

© The Association for Family Therapy 2009. Published by Blackwell Publishing, 9600 Garsington Road, Oxford OX4 2DQ, UK and 350 Main Street, Malden, MA 02148, USA.

Journal of Family Therapy (2009) **31**: 405–427
0163-4445 (print); 1467-6427 (online)

Thematic review of family therapy journals in 2008

Alan Carr^a

In this paper the contents of the principal English-language family therapy journals, and family therapy papers from other journals published in 2008, are reviewed under the following headings: child-focused problems, adult-focused problems, couples, diversity, developments in systemic practice, training, research, and recent deaths of significant contributors to the field.

Introduction

In 2008 many developments in a broad range of areas were covered in the family therapy journals, and also in other journals in the mental health field. In this review, reference will be made to particularly significant papers and also to less significant but representative articles in the areas of child-focused problems, adult-focused problems, couples, diversity, developments in systemic practice, training and research.

Child-focused problems

Adolescent drug and alcohol misuse

A number of important reviews of the evidence base for the effectiveness of family therapy for adolescent drug and alcohol misuse were published in 2008. In a meta-analysis of nine randomized controlled trials, Smit *et al.* (2008) concluded that family interventions to reduce adolescent alcohol use were effective for up to two years following treatment. In a systematic review and meta-analysis of seventeen studies of various psychosocial treatments for adolescent drug misuse, Waldron and Turner (2008) found that for multidimensional family therapy, functional family therapy and group cognitive

^a Professor of Clinical Psychology, Clanwilliam Institute and University College Dublin, School of Psychology, Newman Building, University College Dublin, Belfield, Dublin 4, Ireland. E-mail: alan.carr@ucd.ie.

behaviour therapy there was sufficient empirical support to describe these approaches as well-established models for the treatment of adolescent drug misuse. Rowe and Liddle (2008) conducted a thorough review of the evidence base for multidimensional family therapy, and concluded that it is effective in reducing alcohol and drug misuse, behavioural problems, emotional symptoms, negative peer associations, school failure and family difficulties associated with drug misuse.

These reviews confirm the effectiveness of family therapy in the treatment of adolescent alcohol and drug misuse. An interesting hypothesis derived from systems theory is that improvements in adolescent drug misuse may be accompanied by improvements in parental well-being. In a systematic review of controlled trials of family therapy for drug misuse to address this hypothesis, Yuen and Toumbourou (2008) found that in all six studies where parental mental health was assessed, family therapy led to significant improvements in parental well-being. Therapeutic mechanisms that contributed to improvement in parental well-being included perceived changes in adolescent drug misuse, and improvements in coping, parenting skills, social support and overall family functioning.

There were a few new trials of family therapy for adolescent drug misuse reported in 2008. Liddle *et al.* (2008) found that multidimensional family therapy was more effective than individual cognitive behaviour therapy in reducing drug misuse at one-year follow-up. Treatment fidelity for both multidimensional family therapy and cognitive behaviour therapy was measured with a therapist behaviour rating scale which had good inter-rater reliability (Hogue *et al.*, 2008a). In both multidimensional family therapy and cognitive behaviour therapy, stronger adherence predicted greater reductions in externalizing behaviour problems, and intermediate levels of adherence predicted the largest declines in internalizing behavioural difficulties (Hogue *et al.*, 2008b). In a randomized controlled trial of structural ecosystems therapy for African American and Hispanic American adolescents with drug problems, Robbins *et al.* (2008b) found that at eighteen-month follow-up structural ecosystems therapy led to a significantly greater reduction in drug misuse than both supportive family therapy and community-based treatment-as-usual for Hispanic but not African American adolescents. Smith and Hall (2008) described the development of strength-oriented family therapy for adolescent drug misuse, and provided promising preliminary data from a comparative outcome study of ninety-eight cases.

Behavioural problems

Two papers on child and adolescent behavioural problems published in 2008 deserve particular mention. The first provided evidence for the effectiveness of a new non-violent resistance approach to parent training, and the second reported that multisystemic therapy, which has been shown to be superior to treatment-as-usual in the USA, was no more effective than routine treatment in Sweden.

In a study of forty-one families with children who presented with acute behavioural problems, Weinblatt and Omer (2008) found that a parent-training programme based on non-violent resistance led to improvements in children's behaviour, to a decrease in parental helplessness and escalatory behaviours, and to an increase in perceived social support.

In a 156-case randomized controlled trial which aimed to evaluate the transportability of multisystemic therapy from North America to Sweden, Sundell *et al.* (2008) found that seven months after referral, cases treated with multisystemic therapy fared no better than those who received treatment-as-usual. However, both groups showed significant improvements in psychological problems and antisocial behaviours. These results differed from those found in US trials where multisystemic cases fared better than those that received treatment-as-usual. Sundell *et al.* (2008) proposed that this may be because in the USA, treatment-as-usual was less intensive than in Sweden; that treatment-as-usual was provided by the juvenile justice system, not the child welfare system (as was the case in Sweden); and because rates of crime, poverty and drug misuse, all of which are risk factors for conduct disorder, were lower in Sweden.

Bullying

In 2008 there were two innovative clinical papers on narrative approaches to dealing with bullying. Butler and Platt (2008) described a systemic treatment model for bullying which involved working with families and school staff. In using this approach the therapist re-structured the family, changed the dominant bullying story and solidified therapeutic change. Therapists also issued children with birth certificates for new identity formation, and death certificates for bullying cessation. Williams and Winslade (2008) outlined the use of undercover teams to re-story bullying relationships. In this approach peer group relations were used strategically to interrupt the bullying

process. The approach avoids the pitfall of punitive approaches to bullying which can inadvertently reproduce the same power relations entailed by the bullying they are intended to eradicate.

Eating disorders

The evidence base for the effectiveness of family therapy for adolescent eating disorders has continued to grow throughout 2008. In a US study of bulimic adolescents, Locke *et al.* (2008) found that family therapy led to a significantly greater remission rate than supportive psychotherapy. The benefits of family therapy were associated with a greater reduction, by mid-treatment, in adolescents' bulimia-related beliefs. Both treatments were equally acceptable to clients, and in both treatments, equally strong alliances were developed between adolescents and therapists (Zaitsoff *et al.*, 2008). Adolescents who showed a significant reduction in bingeing and purging early on in treatment had the best outcome at six-month follow-up (le Grange *et al.*, 2008). In a UK randomized controlled trial of twenty families of anorexic adolescents, Rhodes *et al.* (2008) found that augmenting the Maudsley family therapy programme with parent-to-parent consultations early on in treatment enhanced programme effectiveness by leading to a small increase in the rate of weight restoration. In a qualitative study of twenty-four Chinese adolescents and young women who had participated in family treatment for anorexia at a university-based centre in Hong Kong, Ma (2008) found that clients saw a clear link between the therapeutic relationship and positive change, valued intervention strategies used in family treatment, and clearly conceptualized their own role in therapeutic problem-solving.

