Thematic review of family therapy journals in 2003

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In this paper the principal English-language family therapy journals published in 2003 are reviewed under the following headings: therapy effectiveness, therapy process, assessment, theory with specific reference to attachment resilience, practice with specific reference to trauma, and training.

Introduction

In family therapy journals, the year 2003 stands out as one in which the discipline took stock of its research achievements and made steady progress in other areas. In this review, reference will be made to particularly significant papers and also to less significant, but representative articles in the areas of effectiveness and process research, assessment, theory, practice and training.

Research on the effectiveness of martial and family therapy

In 2003 major editorial statements were made by Carol Anderson in *Family Process* and Doug Sprenkle in the *Journal of Marital and Family Therapy* about the importance of increasing the emphasis of research in family therapy training and practice (Anderson, 2003; Sprenkle, 2003). The reference here is not only to process and outcome research but also to quantitative and qualitative research on typical and atypical family functioning and development. The key points in these editorials are that training programmes should help novices become good 'consumers of research' so that they can use it to inform evidence-based practice. In addition, the discipline must generate more family therapy research. This may involve taking steps to develop academic and health service structures to support family therapy research. If the profession does not foster a culture of

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evidence-based practice, in the current climate, family therapy will become marginalized as other healthcare professionals become increasingly evidence-based in their routine clinical practice. Similar comments have been made in our own *Journal of Family Therapy* (Eisler, 2002). It is within the context of these editorial statements that the *Journal of Marital and Family Therapy* included a special section on research in each of its four issues in 2003. Much of this material has also been published in book form (Sprenkle, 2002). The articles in the special sections and the book update the special issue of the *Journal of Marital and Family Therapy* edited by Pinsof and Wynne in 1995. What follows is a summary of key points made in these recent treatment effectiveness review papers.

Overall effectiveness. Shadish and Baldwin (2003) in a review of twenty meta-analyses concluded that marital and family therapy and marital enrichment programmes lead to clinically significant improvement in 40 to 50 per cent of cases and most of these gains are maintained at follow-up. Overall marital and family therapy is as effective and in some cases more effective than other interventions. Marital therapy programmes have better outcomes than family therapy programmes, but this is probably because family therapy programmes have been evaluated with more difficult problems (e.g. schizophrenia). Different types of family therapy produce similar results. One of the innovations of this paper is the introduction of MASTs (meta-analytically supported treatments), which have been shown in well-conducted meta-analyses to yield significant treatment effect sizes. Behavioural marital therapy or emotionally focused couples therapy for marital distress are specific examples of MASTs.

Child and adolescent conduct and emotional problems. For childhood behavioural and emotional disorders there continues to be substantially more research on disruptive behaviour disorders (oppositional defiant disorder, conduct disorder and attention deficit hyperactivity disorder) than on emotional disorders such as anxiety and depression (Northey *et al.*, 2003). The effectiveness of behavioural parent training and family therapy based on cognitive behavioural and structural family therapy principles is now well established for disruptive behaviour disorders. These interventions ameliorate disruptive behaviour by promoting more effective co-parenting and enhancing the quality of parent–child relationships. For anxiety and depression in children, family-based CBT programmes in which parents learn to

support children in using CBT coping skills have been shown to be effective. The efficacy of family therapy for childhood depression was also well reviewed in the 2003 special issue of the *Journal of Family Therapy* on depression (Cottrell, 2003). The data support the conclusion that family-based interventions produce results comparable to individually oriented interventions, and in some cases family-based interventions are superior to individual treatments. For adolescent conduct problems evidence for the effectiveness of functional family therapy, multisystemic therapy and treatment foster care has continued to accumulate (Henggeler and Sheidow, 2003).

