Laurie L. Charlés
Gameela Samarasinghe *Editors*

Family Systems and Global Humanitarian Mental Health

Approaches in the Field

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About the Editors

Laurie L. Charlés, PhD is a licensed marriage and family therapist and qualitative researcher based in Boston, Massachusetts (USA). She is a former faculty instructor and former director of the MFT Program at Our Lady of the Lake University, San Antonio, Texas, USA, and recent subject matter expert in family therapy with two psychotherapeutic interventions courses sponsored by the World Health Organization (WHO) and as a WHO Mental Health Officer during the Ebola virus disease (EVD) outbreak in West Africa in 2015, and with the UNODC in Vienna. Focused on scaling up family therapy practices for host country nationals in fragile states, Dr. Charlés' work as a scholar and practitioner includes the performance of qualitative rapid needs assessments and the supervision and training of psychiatrists, psychosocial workers, and family therapists for family therapy and psychosocial support programs in low- and middle-income countries. Dr. Charlés has both a PhD in family therapy from Nova Southeastern University and an MA in international relations from the Fletcher School of Law and Diplomacy at Tufts University. Her publications have appeared in *Family Process*, the *Journal of Marital and Family Therapy*, the *Journal of Family Therapy*, *Qualitative Inquiry*, and *Boston Globe Magazine*. She is a 2017–2018 Fulbright Global Scholar.

Gameela Samarasinghe, PhD is a clinical psychologist by training and is an associate professor of psychology in the Department of Sociology, University of Colombo, Sri Lanka. She initiated the design of and introduced the postgraduate diploma and master's in counseling and psychosocial support at the Faculty of Graduate Studies, University of Colombo. These postgraduate programs try to provoke thinking on alternative visions of what support to individuals and communities might look like while at the same time providing training on conventional counseling skills. She has been a member of various advisory groups developing strategies for post-conflict trauma in Sri Lanka and internationally. These include her role as a technical advisor to the Asia Foundation's Reducing the Effects and Incidents of Trauma (RESIST) Program and to the Victims of Trauma Treatment Program (VTTP), which are programs designed to support and treat torture survivors. She was a member of the international research team on "Trauma, Peacebuilding and

Development," run from the University of Ulster. She has written extensively on mental health and psychosocial wellbeing in Sri Lanka. She has been awarded many fellowships and has been the recipient of research grants including the Fulbright-Hays Senior Research Scholar Award (2004–2005) at Boston University and the Fulbright Advanced Research Award (2013–2014) at Columbia University's Mailman School of Public Health.

Chapter 1
Introduction

Laurie L. Charlés and Gameela Samarasinghe

The Transportability of Family Systems Approaches

In our first volume, our contributors shared their work and ideas about the philosophical and practice dilemmas brought when taking family therapy concepts and techniques to work in global mental health in humanitarian settings. Here, we build on those foundations, pushing them yet forward, with contributors who discuss methods and approaches that reach across a spectrum of family systems work. Ranging in locations across several continents, and from inter-, trans-, and cross-disciplinary traditions and educational backgrounds, our contributors' collective set of chapters bring to light the nature and utility of family systems approaches (FSAs) in the humanitarian space. A common theme in their work is the illustration of the transportability of family systems approaches, as applied to a clinical case, a community intervention, a supervisory dilemma, a training adaptation, or a foreign policy perspective.

Humanitarian situations are complex emergencies no matter where they occur, and distress and fragmentation of family systems are part of the landscape. Relationships are at risk of becoming fractured in emergency situations, and it is not unusual for that to result in, or further, psychosocial suffering. Nevertheless, family systems approaches can find unexpected utility in such chaos, as their form and substance can be designed to uniquely fit the conditions common in the humanitarian space.

As in the years of family therapy's origins, systems ideas have had wide, far-reaching applications. However, at its heart, the center of its sensibility, is the

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powerful idea that people live and thrive in a network of relationships with others and that this sensibility is worth incorporating robustly in any effort at intervention. A further, compounded benefit to the transportability of the family systems approach is the unwavering declaration across communities that "family," as an idea and a collective unit, is worth our time and investment in terms of mental health and psychosocial support and in the promotion of community and societal resilience. This, too, is an ecological sensibility that defined the early years of the field.