Childhood depression

In 2008 further evidence was published on the effectiveness of family-based interventions for the prevention and treatment of childhood depression. In a trial of family-based interpersonal psychotherapy, with and without antidepressant medication, for depressed preadolescents, Dietz *et al.* (2008) found that children in both conditions showed similar significant reductions in depressive and anxiety symptoms, and similar significant improvements in global functioning. In a study of 106 teenagers at risk for depression, Connell and Dishion (2008) found that a family-focused, school-based adolescent transitions programme inhibited an increase in depressive symptoms

for three years following programme completion. In the programme adolescents completed a classroom-based six-session life skills training programme and parents completed fifteen sessions which included a family assessment and parent skills training, and training in family communication and problem-solving.

Childhood anxiety disorders

Trauma-focused cognitive behaviour therapy and its evidence base were described by Cohen and Mannarino (2008) in a useful paper in *Child and Adolescent Mental Health*. Trauma-focused cognitive behaviour therapy provides children and parents with stress management skills prior to encouraging direct discussion and processing of children's traumatic experiences. The components of this approach are summarized by the acronym PRACTICE: Psychoeducation, Parenting skills, Relaxation skills, Affective modulation skills, Cognitive coping skills, Trauma narrative and cognitive processing of the traumatic events, In vivo mastery of trauma reminders, Conjoint child-parent sessions, and Enhancing safety and future developmental trajectory. Although this approach has a CBT label, it is essentially a systemic intervention which involves conjoint family sessions, as well as sessions with the traumatized child alone and sessions for the parents, much like other evidence-based systemic interventions including multidimensional family therapy for drug misuse and multisystemic therapy for conduct disorder. For childhood PTSD, trauma-focused cognitive behaviour therapy is currently the approach with strongest empirical support for traumatized children who have experienced sexual abuse, domestic violence, traumatic grief, terrorism, disasters and multiple traumas.

A family-based cognitive behaviour therapy programme for childhood anxiety disorders other than PTSD was evaluated in an important paper by Kendall *et al.* (2008). In a randomized controlled trial comparing family and individually based cognitive behaviour therapy of childhood anxiety disorders, Kendall *et al.* (2008) found that both treatments were equally effective in reducing anxiety symptoms, but family-based treatment was more effective where both parents had anxiety disorders.

Asthma and diabetes

There were a number of important papers on systemic approaches to promoting better illness management and well-being in young people

with asthma and diabetes. *Family Process* contained a series of papers on asthma. These papers showed that there are clear links between family functioning and the well-being of children with asthma (Fiese *et al.*, 2008; Klinnert *et al.*, 2008; Wood *et al.*, 2008) and that household smoking bans improve the health of asthmatic children (Wamboldt *et al.*, 2008). Randomized controlled trials of family-based treatments for children with asthma showed that such interventions were effective for ethnic minority families (Bruzzese *et al.*, 2008) and children attending a paediatric chest clinic (Ng *et al.*, 2008). Effective family-based programmes include psychoeducation on asthma management and procedures to help parents promote asthma self-management in their children.

In the journal *Behaviour Therapy* there was an important paper on diabetes. In a controlled trial of 104 families with diabetic children, Wysocki *et al.* (2008) found that at eighteen-month follow-up adolescents from families that participated in behavioural family systems therapy for diabetes showed significant improvements in family interaction, communication and problem-solving. Changes in family communication were differentially associated with changes in glycaemic control, regime adherence and family conflict.

Adult-focused problems

Adult drug and alcohol misuse

An important review of the evidence base for the effectiveness of behavioural couples therapy for adult substance misuse was published in 2008. In a meta-analysis of twelve randomized controlled trials of behavioural couples therapy for adult alcohol and drug misuse, Powers *et al.* (2008) found that behavioural couples therapy was significantly more effective than individually based treatments including cognitive behaviour therapy. Behavioural couples therapy led to greater reduction in drug and alcohol misuse and drug- and alcohol-related problems. It also led to greater increases in relationship satisfaction.

Attempts to shorten the duration of behavioural couples therapy and to make it more cost-effective were made in 2008. In a randomized controlled trial of brief behavioural couples therapy with 184 substance-abusing clients and their partners, Fals-Stewart and Lam (2008) found that brief behavioural couples therapy was as effective as regular behavioural couples therapy after treatment and at twelve-

month follow-up, and that brief behavioural couples therapy was more effective than individual therapy or psychoeducation in reducing substance abuse and increasing marital satisfaction. In this trial brief behavioural couples therapy involved six couples sessions and regular behavioural couples therapy involved twelve sessions. Both programmes also involved weekly twelve-step group therapy sessions over a three-month period. Brief-behavioural couples therapy was more cost-effective than regular behavioural couples therapy.

There was evidence from a study published in 2008 that behavioural couples therapy may be useful in treating dual diagnosis cases with both drug problems and PTSD. In a behavioural couples therapy trial comparing the outcome for nineteen dually diagnosed veterans with combat-related PTSD and a substance use disorder (primarily alcohol dependence) and nineteen veterans with substance use disorder only, Rotunda *et al.* (2008) found that at one-year follow-up both groups showed similar significant improvements in substance use, drug-related problems, psychological distress, domestic violence and relationship satisfaction.

An important recent development in the family-based treatment of adult alcohol problems is Steinglass' (2008) systemic-motivational model for treatment of alcohol and drug problems. This approach combines an empirically grounded family systems model of alcoholism treatment first developed in the 1980s with motivational enhancement therapy.

Depression

An important review of the evidence base for the effectiveness of couples therapy for depression in adulthood was published in 2008. In a meta-analysis of eight randomized controlled trials, Barbato and D'Avanzo (2008) found that couples therapy was as effective as individual psychotherapy in alleviating depressive symptoms and more effective than individual therapy in alleviating relationship distress. This conclusion was supported by a further recent trial on this topic. In a randomized controlled trial comparing three treatments for depression, Bodenmann *et al.* (2008) found that at six months' follow-up, coping-oriented couples therapy was as effective in reducing depressive symptomatology as cognitive behaviour therapy and interpersonal therapy which are well-established treatments for depression. In addition, coping-oriented couples therapy led to greater reductions in partners' expressed emotion than the two

well-established treatments, which may have implications for relapse prevention.