Adolescent and adult substance abuse. The evidence base for the efficacy and cost-effectiveness of systemic interventions in helping adolescents and adults with drug and alcohol abuse problems engage in treatment, become less drug dependent, improve family relationships and maintain a healthier lifestyle has continued to expand (O'Farrell and Fals-Stewart, 2003; Rowe and Liddle, 2003). Effective systemic drug and alcohol programmes have a number of distinctive characteristics. They are manualized so that treatment procedures are clearly specified. They are multisystemic and involve intervention with individuals, couples, families and service networks. In addition, they are multimodal, and entail both psychosocial and pharmacological interventions. Effective marital and family therapy for drug and alcohol abuse has been developed within the pragmatic structural, strategic and cognitive behavioural therapy traditions. Effective therapy includes some or all of these components: actively strategizing about engaging all family members in treatment; taking care to maintain positive alliances with all network members; helping network members develop personalized goals; using reframing and other tactics to prevent the escalation of negative emotional interaction patterns, particularly in the early stages of therapy; facilitating detoxification; coping skills training for substance abusers; enhancing parenting practices for parents of adolescent drug abusers; enhancing communication, problem-solving and mutually enjoyable interaction in couples where one partner has a substance use problem; fading therapy out gradually; and promoting involvement in long-term family support groups. Transporting empirically supported treatments into routine practice settings is in its infancy in North America. However, on this side of the Atlantic, evaluations of community-based programmes, with many of the features listed above, have yielded positive findings (Doyle *et al*., 2003; Yandoli *et al*., 2002).

Mental health problems in adults. For families in which a member has a diagnosis of schizophrenia, family psychoeducation reduces relapse rates, improves recovery, and improves the well-being of other family members (McFarlane *et al*., 2003). Effective family psychoeducation is offered as part of a multimodal programme involving antipsychotic medication. It includes empathic engagement, education about psychosis and pharmacotherapy, problem-solving and communication skills training, fostering family support and crisis management. It may be offered in single or multiple family therapy formats. For depressed adults in long-term relationships, cognitive behavioural, interpersonal and systemic couples therapy have all been shown to lead to clinically significant improvements in both mood and marital satisfaction (Beach, 2003). A similar conclusion was reached in the review of systemic treatment of adult depression in the 2003 special issue of the *Journal of Family Therapy* devoted to this topic (Gupta *et al*., 2003). For couples in which depression is being maintained by marital distress, couples therapy is particularly appropriate. For adults with chronic illnesses such as diabetes or cardiac conditions; for families caring for older adults with neurological problems; and for adults wishing to reduce weight or stop smoking, family interventions, particularly family psychoeducation, are effective in promoting better adjustment or recovery (Campbell, 2003).

Couples therapy. For enhancing the quality of couples relationships (Halford *et al*., 2003); for ameliorating couple distress (Johnson, 2003), and for intervening in spouse abuse (Stith *et al*., 2003) there is good evidence for the efficacy of couples therapy. Relationship enhancement programmes cover skills training in communication; empathy; conflict management; and making positive expressions of affection, respect and commitment. Behavioural marital therapy and emotionally focused couples therapy both improve relationship distress. Behavioural marital therapy involves behavioural exchange, communication and problem-solving skills training. Emotionally focused couples therapy helps couples deepen their attachment by expressing attachment needs clearly, without excessive expression of secondary emotions such as anger and without enactment of associated destructive transactional patterns. For spouse abuse, couples therapy is appropriate where both partners are committed to the relationship, where serious past injury has not occurred, and where the immanent risk of violence is not high. Assessment is conducted with each partner separately. The treatment goal is eliminating abuse,

not saving the marriage. Violent partners learn anger management skills and take responsibility for self-regulation. If substance abuse is a contributory factor to violence this is addressed in therapy. Couples therapy focuses on improving communication, problem-solving, conflict management, and ways couples meet each others' needs.

Conclusion

The articles included in the special sections of all four 2003 issues of the *Journal of Marital and Family Therapy* allow us to conclude that there is good evidence for the efficacy of marital and family therapy with common child- and adult-focused problems. However, there are still major gaps in our knowledge. Research is urgently needed on the efficacy of narrative, social constructionist and solution-focused family therapy, which enjoy such popularity among practitioners and on which little research has been conducted. Research is also required on the efficacy of family therapy for specific problems, notably childhood emotional disorders and adult personality disorders. Finally, the effectiveness of approaches to marital and family therapy that have been shown to work in specialist centres needs to be evaluated in routine clinical settings.

Therapy process research

In 2003 there were a number of significant contributions on family therapy process research. In the *Australian and New Zealand Journal of Family Therapy* Fishman (2003), in an important position paper, advocated the regular publication of pragmatic case studies in which authors give information in a standard set of categories such as presenting complaints, history, case formulation, theoretical model, treatment, and quantitative and qualitative indicators of outcome. Such case studies may be archived in paper or electronic journals such as *Clinical Case Studies* edited by Michael Hersen or *Pragmatic Case Studies in Psychotherapy* edited by Daniel Fishman, and periodically aggregated and reviewed to throw light on important therapeutic processes. This would offer an avenue for busy clinicians to routinely contribute to the literature on therapy processes. In addition to this position paper, a number of important findings from therapy process research have emerged in 2003. Here are some examples.