Highlighting Family Systems as an Approach for Psychotherapeutic Intervention

Family, of course, among family therapy scholars and practitioners is understood as a critical buffer against stress and a protective factor in emergencies (Walsh, 2012). In this book, however, we do not focus specifically on the systemic family therapy clinical session, the professional who identifies herself or himself as a "family therapist," or the established interventions common to family therapy as it exists in a high-income country (HIC). Outside HICs and regions, there is typically no state regulation of family therapy as a profession and no routine existence of it as a choice of study in doctoral or masters' level graduate training nor a vast set of easily available resources such as books, articles, or manuals in a language other than English. Nevertheless, there is generous use of family systems ideas' application across low- and middle-income countries' (LMIC) context-, and in fragile-, conflict-, and violence-affected states (FCVs) and humanitarian settings (Charlés & Samarasinghe, 2016). This widespread relevance and utility is the point of our collection and the focus of the work that is illustrated by our contributors. It is *their* systemic methods and approaches in the humanitarian setting, whomever and wherever they are, that is at the heart of this book.

This value of focusing so keenly on family and family systems, despite the challenges in doing so, is a theme that runs across each of our contributors' chapters. Family systems are important in Trinidad and Tobago. In Syria they are important; in refugee camps in Lebanon; in communities faced with the DNA identification of their missing loved one's remains in Cyprus; in vulnerable shantytowns in Chile; in marginalized communities in San Antonio, Texas; and in the midst of the 2014 Ebola virus disease outbreak in Guinea, West Africa, among graduate students in the midst of a hurricane in Fort Lauderdale or in a class role play in postwar Sri Lanka; in each case, family systems ideas are important. We can't name a place nor space that the idea of family, as a protective factor in complex emergencies, is contested. Rather, our attention here is to another question, a more critical and challenging one: *How* is a family systems approach useful in the humanitarian setting? How is that particular approach negotiated in practice? How is its stability and promotion, in terms of psychosocial health, a spark toward something useful for that community?

In this book, our contributors address such questions, but not necessarily through the modality of the clinical session, although Nehmé (Chap. 6, this volume) and

Perdomo and Adeigbe (Chap. 5, this volume) do share their clinical work. However, the situations of migration in each country where their clinical work takes place (for Nehme, with Syrian refugees in Lebanon; for Perdomo and Adeigbe, with undocumented immigrants along the Texas-Mexico border) are quite different. Their chapters reflect the different ways that the fate of refugees across the globe is a topic of intense politicization in high-income countries and in LMICs. For example, "Low-income and middle-income countries [who] receive the largest number of asylum seekers and 80% of the world's refugees, yet these countries have few resources to address the substantial health, legal, educational, water, and food requirements of displaced populations" (Fazel, Karunakara, & Newnham, 2014), while "[s]ome high-income countries use immigration detention as a stepping-stone to forced repatriation" (Fazel et al., 2014).

What drives global mental health practice is not a focus on a particular population or geopolitical spot in the world, however, even though it often may seem that way. Global mental health practice is driven by "data about the disparities in mental health and its subsequent access by people across the globe, including disparities between and within states (countries), and between vulnerable groups within states" (Charlés & Bava, in press). In humanitarian settings, those disparities take on a different meaning, where communities are at risk of further fragmentation due to an ongoing or recent crisis. This pattern is well represented in some of our authors' work, illustrating both the highly contextualized nature of global mental health and also, how states and state behavior contribute to vulnerability.

Further, in this volume, our common focus is on the particular method and approach of a family systems intervention. However, that intervention is not necessarily a clinical, psychotherapeutic one. Systemic intervention in the context of global mental health and the humanitarian setting demands a hybrid approach, be it a training exercise or adaptation (Ekanayake & Abeysinghe, Chap. 8; Rambo et al., Chap. 2, this volume), a problem/solution set of cases particular to the humanitarian space (Bacigalupe, Chap. 3; Agathangelou & Killian, Chap. 4; Faregh, Tounkara & Soumaoro, Chap. 10; Flemons & Charlés, Chap. 4, this volume), or a historical injustice at the intersection of family psychosocial health and state policy, which is typically exacerbated in a humanitarian crisis (Young, Chap. 7; Bacigalupe, Chap. 3; Faregh, Tounkara & Soumaoro, Chap. 10, this volume).