Bipolar disorder

In 2008 there were two important reviews in major psychiatric journals of the evidence for the effectiveness of family therapy in the treatment of bipolar disorder. In the *British Journal of Psychiatry*, Beynon *et al.* (2008) conducted a systematic review and meta-analysis of twelve randomized or quasi-randomized controlled trials of adjunctive psychotherapy for medicated bipolar patients. They concluded that family therapy, cognitive-behavioural therapy and group psychoeducation are beneficial as adjuncts to pharmacological maintenance treatments, although their conclusions about family therapy were cautious. In the *American Journal of Psychiatry*, Miklowitz (2008) reviewed eighteen trials of various sorts of psychotherapy for bipolar patients and concluded that family therapy, interpersonal therapy and systematic care appeared to be most effective for relapse prevention when initiated after an acute episode, whereas cognitive behavioural therapy and group psychoeducation appeared to be most effective when initiated during a period of recovery. Family therapy and cognitive behavioural therapy were more effective for depressive than for manic symptoms. In contrast, individual psychoeducational and systematic care programmes were more effective for manic than for depressive symptoms.

A new trial of family therapy for bipolar disorder published in 2008 suggested that multifamily therapy may be particularly effective. In a randomized controlled trial, Solomon *et al.* (2008) found that multifamily therapy was more effective than single family therapy or treatment-as-usual in preventing rehospitalization in people with bipolar disorder who were on mood-stabilizing medication.

Couples

Couples therapy for complex challenges

A series of informative studies in 2008 threw light on the impact of couples therapy in helping couples to cope with complex challenges including childrearing, survival from sexual abuse and osteoarthritis. In a study of sixty-eight couples with children who attended up to twenty-six sessions, Gattis *et al.* (2008) found that couples therapy led to less conflict over childrearing and better child adjustment during

and after treatment. Reductions in conflict over childrearing were maintained at two-year follow-up. Improvement in children's adjustment occurred because parents engaged in less conflict over how to rear them. In a study of emotionally focused therapy for couples containing childhood sexual abuse survivors, MacIntosh and Johnson (2008) found that about half of the treated couples showed improvements in trauma symptoms and marital satisfaction, but that affect dysregulation and hypervigilance in survivors of sexual abuse made it very challenging for them to engage in the therapeutic process. In a study of 103 couples in which one partner had osteoarthritis, Martire *et al.* (2008) found that compared with individual psychoeducation and support, couples therapy led to greater increases in spouse support at six-month follow-up. Collectively these studies contribute to the body of evidence which shows that couples therapy is a particularly useful intervention for increasing couples' capacity to cooperatively cope with complex and demanding challenges.

Infidelity

In 2008 the *Family Journal* contained a number of papers on marital infidelity. There were papers on various approaches to treating couples in which infidelity had occurred. These included broad integrative approaches (DeStefano and Oala, 2008; Fife *et al.*, 2008; Peluso and Spina, 2008; Snyder *et al.*, 2008), an approach based on attachment and narrative therapy (Duba *et al.*, 2008), and a solution-focused debriefing approach (Juhnke *et al.*, 2008). Snyder *et al.*'s (2008) integrative evidence-based model deserves particular mention because it offers a clear, comprehensive and effective stage-based approach to case management. Therapy moves from helping clients to deal with the initial impact of infidelity disclosure, to facilitating exploration of contributing factors and finding meaning, and concludes by helping couples reach an informed decision about how to move on either together or apart. The approach draws on the theoretical and empirical literature on traumatic response and forgiveness, and incorporates empirically supported interventions from both cognitive behavioural and insight-oriented approaches to treating couple distress. There is also good evidence for its effectiveness.

There were other papers on the theme of infidelity in 2008 that deserve mention. Bagarozzi (2008) identified important personality factors, and marital dynamics that may be taken into account when assessing treatability of relationships in which infidelity has occurred.

These include how spouses perceive the voluntary or non-voluntary nature of their marriage, marital disaffection, trust, desire to improve the marriage, willingness to reconcile, and the capacity to give and receive forgiveness. Mason (2008) described an approach which emphasizes the exploration and development of relational risk-taking for working with men who have concluded affairs and who wish to resume relationships with their partners. Butler *et al.* (2008) argue that measured disclosure of infidelity, determined by the aggrieved spouse, offers the best prospects for working with couples in which infidelity has occurred and has not been disclosed prior to therapy. They propose that this is a better option than facilitating total disclosure or accommodating to non-disclosure. Hertlein and Piercy (2008) described a vignette-based survey of how family therapists would treat internet infidelity cases. They found that there were differences in how therapists assessed and treated clients based on clients' gender, therapists' age, therapists' gender, how religious therapists reported they were, and the extent of therapists' personal experience with infidelity.

Diversity

In a review of diversity and social justice issues as represented across articles published in major family therapy journals between 1995 and 2005, Kosutic and McDowell (2008) concluded that there has been an overall increase in articles focusing on diversity and social justice over time, although some dimensions of cultural identity, including class, age and nation of origin, have been underrepresented. In 2008 papers on diversity and family therapy covered a range of topics including diversity in family therapy training (Beitin *et al.*, 2008), sameness and diversity in families across five continents over the past three decades (Kaslow, 2008), engaging African American families (Davey and Watson, 2008) and Hispanic drug-misusing adolescents in family therapy (Cannon and Levy, 2008), engaging Canadian First Nations couples in therapy (Morrissette, 2008), using genograms with Asian families (Lim and Nakamoto, 2008) and Mexican immigrants (Yznaga, 2008), narrative therapy with African families in which HIV infection has occurred (Nwoye, 2008), child protection interventions with Asian American immigrant families (Larsen *et al.*, 2008), medical family therapy with the Latino population in the USA (Willerton *et al.*, 2008), and transformative family therapy with a lesbian couple (Hernandez *et al.*, 2008). In a very thoughtful paper, through case

examples, Cole (2008) explored how family therapists deal with the dialectic between doing what they have been trained to do in their profession versus doing what is culturally appropriate and potentially most beneficial for clients from diverse cultures.

Developments in systemic practice

Public health family interventions

Public health interventions differ from clinical interventions in that they aim to reduce family problems in whole populations rather than in single families or small groups of families. In the *Journal of Family Psychology* there was a special section on public health interventions to address couple and family problems (Sher and Halford, 2008). The section included papers on the NORTHSTAR (New Orientation to Reduce Threats to Health From Secretive Problems That Affect Readiness) family maltreatment prevention programme (Slep and Heyman, 2008), the Australian Triple P Positive Parenting Programme (Sanders, 2008), and couples relationship-enhancement programmes (Halford *et al.*, 2008).