Engagement and adherence. Masi *et al*. (2003) found no differences in dropout rates among individual, couple and family therapy clients attending a psychotherapy service. Doss *et al*. (2003), in a study of 147 married couples, identified three relatively independent steps in the process of engaging in therapy: problem recognition, treatment consideration, and treatment seeking. Wives were rated as completing all three steps before their husbands. Schoenwald *et al*. (2003) in a multisystemic therapy (MST) study of 233 families and 66 therapists found that therapist adherence to MST practice principles was better where the adolescent's caregiver and the therapist were from similar ethnic groups, and lower in cases where adolescents had more pre-treatment arrests, more pre-treatment school suspensions, and were referred for both criminal offences and substance abuse rather than for either of these problems alone.

Attributions and affect. Peter Stratton (2003a, b) in a study of 1799 causal attributions during family therapy using the Leeds Attributional Coding System, found that both parents and children used attributional patterns consistent with blaming the child. Stepfathers made substantially more blaming attributions. Adoptive parents' attributions were more functional. Facilitating limited changes in the form of these attributions, through techniques such as reframing, could convert them into more benign and productive contributions to family conversations. Morgan and Wampler (2003) found that therapist interventions which lead clients to experience positive affect increase clients' optimism, creativity and playfulness within therapy sessions.

Family and therapist perspectives on helpful events. Lemmens and co-workers, in a series of two papers on family discussion groups for chronic-pain patients (Lemmens *et al*., 2003) and patients attending a psychiatric day hospital (Lemmens *et al*., 2003), found that families and therapists differed in the events they saw as helpful. Families perceived the process aspects of the sessions such as receiving support and gaining insight as most helpful. Therapists saw the specific interventions, structural aspects of the sessions and the relational climate of sessions as most important.

Manualization of systemic therapy. Pote *et al*. (2003) described the development of a systemic family therapy manual, the first such manual to reflect systemic, postmodern and narrative practices. This critical

contribution from Peter Stratton's group may provide the basis for much needed controlled trials of forms of family therapy which are widely used in the UK.

Assessment

There have been a number of advances in the area of marital and family assessment in 2003. The following illustrative examples indicate the types of developments that are occurring in the systemic assessment of families, couples and individuals.

Family assessment. Stiefel *et al*. (2003) argued for the routine assessment of families before and after treatment with the Global Assessment of Relations Functioning Scale (GARF) to evaluate treatment effectiveness. The GARF, a simple, reliable rating scale, is included in an appendix of DSM IV TR (APA, 2000). It can be completed rapidly by experienced clinicians and yields a single score between 1 and 100 to indicate a family's status in terms of problem-solving, organization and emotional climate.

Couples assessment. In the area of couples assessment, Means-Christensen *et al*. (2003) found that the revised version of the Marital Satisfaction Inventory (MSI-R, Snyder, 1997) was a reliable and valid assessment instrument for use with gay, lesbian and non-married cohabiting heterosexual couples. MSI-R profiles of cohabiting opposite-gender and same-gender couples were more alike than different, and were more similar to non-distressed samples of married heterosexual couples from the general community than to couples in therapy. Gordon and Baucom (2003) developed a reliable valid three-factor marital forgiveness scale based on a three-stage model of recovery from infidelity and betrayal. Impact, search for meaning and recovery are the three factors evaluated by this measure.

Individual assessment. To develop a new measure of differentiation from one's family of origin, a construct central to Bowen family therapy theory, Skowron *et al*. (2003) conducted a factor analytic study of items from two measures of individuation: Personal Authority in the Family System Questionnaire (Bray *et al*., 1984) and the Differentiation of Self Inventory (Skowron and Friedlander, 1998). They found two main factors: Self-regulation and Interdependent relating. The Self-regulation factor included items about emotional reactivity and the

ability to take an 'I position' in relationships. The Interdependent relating factor contained items about greater personal authority, intergenerational intimacy, intergenerational fusion and emotional cut-off. Well-being was associated with high scores on the self-regulation and interdependent relating factors, a finding consistent with Bowen family therapy theory.

Family therapy theory

In 2003, significant contributions to family therapy theory have been made in the areas of resilience and attachment.

