of couple and family therapy and for

developing a scientific evidence base for systemic therapy. He was Professor of Psychiatry at the University of Wisconsin for 40 years and held visiting positions at the Family Institute of Northwestern University and Cambridge Hospital of Harvard University. He was the recipient of numerous honours and awards, an outstanding mentor and a visionary systemic therapist.

## **Conclusions**

In 2013 there were significant developments in functional family therapy, multi-systemic therapy, multidimensional family therapy. There were important reviews of the development of eco-systemic structural family therapy and narrative and solution-focused therapies. Strengthening families, father involvement, family therapy in medical settings and the family therapy for adolescent eating disorders were among the more salient developments in family therapy practice considered in family therapy journals. There were articles on many aspects and models of couple therapy. There were also significant developments in assessment, training and diversity. There were useful accounts of the growth of family therapy in a wide range of countries and a discussion of DSM-5 from a family therapy perspective. We also lost two of our most outstanding pioneers.

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