The United States Air Force's NORTHSTAR initiative was developed to reduce both domestic violence and child abuse (Slep and Heyman, 2008). For this programme, case managers, under the supervision of programme directors, assess risk and protective factors within the population and then select empirically supported individual or family-based interventions from a programme guidebook to reduce risk factors and enhance protective factors. The interventions in the guidebook were compiled from a thorough review of empirically supported practices, and include electronically and personally delivered programmes such as MoodGym to improve mood regulation (Christensen *et al.*, 2004), Couple CARE to enhance marital relationships (Halford *et al.*, 2005) and parent training programmes (Webster-Stratton, 2001). Preliminary evaluations of NORTHSTAR's impact on family maltreatment have been positive (Slep and Heyman, 2008).

The Australian Triple P programme is a comprehensive, multilevel system of parent training that combines, within a single system, universal and more targeted interventions for high-risk children and their parents (Sanders, 2008). Its goal is to enhance the knowledge, skills and confidence of populations of parents and, in turn, to reduce the prevalence of child and adolescent behavioural and

emotional problems. The effectiveness of the Triple P programme is supported by numerous studies and two recent meta-analyses (de Graaf *et al.*, 2008; Nowak and Heinrichs, 2008).

Halford *et al.* (2008) reviewed evidence for the effectiveness of couples relationship enhancement programmes and found that they lead to short-term improvements in skills and satisfaction for most couples, but young couples at risk of relationship difficulties derive greatest long-term benefits from them. Couples education programmes with a strong evidence base include the Relationship Enhancement programme (Guerney, 1987), the Prevention and Relationship Enhancement programme (Markman *et al.*, 2004), Couple Commitment and Relationship Enhancement (Halford *et al.*, 2005), and the Minnesota Couples Communication programme (Miller *et al.*, 1975). All of these programmes include training in communication, empathy and conflict management skills.

Multiple family therapy

Multiple family therapy both increases the number of cases therapists can work with at one time, and also creates a context within which the strengths of multiple families can be harnessed as a treatment resource to promote recovery. In 2008, for a range of conditions, multiple family therapy continued to be the focus for development. Schaefer (2008) described the Higher Ground Alcohol and Drug Rehabilitation Trust programme in Auckland, New Zealand. This is an eighteen-week residential multifamily therapy programme for people with severe substance abuse problems which focuses on developing better communication patterns and better boundaries between family members, fostering mutual support, and promoting self-responsibility. Engstrom (2008) described a multiple family group therapy programme which included grandmothers of multiply stressed grandchildren from families where mothers were incarcerated for drug misuse and related difficulties. In a postwar Yugoslavian study of 197 adults with PTSD and their families, Weine *et al.* (2008) found that multiple family therapy was effective in increasing access to mental health services. De Barbaro *et al.* (2008) outlined a multi-couple group programme for addressing the vicious cycle of mutual hurtful accusations that typify couples in marital crisis. In the course of successive group meetings, participating couples acted as reflecting teams for each other. The couple recounting their crisis received non-threatening feedback, which helped them to implement

positive changes and break out of the self-perpetuating destructive interaction, while couples acting as the reflecting team learned non-judgemental and affirmative communication skills.

Narrative and attachment therapy practices

In 2008 there were two very important papers outlining approaches to family therapy based on concepts from attachment theory and narrative therapy. Byng-Hall (2008) argued that many family problems stem from attachment insecurity, and went on to show how an attachment-based approach to family therapy establishes a secure therapeutic base which increases security within families, so that they are liberated from anxiety and use their own resources to solve the problems that brought them to therapy. Building upon Byng-Hall's work, Vetere and Dallos (2008) described an integrated, formulation-based attachment-narrative approach to systemic therapy. The four stages in this practice model are: creating a secure base; exploring narratives and attachment experiences within a systemic framework; considering alternatives and taking action; and maintenance of the therapeutic base in the future.

Training

Implications of the metamorphosis of family therapy for training

In a watershed paper in *Child and Adolescent Mental Health*, Mark Rivett (2008) proposed that family therapy is undergoing a radical metamorphosis in which practices driven by theoretical and ideological purity are giving way to practices based on empirical research findings which are driven by the requirement for accountability. These newer practices include the integration of very specific and clearly defined approaches to family therapy for specific problems into multimodal programmes that involve other problem-specific pharmacological and psychosocial interventions. Rivett noted that UK family therapy training programmes are only beginning to adjust to this change. However, good models for training therapists in both generic family therapy skills and newer evidence-based problem-specific competencies are currently being developed. For example, Gouze and Wendel's (2008) integrative approach to family therapy training includes nine modules for assessment and intervention that are consistent with current best practices in family therapy generally, and specific empirically supported treatments. The curriculum includes the following

modules: (1) psychiatric and related medical conditions module, (2) developmental module, (3) narrative/cognitive module, (4) affect regulation module, (5) behaviour regulation module, (6) relationship/attachment module, (7) community module (covering social context, gender, culture, sexual orientation and religion), (8) mastery/self-efficacy module, and (9) family structure module.

Training psychiatrists in family therapy skills

In the journal *Academic Psychiatry*, there was a series of papers on integrating family therapy skills training into psychiatry education. Josephson (2008) argued that the term 'family therapy' should be replaced with the term 'family intervention' and that training in evidence-based family interventions should be an integral part of educational programmes in child and adolescent psychiatry. During their training, child and adolescent psychiatrists should learn to base family interventions on thorough case formulation, and to coordinate family interventions with other evidence-based treatments for child and adolescent psychological disorders. Berman *et al.* (2008) proposed that family therapy skills be integrated into all aspects of psychiatry training, rather than be taught in isolated courses or clinics, because family-oriented patient care in all areas of psychiatry improves patient outcome and reduces family burden. Rait and Glick (2008) favour teaching the following conceptual and practical skills over the course of psychiatry training: joining with couples and families; seeing systemic patterns; recognizing families' developmental stages; histories and cultures; identifying family structure; and intervening systemically.

Innovative training practices

There were many other papers on training innovations in family therapy in 2008, of which the following three are good examples. Carpenter *et al.* (2008) found that training students in conceptual and observational skills relating to the therapeutic alliance had a measurable effect, so that at the end of training their knowledge was similar to that of experienced clinicians. Lowe *et al.* (2008) outlined a process of live supervision that involves the use of separate treatment and observation teams who conceptualize the same case from first and second order, modern and postmodern perspectives. The process requires trainees to adopt multiple positions rather than identify with

one perspective, and provides a basis for comparing and integrating them. Rhodes (2008) illustrated with case material how therapists in training can learn to use particular patterns of questioning derived from solution-focused and narrative therapy to amplify virtuous rather than vicious cycles of interaction when conducting family therapy in reflecting team-training context.