Resilience. Froma Walsh (2003) in a landmark theoretical paper in *Family Process* presented a family resilience framework developed for clinical practice. The paper draws on findings from studies of individual resilience, and research on effective family functioning. Key processes in family resilience are outlined in the domains of family belief systems, organizational patterns, and communication and problem-solving. Within the domain of family belief systems, resilient processes include finding meaning and coherence in adversity, adopting a positive outlook, and incorporating spiritual or transcendent ideas into narratives about adversity. With respect to family organizational patterns, flexibility, connectedness and access to social and economic resources are key factors contributing to resilience. In the domain of communication and problem-solving, resilience is fostered by clarity, open emotional expression and collaboration. Walsh's resilience paper is part of the overall trend within family therapy to focus attention on strengths and solutions rather than deficits and problems. The significance of this paper is that it is one of the few attempts to ground strengths- and solutions-based approaches on a foundation of solid empirical research.

Attachment. There is good evidence that for individuals, secure attachment contributes to resilience in the face of adversity. However, with the exception of the work of John Byng-Hall there have been few attempts to develop a family-based conceptualization of attachment. This is why the theoretical paper in *Family Process* by Hill *et al*. (2003) is so important. It offers a coherent framework for understanding attachment processes of families. In this framework affect regulation, interpersonal understanding, information processing and the provision of comfort within intimate relationships are key elements of

attachment processes. Within the framework it is assumed that families have shared representations of emotions, cognitions and behaviours; that individual and family attachment processes are linked; and that attachment processes and other processes in family life such as goal-directed behaviour patterns or exploratory playful patterns are linked in predictable ways. Furthermore, Hill's group have used an adaptation of the Adult Attachment Interview (Main and Goldwyn, 1991) to evaluate family attachment processes.

Results reported in empirical papers on attachment in family therapy journals in 2003 support its value as a key theoretical construct for family therapy. Here are some examples. Wampler *et al.* (2003) in a study of twenty-eight couples found that during a conflict resolution discussion, partners with insecure attachment styles as assessed by the Adult Attachment Interview (Main and Goldwyn, 1991) expressed more negative affect, less respect, less openness, more avoidance and less willingness to negotiate when interacting with their partner. In the same vein, Shi (2003) in a questionnaire-based study of students in relationships found that partners with secure attachment styles tended to be active, integrative and compromising when dealing with conflict and to report high relationship satisfaction, while those with insecure attachment styles had less productive approaches to conflict resolution and lower relationship satisfaction. Faber *et al.* (2003) in a questionnaire study of students found that unresolved parental conflict was associated with insecure attachment, and strong parental coalitions were associated with secure attachment.

Systemic practice and trauma

In 2003 many papers were published on systemic practice with trauma survivors. These papers focused on trauma associated with a range of situations including war, terrorism, natural disasters, HIV/AIDS and cancer. The practices they described included marital and family therapy but also systemic approaches to working with groups and communities. Seminal papers by Florence Kaslow and Michael White deserve specific mention.

Holocaust dialogue group. Florence Kaslow (2003) in the *Journal of Family Psychotherapy* described a Holocaust dialogue group conducted in Chile for second and third generation descendants of victims and perpetrators. The emergent themes were that memories linger and

are transmitted intergenerationally; that survivors cannot and will not forget; that asking about the Holocaust is taboo; that trust is elusive and risky; that for perpetrators there is a legacy of being born guilty; that children of perpetrators are haunted by questions such as 'Can I love a murderer?' and 'Am I tainted genetically or emotionally?'; that there is a desire to make or receive retribution; that there is a questioning of the capacity to forgive oneself and one's parents; and that there is a desire to transform the horrendous past into the foundation for a happier and more peaceful future. These themes arose from the group Kaslow facilitated in Chile and other similar groups she has facilitated over the past decade. The work was conducted with groups of twenty-five participants using systemic facilitation techniques.

Narrative practice and trauma. Michael White (2003) in a landmark paper in *The International Journal of Narrative Therapy and Community Work* described a narrative approach to working with communities facing various challenges including the trauma of an HIV/AIDS epidemic. These community assignments involve a set of processes including consultation and development of partnership with members of the community, preparation for a community-wide gathering, convening the community gathering, creating documentation following the gathering to record what occurred, and conducting follow-up. Within the narrative tradition people's response to trauma is not conceptualized within a deficit- or disorder-based framework. For Michael White, pain arising from trauma is conceptualized as testimony to the significance of the purposes, values and beliefs of those who were violated. Emotional distress is conceptualized as a tribute to the survivors' commitment to these purposes. This pain and distress is conceptualized as a proclamation of survivors' acts of redress in response to trauma, and as a legacy they will not forget in the face of a world that may be non-responsive to their plight. In planning a community-wide gathering, care is taken to frame it within the context of the cultural assumptions of the community. At the community-wide gathering, key members of the community tell the story of the trauma. Members of the wider community are then invited to tell their stories of the trauma. Following this, the narrative therapy team as outside witnesses (Carey and Russell, 2003) retell the traumatic stories they have heard with an emphasis on highlighting the knowledge and skills of the community to address the challenges of the trauma. After this process, members of the community then respond