In fact, it is the *approach*, not necessarily the identity of the professional (or his/her education or degree or license), which we want to highlight. This focus on process pays heed to the origins of the field of family therapy, which, of course, was constructed from and informed by global cross-, trans-, and interdisciplinary collaboration. What mattered back then, as now, is the *process* one engages in to understand a context, knowing the place, or space, and the situation from the inside. For those professionals not yet exposed to humanitarian settings or conditions in LMICs, immersing meaningfully in this "inside" may require both substantial unlearning and relearning. Many seasoned family therapy practitioners trained and operating primarily in HICs may find themselves encumbered by their traditional knowledge base when having to adapt to the everyday issues and factors specific to LMICS or FCVs. These factors change everything – not about the substance of systemic family therapy approaches, but, rather, about their form.

A Portfolio of Evidence: Intervention and Family Systems Approaches

In global mental health and humanitarian contexts, the conditions that threaten family psychosocial health and well-being are often uncontrollable, assiduous, and, sometimes, dangerous. Such conditions make experimental research on psychotherapeutic intervention challenging, though not impossible. For systemic family scholars and practitioners, who thrive in the "messy lived experience" of work with families, this is familiar territory. While perhaps not always so vivid as to be dangerous and unruly, family therapy is, as Lebow (2018) put it, "typically conducted under conditions far afield from those in the typical random controlled study" (p. 2). In global, humanitarian settings, such conditions are not only further afield – they are in a separate field altogether. What, then, is the role of evidence in family therapy approaches in a humanitarian context? How can critical matters of meaningful impact and sustainable scalability be addressed in such settings?

Whether it is through the efficacy of couple and family interventions (Pinsof & Wynne, 1995); addressing questions of outcomes with specific applications, populations, and settings (Liddle, 2016; Sexton, Datchi, Evans, LaFollette, & Wright, 2013; Sprenkle, 2002, 2012; Szapocznik, Schwartz, Muir, & Brown, 2012); or meta-analyses across large data sets or individual process-oriented case studies (Chenail et al., 2012), systemic family therapy interventions have been shown to be effective for a range of clinical issues. According to the World Health Organization, "Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations into account" (WHO Mental Health Action Plan, 2013–2020). The extant evidence base in family therapy is replete with such strategies and interventions, which are both "change mechanisms that underlie positive clinical outcomes" and "across methods and specific to certain approaches" (Stratton, 2016, p. 417).

The theoretical origins and ongoing development of systemic approaches illustrate a robust history of exploration with clients about whether the intervention they are part of is actually meeting their needs (Stratton, 2016). This history suggests, in addition to the extant evidence base, a particular appeal of systemic approaches, making them unique among a host of psychotherapeutic interventions. Essentially, research shows how much clients value it. For example, Chenail et al. (2012) conducted a qualitative meta-synthesis of 49 articles and from this created an "inductive grounded formal theory of CFT (couple and family therapy) client experience/evaluation/preferences" (as cited in Stratton, 2016, p. 259). Chenail et al. (2012) provided a rich, descriptive account that told in detail clients' reactions to their experience with systemic therapy. Of note is the client's appreciation for the therapeutic alliance in systemic therapy, how they felt they were fairly engaged in the therapy process, and how much they valued having the opportunity to hear what other family members contributed to the therapy (Chenail et al., 2012).

Such qualitative evidence that Chenail et al. (2012) contributed can be very useful beyond the clinic, as Langlois, Tunçalp, Norris, Askew, and Ghaffar (2018) recently pointed out:

> qualitative evidence is invaluable for national and local decision-makers and practitioners to understand factors influencing the implementation and scale-up of health policies and programmes. Qualitative data have proven essential in planning, developing and implementing health policies and interventions, including in low- and middle-income countries. Qualitative evidence also helps policy-makers and programme managers to make decisions about how to adapt a given WHO guideline and how to prioritize this guidance … [It] is also aligned with a global movement towards the generation and use of a wide array of evidence in policy-making. (Langlois et al., 2018, p. 79)

Applying an evidence-based approach to policy-making, however, be it family systems intervention or another psychotherapeutic intervention may not be sufficiently meaningful to address the needs that are brought by the context in LMICs and FCVs. Nevertheless, critical questions must *always* be asked about how impactful treatments actually are and also how meaningful (Lebow, 2018). As Lebow (2018) noted, there are several reasons family therapy approaches are not easily captured in conventional experimental research. For example, clients may have more than one clinical condition alongside the presenting problem. We find this point particularly relevant with regard to conditions in LMICs and FCVs – although Lebow (2018) was not speaking of them. Of further interest, Lebow (2018) also pointed out that when therapists are likely to practice more than one "pure brand version" of therapy (p. 2), experimental research methods are unlikely to fit. We also find such conditions – practitioners who adhere to more than one brand or approach – pervasive, common, and actually quite amenable to practitioners working in LMICs and FCVs or in a humanitarian setting.