Research

Cost-effectiveness of family therapy

There were two important papers by Russell Crane in 2008 on cost-effectiveness. In the first he summarized research on the cost-effectiveness of family therapy using US data from a health-maintenance organization with 180,000 subscribers; the Medicaid system of the State of Kansas, a division of a health insurance company with nine million subscribers; and a family therapy training clinic (Crane, 2008). He found that family therapy reduced the number of healthcare visits especially for high service users and that family therapy did not significantly increase healthcare costs. In the second paper he found that with frequent service users, those who participated in family therapy showed significant reductions of 68 per cent for health-screening visits, 38 per cent for illness visits, 56 per cent for laboratory/X-ray visits, and 78 per cent for urgent care visits (Crane and Christenson, 2008).

The therapeutic alliance in family therapy

There were a relatively large number of studies on the therapeutic alliance in family therapy in 2008. Two studies focused on scale development. Shelef and Diamond (2008) constructed a five-item short form of the revised Vanderbilt Therapeutic Alliance Scale and found that it had good reliability and validity in a sample of eighty-six cases of family therapy for drug-misusing adolescents. Pinosof *et al.* (2008) developed a revised short form of the Integrative Psychotherapy Alliance Scales for Family, Couple, and Individual Therapy. Both of these alliance scales are sufficiently reliable and valid to be routinely used in family therapy research.

Five studies provided evidence for the importance of the alliance in contributing to outcome in family therapy. In an intensive analysis using the System for Observing Family Therapy Alliances in two cases with highly discrepant outcomes seen by the same clinician,

Friedlander *et al.* (2008) found that in the case which dropped out in mid-treatment, observer ratings and self-reported alliance scores revealed a persistently 'split' alliance between family members. In the good outcome case, clients followed the therapist's alliance-building interventions with positive alliance behaviours. In an observational study of twenty-four sessions of structural family therapy, Hammond and Nichols (2008) found that structural family therapists showed frequent empathic response to family members and such responses were correlated with in-session change in the family's core problem. In an observational study of thirty-seven families in therapy, Escudero *et al.* (2008) found that a shared sense of purpose was the alliance indicator most consistently associated with successful therapeutic outcome. Other predictors of outcome were engagement in the therapeutic process, emotional connection with the therapist, safety within the therapeutic system and productive within-family collaboration. In a brief strategic family therapy study of thirty-one Hispanic drug-misusing adolescents and their families, Robbins *et al.* (2008a) found that a strong therapeutic alliance in the first session was associated with treatment completion, whereas a poor alliance was associated with dropping out of treatment. In a behavioural family therapy study of twenty-eight patients with schizophrenia, Smerud and Rosenfarb (2008) found that a positive therapeutic alliance improved family relationships and prevented the escalation of psychotic symptoms. When families developed positive therapeutic alliances, patients were less likely to relapse and be rehospitalized over a two-year follow-up period. When patients developed a positive alliance, their families became less rejecting and were less likely to feel burdened over a two-year period.

Deaths

In late 2007 and 2008 we lost two major contributors to the field of family therapy.

Michael White (1948–2008) died on 5 April 2008 at the age of 59 in San Diego, California. Obituaries to him appeared in the *Australian and New Zealand Journal of Family Therapy* (Jenkins, 2008), the *Journal of Marital and Family Therapy* (Gallant, 2008), *Contemporary Family Therapy* (Becvar, 2008) and the *Journal of Systemic Therapies* (Carey, 2008; Duvall *et al.*, 2008). Michael was one of Australia's pioneers in family therapy and the foundation editor of ANZJFT. He is best

known internationally for his development, with David Epston, of narrative therapy.

Padmal de Silva (1944–2007) died on 25 November 2007. An obituary to him appeared in *Sexual and Relationship Therapy* (d'Ardenne, 2008). He was an internationally acclaimed sex therapist and clinical psychologist, based at the Institute of Psychiatry in London.

Conclusion

In light of this thematic review it is clear that 2008 was a year of continued growth and development for family therapy. There was significant expansion in the evidence base for systemic practice with child- and adult-focused problems and relationship distress. Sensitivity to cultural diversity within the field continued to be an important issue. There were a number of innovations in systemic practice and some important training issues were a focus for attention. Research on the cost-effectiveness of systemic interventions and the contribution of the therapeutic alliance to outcome in family therapy continued to grow. This was also a year in which we lost two important pioneers, who will be sadly missed.

References

- Bagarozzi, D. A. Sr. (2008) Understanding and treating marital infidelity. A multidimensional model. *American Journal of Family Therapy*, **36**: 1–17.
- Barbato, A. and D'Avanzo, B. (2008) Efficacy of couple therapy as a treatment for depression. A meta-analysis. *Psychiatric Quarterly*, **79**: 121–132.
- Becvar, D. S. (2008) From the editor: The legacy of Michael White. *Contemporary Family Therapy*, **30**: 139–140.
- Beitin, B., Duckett, R. and Fackina, P. (2008) Discussions of diversity in a classroom. A phenomenological study of students in an MFT training program. *Contemporary Family Therapy*, **30**: 251–268.
- Berman, E. M., Heru, A., Grunebaum, H., Rolland, J., Sargent, J. and Wamboldt, M. (2008) Family-oriented patient care through the residency training cycle. *Academic Psychiatry*, **32**: 111–118.
- Beynon, S., Soares-Weiser, K., Woolacott, N., Duffy, S. and Geddes, J. R. (2008) Psychosocial interventions for the prevention of relapse in bipolar disorder: systematic review of controlled trials. *The British Journal of Psychiatry*, **192**: 5–11.
- Bodenmann, G., Plancherel, B., Beach, S. R. H., Widmer, K., Gabriel, B. and Meuwly, N. (2008) Effects of coping-oriented couples therapy on depression. A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, **76**: 944–954.