to the outsider witness group's narrative. The entire process is then documented in written form and this is given to the community. Follow-up meetings are later conducted.

Family therapy applied to a variety of traumatic events. In addition to these two seminal papers, many other papers on trauma were published in 2003. What follows are some examples to give a flavour of the breadth of this work. Boss *et al*. (2003) described a community-based intervention conducted by a team of therapists from Minnesota and New York with families of union workers missing after the 9/11 attack in New York City. For the family therapy aspect of the intervention, ambiguous loss was viewed as a central organizing concept. Nelson (2003) outlined clinical implications arising from interviews with Bosnian professionals who worked with families following the 1992 to 1995 Bosnia–Herzegovina war. Kilic *et al*. (2003) in a clinical study of forty-nine families following the Bolu earthquake in Turkey found that severity of PTSD in children was mainly affected by paternal PTSD and depression, a key issue that needs to be considered when conducting therapy with families traumatized by natural disasters. Mitrani *et al*. (2003) in a study of forty-nine families participating in a family therapy treatment outcome study to address the trauma of HIV/AIDS found that the availability of family support more than any other relational factor predicted family treatment engagement. Skerrett (2003) described a three-step model for working with couples following the diagnosis of breast cancer. The first is to help couples develop a 'we' awareness. The second is to build awareness of the different stories each partner has constructed around the illness. The third step is to develop a shared plan that empowers the couple to work together jointly to promote healing. On the same theme, Kowal *et al*. (2003) outlined the appropriateness of emotionally focused couples therapy for dealing with the trauma of chronic illness.

Trauma therapy practice and self-care. Two important papers addressed generic practice issues for therapists who work with trauma. Montalvo (2003) outlined a way of working with trauma which involves mobilization of family and peer support, the use of multi-sensory repair rituals, targeting of unique emotional injuries, and addressing beliefs about safety and danger. Becvar (2003) in a paper on the impact on family therapists of trauma work argued that family therapists and their agencies must prioritize self-care for therapists

who conduct this sort of work to reduce vulnerability to compassion fatigue and vicarious traumatization.

Family therapy training

In 2003 most journals included some papers on training. The following examples illustrate the range of training issues addressed. Edwards and Heshmati (2003) presented a model for group supervision to guide family therapy supervisor novices. The stages of the model include: checking in; case presentation; questions from the audience; video review; commentator reflections; audience reflections; and post-supervision supervisor reflections. Champe and Kleist (2003) provided a useful review of live supervision covering the prevalence and use, the impact of live supervision interventions, and perceptions of live supervision by supervisors, trainees and clients. In a survey of trainees in a North American training programme Strozier *et al.* (2003) found that the use of personal therapy services among family therapy trainees increased around the time students started their supervised clinical practice. Empirical and practice papers have been published on many other aspects of training including ethics (McLaurin and Ricci, 2003); theory of change projects in training programmes (Nelson and Prior, 2003); family-of-origin exploration during training (Young *et al.*, 2003); resolving conflict in the supervisory system (Korinek and Kimball, 2003); similarities and differences between the beliefs of trainees and qualified professionals in the importance of specific clinical skills (Cornille *et al.*, 2003); student impairment and remediation (Russell and Peterson, 2003); and sensitivity to cultural (McDowell *et al.*, 2003) and sexual (Long and Serovich, 2003) diversity.

Conclusion

In light of this thematic review it is clear that 2003 was a good year for family therapy. But it is clearly a case of: A lot done. A lot more still to do. Personally, I would like to see more case studies written up in a standardized way (following the suggestion of Fishman (2003)), more outcome research in routine clinical settings using manuals that reflect common practices (such as that produced by Peter Stratton's Leeds Family Therapy Group (Pote *et al.*, 2003)), and more comprehensive theoretical papers grounded in empirical research findings (such as Froma Walsh's (2003) paper on resilience).

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