Evidence-based approaches to psychotherapeutic intervention, if done meaningfully, add to the credibility of all mental health and psychosocial support social science and can offer an important ethical and moral voice. However, our experience in global mental health and humanitarian settings suggests they are rarely sufficient on their own. Rather, such settings reflect the demand overall for a greater, more diverse "portfolio of approaches" (Schindler, Fisher, & Shonkoff, 2017).

Indeed, systemic approaches for families and communities in global mental health and humanitarian settings should include an expansive and generous definition of evidence. It should include approaches informed by evidence as well as multi-, trans-, and interdisciplinary innovation informed by best practice. It should include a broad set of systemic family clinicians and researchers, development and governance professionals proficient in foreign policy, and the international system in its application. Most significantly, it should include and engage client families and communities originating in the places where clinical research and projects are conducted. For us, this is the minimum requirement for a "portfolio of approaches" to global mental health and MHPSS in humanitarian settings. At the very least, it is what we can and should expect of our future discourse in the arena of global mental health – particularly when family systems approaches are the intervention. It is our belief that such a proposal is more typically suited to the circumstances on the

ground of LMICS and FCVs, which demands a constantly inductive, sometimes unconventional sensibility to problem-solving, which may start with, but not necessarily end, with a randomized, controlled trial. The sensibility should be driven by circumstances on the ground and the people in the field who know them best. We offer this collection of chapters in that spirit.

Our Contributors and Their Methods and Approaches

Our contributors range in their professional backgrounds, and their work mirrors the interdisciplinary origins of systemic therapy. What is unique about their work, and a key focus of our book, are the authors' geopolitical locations on the globe, the set of conditions that define that setting as a humanitarian context of intervention, and how they address those conditions through the application of a family systems approach. As these authors illustrate, practitioners living and working in LMICs or FCVs are expert at managing the shifting dynamics or circumstances inside humanitarian corridors or state conditions. However, the questions they bring to the family therapy world are different, unlike the settings in HICs, where the humanitarian space may be a new character, the protagonist, and the unexpected arrival with whom one must learn to work in order for their FSA to be sustainable. Among all, it is the humanitarian space that is the common factor; all work must incorporate those conditions in the design if the approach is to be sustainable. When the systemic approach is brought forward by transdisciplinary professionals, it brings a new flavor to the method that challenges the status quo. Further, the challenges demand the attention of professionals beyond the clinical realm, as Simone Young, a foreign policy expert, demonstrates in her chapter.

Anne Rambo, Kara Erolin, Christine Beliard, and Flavia Almonte, in a chapter that is an approach to training and practice, discuss earnestly and with smart diligence how they had to review and revise very unexpectedly the contents of their master's degree program in marriage and family therapy. In Florida, where Rambo and her co-authors are based, the group found that they and their clients were faced with two emergencies, a hurricane and a shooting in a school, which made them question their own understanding of the relevance and appropriateness of the program they offered in their university to address the consequences of such tragedies.

Unlike in the USA where family systems therapy is an accepted and a used method to support individuals within family, Sri Lanka is beginning to discover its usefulness and potential with families in crisis situations. Evangeline Ekanayake and Nilanga Abeysinghe creatively and vividly present the challenges that proponents of family systems approaches are facing in Sri Lanka including their questions, doubts, and successful outcomes through the discussion of two cases. Most interestingly, and with aplomb and in robust detail, the authors point to how they gradually develop an approach more suitable to the Sri Lankan context, with the collaboration of trainees in a master's program and also, in a training program for counsellors in the hill country.

Cases are used in two other chapters as well. Rima Nehmé, and Catalina Perdomo and Tiffany Adeigbe, each share clinical examples of their use of family systems approaches with displaced families whose members are separated from each other: in Nehmé's case, with a newlywed family in a Syrian refugee camp in Lebanon, and in Perdomo and Adeigbe's case, with undocumented immigrants and their families near the Texas-Mexico border. Each of these two chapters present their approaches' differences, situated by the locality and the complexities it brings for each family. The case in Nehmé's chapter takes place in a camp in South Lebanon and demonstrates the challenges faced by the therapist to engage with a Syrian family. She eventually resorts, with the eye and ear of a seasoned clinician, to metaphors to get through to them and to help them think of ways of addressing their issues. In her chapter, the resentment to engage in therapy is felt in the way the family members or the client interacts with the therapist. This is in a sense not surprising given that therapy is not easily acceptable or an intervention that is sought in those parts of the world. The stigma associated with seeing a therapist is clearly evident. In Perdomo and Adeigbe's chapter, the objective is to argue that the work they are engaged in with immigrant clients in the USA is relevant to the wider global context. They also firmly emphasize the importance and effectiveness of brief or even a single therapy session in the case of a family member who has been deported or not living with the rest of the family.