- Bruzzese, J., Unikel, L., Gallagher, R., Evans, D. and Colland, V. (2008) Feasibility and impact of a school-based intervention for families of urban adolescents with asthma: results from a randomized pilot trial. *Family Process*, **47**: 95–113.
- Butler, J. L. V. and Platt, R. A. L. (2008) Bullying. A family and school system treatment model. *American Journal of Family Therapy*, **36**: 18–29.
- Butler, M. H., Seedall, R. B. and Harper, J. M. (2008) Facilitated disclosure versus clinical accommodation of infidelity secrets. An early pivot point in couple therapy. Part 2: Therapy ethics, pragmatics, and protocol. *American Journal of Family Therapy*, **36**: 265–283.
- Byng-Hall, J. (2008) The crucial roles of attachment in family therapy. *Journal of Family Therapy*, **30**: 129–146.
- Cannon, E. and Levy, M. (2008) Substance-using Hispanic youth and their families: review of engagement and treatment strategies. *The Family Journal*, **16**: 199–203.
- Carey, M. (2008) Saying hullo again: remembering Michael White. *Journal of Systemic Therapies*, **27**: 11–15.
- Carpenter, J., Escudero, V. and Rivett, M. (2008) Training family therapy students in conceptual and observation skills relating to the therapeutic alliance. An evaluation. *Journal of Family Therapy*, **30**: 411–424.
- Christensen, H., Griffiths, K. M. and Jorm, A. F. (2004) Delivering interventions for depression by using the Internet: randomized controlled trial. *British Medical Journal*, **328**: 265–275.
- Cohen, J. A. and Mannarino, A. P. (2008) Trauma-focused cognitive behavioural therapy for children and parents. *Child and Adolescent Mental Health*, **13**: 158–162.
- Cole, E. (2008) Navigating the dialectic: following ethical rules versus culturally appropriate practice. *American Journal of Family Therapy*, **36**: 425–436.
- Connell, A. M. and Dishion, T. J. (2008) Reducing depression among at-risk early adolescents: three-year effects of a family-centered intervention embedded within schools. *Journal of Family Psychology*, **22**: 574–585.
- Crane, D. R. (2008) The cost-effectiveness of family therapy. A summary and progress report. *Journal of Family Therapy*, **30**: 399–410.
- Crane, D. R. and Christenson, J. D. (2008) The medical offset effect: patterns in outpatient services reduction for high utilizers of health care. *Contemporary Family Therapy*, **30**: 127–138.
- d'Ardenne, P. (2008) Obituary: Padmal de Silva, 22nd August, 1944–25th November, 2007. *Sexual and Relationship Therapy*, **23**: 189.
- Davey, M. P. and Watson, M. F. (2008) Engaging African Americans in therapy: integrating a public policy and family therapy perspective. *Contemporary Family Therapy*, **30**: 31–47.
- de Barbaro, B., Drozdowicz, L., Janusz, B., Gdowska, K., Dembinska, E. and Kolbik, I. (2008) Multi-couple reflecting team: preliminary report. *Journal of Marital and Family Therapy*, **34**: 287–297.
- de Graaf, I., Speetjens, P., Smit, F., de Wolff, M. and Tavecchio, L. (2008) Effectiveness of the Triple P positive parenting program on parenting. A meta-analysis. *Family Relations*, **57**: 553–566.
- De Stefano, J. and Oala, M. (2008) Extramarital affairs: basic considerations and essential tasks in clinical work. *The Family Journal*, **16**: 13–19.

- Dietz, L. J., Mufson, L., Irvine, H. and Brent, D. A. (2008) Family-based interpersonal psychotherapy for depressed preadolescents. An open-treatment trial. *Early Intervention in Psychiatry*, **2**: 154–161.
- Duba, J. D., Kindsvatter, A. and Lara, T. (2008) Treating infidelity: considering narratives of attachment. *The Family Journal*, **16**: 293–299.
- Duvall, J., Beres, L. and Beaudoin, M. (2008) Saying hullo again: remembering Michael White. *Journal of Systemic Therapies*, **27**: 1–19.
- Engstrom, M. (2008) Involving care giving grandmothers in family interventions when mothers with substance use problems are incarcerated. *Family Process*, **47**: 357–371.
- Escudero, V., Friedlander, M. L., Varela, N. and Abascal, A. (2008) Observing the therapeutic alliance in family therapy. Associations with participants' perceptions and therapeutic outcomes. *Journal of Family Therapy*, **30**: 194–214.
- Fals-Stewart, W. and Lam, W. K. K. (2008) Brief behavioural couples therapy for drug abuse. A randomized clinical trial examining clinical efficacy and cost-effectiveness. *Families, Systems, and Health*, **26**: 377–392.
- Fiese, B., Winter, M., Anbar, R., Howell, K. and Poltrock, S. (2008) Family climate of routine asthma care. Associating perceived burden and mother–child interaction patterns to child well-being. *Family Process*, **47**: 63–79.
- Fife, S. T., Weeks, G. R. and Gambescia, N. (2008) Treating infidelity. An integrative approach. *The Family Journal*, **16**: 316–323.
- Friedlander, M. L., Lambert, J. E., Escudero, V. and Cragun, C. (2008) How do therapists enhance family alliances? Sequential analyses of therapist–client behaviour in two contrasting cases. *Psychotherapy: Theory, Research, Practice, Training*, **45**: 75–87.
- Gallant, P. (2008) Michael White: in memoriam: therapist, teacher, innovator. *Journal of Marital and Family Therapy*, **34**: 427–428.
- Gattis, K. S., Simpson, L. E. and Christensen, A. (2008) What about the kids? Parenting and child adjustment in the context of couple therapy. *Journal of Family Psychology*, **22**: 833–842.
- Gouze, K. R. and Wendel, R. (2008) Integrative module-based family therapy. Application and training. *Journal of Marital and Family Therapy*, **34**: 269–286.
- Guerney, B. G. (1987) *Relationship Enhancement Manual*. Bethesda, MD: Ideal.
- Halford, W. K., Markman, H. J. and Stanley, S. (2008) Strengthening couples' relationships with education: social policy and public health perspectives. *Journal of Family Psychology*, **22**: 497–505.
- Halford, W. K., Moore, E., Wilson, K. L., Dyer, C., Farrugia, C. and Burrows, T. (2005) *The Couple Commitment and Relationship Enhancement*. (Couple CARE) Program [Videotape and guidebook]. Brisbane, Queensland, Australia: Australian Academic Press.
- Hammond, R. T. and Nichols, M. P. (2008) How collaborative is structural family therapy? *The Family Journal*, **16**: 118–124.
- Hernandez, P., Rickard, J. and Giambruno, P. (2008) Transformative family therapy with a lesbian couple. A case study. *Journal of Feminist Family Therapy*, **20**: 281–298.
- Hertlein, K. M. and Piercy, F. P. (2008) Therapists' assessment and treatment of internet infidelity cases. *Journal of Marital and Family Therapy*, **34**: 481–497.

- Hogue, A., Dauber, S., Chinchilla, P., Fried, A., Henderson, C. and Inclan, J. (2008) Assessing fidelity in individual and family therapy for adolescent substance abuse. *Journal of Substance Abuse Treatment*, **35**: 137–147.
- Hogue, A., Henderson, C. E., Dauber, S., Barajas, P. C., Fried, A. and Liddle, H. A. (2008) Treatment adherence, competence, and outcome in individual and family therapy for adolescent behaviour problems. *Journal of Consulting and Clinical Psychology*, **76**: 544–555.
- Jenkins, A. (2008) Obituary: Michael White: 1948–2008. *Australian and New Zealand Journal of Family Therapy*, **29**: ii.
- Josephson, A. M. (2008) Reinventing family therapy: teaching family intervention as a new treatment modality. *Academic Psychiatry*, **32**: 405–413.
- Juhnke, G. A., Coll, K. M., Evans, M., Sunich, M. F., Hansen, K. D. and Valadez, A. (2008) A modified infidelity debriefing process for couples who have recently experienced infidelity disclosure. *The Family Journal*, **16**: 308–315.
- Kaslow, F. W. (2008) Sameness and diversity in families across five continents. *Journal of Family Psychotherapy*, **19**: 107–142.
- Kendall, P. C., Hudson, J. L., Gosch, E., Flannery-Schroeder, E. and Suveg, C. (2008) Cognitive-behavioural therapy for anxiety disordered youth. A randomized clinical trial evaluating child and family modalities. *Journal of Consulting and Clinical Psychology*, **76**: 282–297.
- Klinnert, M. D., Kaugars, A. S., Strand, M. and Silveira, L. (2008) Family psychological factors in relation to children's asthma status and behavioural adjustment at age 4. *Family Process*, **47**: 41–61.
- Kosutic, I. and McDowell, T. (2008) Diversity and social justice issues in family therapy literature. A decade review. *Journal of Feminist Family Therapy*, **20**: 142–165.
- Larsen, S., Kim-Goh, M. and Nguyen, T. D. (2008) Asian American immigrant families and child abuse: cultural considerations. *Journal of Systemic Therapies*, **27**: 16–29.
- le Grange, D., Doyle, P., Crosby, R. D. and Chen, E. (2008) Early response to treatment in adolescent bulimia nervosa. *International Journal of Eating Disorders*, **41**: 755–757.
- Liddle, H. A., Dakof, G. A., Turner, R. M., Henderson, C. E. and Greenbaum, P. E. (2008) Treating adolescent drug abuse: a randomized trial comparing multidimensional family therapy and cognitive behavior therapy. *Addiction*, **103**: 1660–1670.
- Lim, S. and Nakamoto, T. (2008) Genograms: use in therapy with Asian families with diverse cultural heritages. *Contemporary Family Therapy: An International Journal*, **30**: 167–173.
- Lock, J., le Grange, D. and Crosby, R. (2008) Exploring possible mechanisms of change in family-based treatment for adolescent bulimia nervosa. *Journal of Family Therapy*, **30**: 260–271.
- Lowe, R., Hunt, C. and Simmons, P. (2008) Towards multi-positioned live supervision in family therapy: combining treatment and observation teams with first- and second-order perspectives. *Contemporary Family Therapy*, **30**: 3–14.

- Ma, J. L. C. (2008) Patients' perspective on family therapy for anorexia nervosa. A qualitative inquiry in a Chinese context. *Australian and New Zealand Journal of Family Therapy*, **29**: 10–16.
- MacIntosh, H. B. and Johnson, S. (2008) Emotionally focused therapy for couples and childhood sexual abuse survivors. *Journal of Marital and Family Therapy*, **34**: 298–315.
- Markman, H., Stanley, S., Blumberg, S., Jenkins, N. and Whaley, C. (2004) *Twelve Hours to a Great Marriage*. San Francisco, CA: Jossey-Bass.
- Martire, L. M., Schulz, R., Keefe, F. J., Rudy, T. E. and Starz, T. W. (2008) Couple-oriented education and support intervention for osteoarthritis: effects on spouses' support and responses to patient pain. *Families, Systems, and Health*, **26**: 185–195.
- Mason, B. (2008) Relational risk-taking, men and affairs. *Journal of Family Therapy*, **30**: 492–503.
- Miklowitz, D. J. (2008) Adjunctive psychotherapy for bipolar disorder: state of the evidence. *American Journal of Psychiatry*, **165**: 1408–1419.
- Miller, S., Nunnally, E. and Wackman, D. (1975) Minnesota Couples Communication Program (MCCP): premarital and marital groups. In D. Olson (ed.) *Treating Relationships* (pp. 21–40). Lake Mills, IA: Graphic.
- Morrisette, P. J. (2008) Clinical engagement of Canadian First Nations couples. *Journal of Family Therapy*, **30**: 60–77.
- Ng, S. M., Li, A. M., Lou, V. W. Q., Tso, I. F., Wan, P. Y. P. and Chan, D. F. Y. (2008) Incorporating family therapy into asthma group intervention. A randomized waitlist-controlled trial. *Family Process*, **47**: 115–130.
- Nowak, C. and Heinrichs, N. (2008) A comprehensive meta-analysis of Triple P – positive parenting program using hierarchical linear modelling: effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, **11**: 114–144.
- Nwoye, A. (2008) Memory and narrative healing processes in HIV counseling. A view from Africa. *Contemporary Family Therapy*, **30**: 15–30.
- Peluso, P. R. and Spina, P. (2008) Understanding infidelity: pitfalls and lessons for couples counsellors. *The Family Journal*, **16**: 324–327.
- Pinsof, W. M., Zinbarg, R. and Knobloch-Fedders, L. M. (2008) Factorial and construct validity of the revised short form integrative psychotherapy alliance scales for family, couple, and individual therapy. *Family Process*, **47**: 281–301.
- Powers, M. B., Vedel, E. and Emmelkamp, P. M. G. (2008) Behavioural couples therapy (BCT) for alcohol and drug use disorders. A meta-analysis. *Clinical Psychology Review*, **28**: 952–962.
- Rait, D. and Glick, I. (2008) A model for reintegrating couples and family therapy training in psychiatric residency programs. *Academic Psychiatry*, **32**: 81–86.
- Rhodes, P. (2008) Amplifying deviations in family interactions: guidelines for trainees in post-Milan family therapy. *Australian and New Zealand Journal of Family Therapy*, **29**: 34–39.
- Rhodes, P., Baillee, A., Brown, J. and Madden, S. (2008) Can parent-to-parent consultation improve the effectiveness of the Maudsley model of family-based treatment for anorexia nervosa? A randomized control trial. *Journal of Family Therapy*, **30**: 96–108.