The clinical examples share a connection, in spite of their geopolitical differences. In a humanitarian situation, families are not always together in spatial real time; further, in humanitarian contexts family members may not know where other family members are or if they are alive or dead, missing, or have forcibly disappeared. Nehmé's case, describing a session taking place inside a refugee camp, illustrates another spatial migratory issue commonly overlooked: forcibly displaced families living shoulder to shoulder in a refugee camp.

The chapter by Douglas Flemons and Laurie Charlés explores the challenges of the key role of expatriates who support host country nationals in LMICs and FCVs as supervisory consultants, and in this case, in Syria. One of the key roles for foreign expats in such settings is to provide continuing support via distance (Tol et al., 2011); many of the trainers who train in humanitarian settings such as ongoing, armed conflict are Western, foreign expats. Flemons and Charlés' chapter reflects how extraordinarily difficult such work can be, vicariously and in ways that defy the ease with which seasoned professionals are accustomed. Even if the technical preparation to do the work is present, it is not all that is required in the humanitarian setting. Being a skilled supervisor or "Approved" is not, in and of itself, enough (Green, Shilts, & Bacigalupe, 2001). Experiencing these difficulties shifts the implications of the effort to another dimension, disrupting established methods.

As in Rambo et al.'s chapter, Neda Faregh's, Alexis Tounkara's, and Kemo Soumaoro's chapter discusses a crisis situation of a different nature. The fast-spreading 2014 West African Ebola Virus Disease epidemic required quick thinking about how to treat the victims' illness and at the same time support their families. Programs therefore needed to address the needs of all in the form of psychosocial interventions considering the sociocultural, political, and historical factors that

impacted on the survivors. These authors describe in vivid detail and with sensitive knowing, how all stakeholders operate "in reciprocal spheres of influence as they, individually and collectively, undertake the process of meaning-making along a continuum of shared values and the moral impetus, at home and abroad, that drive the humanitarian response to the needs and demands of those affected."

Gonzalo Bacigalupe's chapter addresses the use of technology in disasters in Chile. Bacigalupe vehemently proposes in his chapter that disasters are never natural as "they reflect and sustain social inequality." He very strongly points to the fact that invariably the most affected people are those who are the most vulnerable in terms of their access to basic goods for survival and security. He states that the "dominant approach to intervention is militaristic" as interventions tend to respond to the extreme immediate after effects of the disaster without being concerned about addressing the longer-term survival needs following the disaster. Bacigalupe, in his chapter, explores the use of media in Chile to develop more long-lasting, sustainable intervention through continued conversations on risk and resilience.

Anna Agathangelou and Kyle Killian's chapter focuses cogently and robustly on the professionals working on the DNA identification of missing persons in Cyprus. It points to the knowledge from DNA testing and to the consequences of this knowledge – not always positive – on the families of the missing. Closure is not necessarily reached. This reminds the editors of the challenges Sri Lanka is currently facing upon the establishment of the Office of Missing Persons where DNA testing is yet to be undertaken and there is no evidence of a plan to address the findings of DNA testing and certainly support a family systems approach when working with such families. The consequences of a disappearance have terrible impacts on the family and its functioning. Very often it is the main income earner who is missing. The roles and responsibilities of the family members change all of a sudden compounded by the emotions associated with the loss and living with uncertainty and insecurities.

Simone Young, on the other hand, discusses insecurities at a policy level, looking at conditions that are specific to the Small Island Developing States (SIDS) of the English-speaking Caribbean. Among the various insecurities in Caribbean SIDS, she focuses her discussion and skillful analysis on health care and particularly of women who are most important within family and community. She argues, with wisdom and a keen intellect, that "understanding the repercussions of policy failure on human security can facilitate earlier interventions to secure healthier futures, ensuring each person realises their full potential."

Family Therapy Disruptors: Mirroring the Beginning Story of Systemic Therapy

Systemic family therapy, as a practice, is typically framed in the literature in a way that befits a Western, Euro-American psychotherapeutic approach. However, the theoretical origins and underpinnings of systemic theory as a set of ideas are quite