- Rivett, M. (2008) Towards a metamorphosis: current developments in the theory and practice of family therapy. *Child and Adolescent Mental Health*, **13**: 102–106.
- Robbins, M. S., Mayorga, C. C., Mitrani, V. B., Szapocznik, J., Turner, C. W. and Alexander, J. F. (2008) Adolescent and parent alliances with therapists in brief strategic family therapy with drug-using Hispanic adolescents. *Journal of Marital and Family Therapy*, **34**: 316–328.
- Robbins, M. S., Szapocznik, J., Dillon, F. R., Turner, C. W., Mitrani, V. B. and Feaster, D. J. (2008) The efficacy of structural ecosystems therapy with drug-abusing/dependent African American and Hispanic American adolescents. *Journal of Family Psychology*, **22**: 51–61.
- Rotunda, R. J., O'Farrell, T. J., Murphy, M. and Babey, S. H. (2008) Behavioural couples therapy for comorbid substance use disorders and combat-related posttraumatic stress disorder among male veterans. An initial evaluation. *Addictive Behaviours*, **33**: 180–187.
- Rowe, C. L. and Liddle, H. A. (2008) Multidimensional family therapy for adolescent alcohol abusers. *Alcoholism Treatment Quarterly*, **26**: 105–123.
- Sanders, M. R. (2008) Triple P-positive parenting program as a public health approach to strengthening parenting. *Journal of Family Psychology*, **22**: 506–517.
- Schaefer, G. (2008) Multiple family group therapy in a drug and alcohol rehabilitation centre. *Australian and New Zealand Journal of Family Therapy*, **29**: 17–24.
- Shelef, K. and Diamond, G. M. (2008) Short form of the revised Vanderbilt therapeutic alliance scale: development, reliability, and validity. *Psychotherapy Research*, **18**: 433–443.
- Sher, T. G. and Halford, W. K. (2008) Challenges and opportunities in public health perspectives on family interventions: introduction to the special section. *Journal of Family Psychology*, **22**: 495–496.
- Slep, A. M. S. and Heyman, R. E. (2008) Public health approaches to family maltreatment prevention: resetting family psychology's sights from the home to the community. *Journal of Family Psychology*, **22**: 518–528.
- Smerud, P. E. and Rosenfarb, I. S. (2008) The therapeutic alliance and family psychoeducation in the treatment of schizophrenia. An exploratory prospective change process study. *Journal of Consulting and Clinical Psychology*, **76**: 505–510.
- Smit, E., Verdurmen, J., Monshouwer, K. and Smit, F. (2008) Review: Family interventions and their effect on adolescent alcohol use in general populations; a meta-analysis of randomized controlled trials. *Drug and Alcohol Dependence*, **97**: 195–206.
- Smith, D. C. and Hall, J. A. (2008) Strengths-oriented family therapy for adolescents with substance abuse problems. *Social Work*, **53**: 185–188.
- Snyder, D. K., Baucom, D. H. and Gordon, K. C. (2008) An integrative approach to treating infidelity. *The Family Journal*, **16**: 300–307.
- Solomon, D. A., Keitner, G. I., Ryan, C. E., Kelley, J. and Miller, I. W. (2008) Preventing recurrence of bipolar I mood episodes and hospitalizations: family psychotherapy plus pharmacotherapy versus pharmacotherapy alone. *Bipolar Disorders*, **10**: 798–805.

- Steinglass, P. (2008) Family systems and motivational interviewing. A systemic-motivational model for treatment of alcohol and other drug problems. *Alcoholism Treatment Quarterly*, **26**: 9–29.
- Sundell, K., Hansson, K., Löfholm, C., Olsson, T., Gustle, L. and Kadesjö, C. (2008) The transportability of multisystemic therapy to Sweden: short-term results from a randomized trial of conduct-disordered youths. *Journal of Family Psychology*, **22**: 550–560.
- Vetere, A. and Dallos, R. (2008) Systemic therapy and attachment narratives. *Journal of Family Therapy*, **30**: 374–385.
- Waldron, H. B. and Turner, C. W. (2008) Evidence-based psychosocial treatments for adolescent substance abuse. *Journal of Clinical Child and Adolescent Psychology*, **37**: 238–261.
- Wamboldt, F. S., Balkissoon, R. C., Rankin, A. E., Szeffler, S. J., Hammond, S. K. and Glasgow, R. E. (2008) Correlates of household smoking bans in low-income families of children with and without asthma. *Family Process*, **47**: 81–94.
- Webster-Stratton, C. (2001) The Incredible Years: parents, teachers, and children training series. *Residential Treatment for Children and Youth*, **18**: 31–45.
- Weinblatt, U. and Omer, H. (2008) Nonviolent resistance. A treatment for parents of children with acute behaviour problems. *Journal of Marital and Family Therapy*, **34**: 75–92.
- Weine, S. M., Kulauzovic, Y., Klebic, A., Besic, S., Mujagic, A. and Muzurovic, J. (2008) Evaluating a multiple-family group access intervention for refugees with PTSD. *Journal of Marital and Family Therapy*, **34**: 149–164.
- Willerton, E., Dankoski, M. E. and Sevilla Martir, J. F. (2008) Medical family therapy. A model for addressing mental health disparities among Latinos. *Families, Systems, and Health*, **26**: 196–206.
- Williams, M. and Winslade, J. (2008) Using ‘undercover teams’ to re-story bullying relationships. *Journal of Systemic Therapies*, **27**: 1–15.
- Wood, B. L., Lim, J., Miller, B. D., Cheah, P., Zwetsch, T. and Ramesh, S. (2008) Testing the biobehavioural family model in paediatric asthma: pathways of effect. *Family Process*, **47**: 21–40.
- Wysocki, T., Harris, M. A., Buckloh, L. M., Mertlich, D., Lochrie, A. S. and Taylor, A. (2008) Randomized, controlled trial of behavioural family systems therapy for diabetes: maintenance and generalization of effects on parent–adolescent communication. *Behaviour Therapy*, **39**: 33–46.
- Yuen, E. Y. N. and Toumbourou, J. W. (2008) Does family intervention for adolescent substance use impact parental mental health? A systematic review. *Australian e-Journal for the Advancement of Mental Health*, **7**: www.auseinet.com/journal/vol7iss3/yuen.pdf.
- Yznaga, S. D. (2008) Using the genogram to facilitate the intercultural competence of Mexican immigrants. *The Family Journal*, **16**: 159–165.
- Zaitsoff, S. L., Doyle, A. C., Hoste, R. R. and le Grange, D. (2008) How do adolescents with bulimia nervosa rate the acceptability and therapeutic relationship in family-based treatment? *International Journal of Eating Disorders*, **41**: 390–398.