Couples & Family Therapy in Clinical Practice

5th Edition

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Douglas S. **Rait**
Alison M. **Heru**
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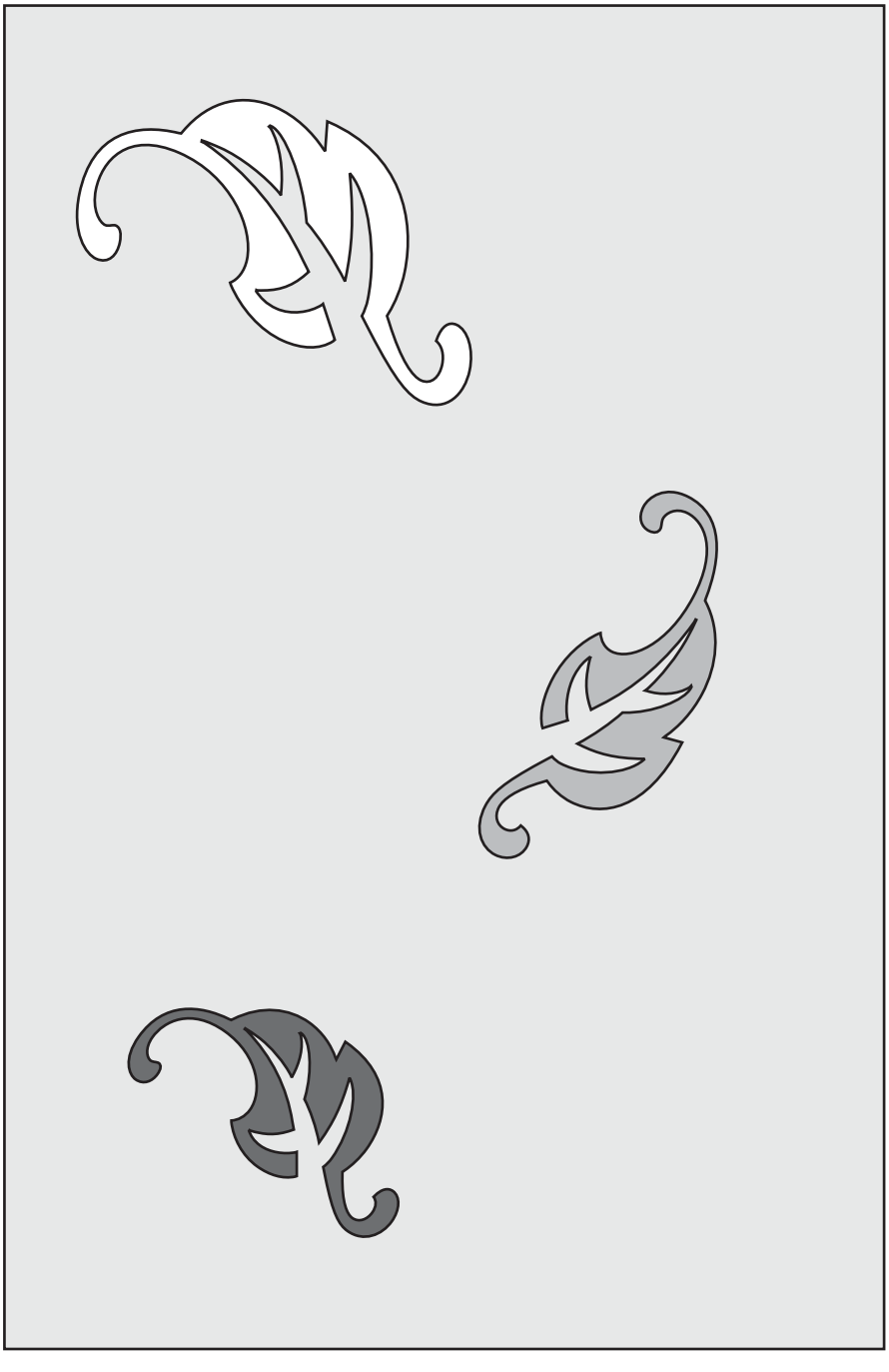
WILEY Blackwell



Family Bond, Jonathan Glick, 1978, Private Collection.

Couples and Family Therapy in Clinical Practice

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FIFTH EDITION

WITH FOREWORDS BY
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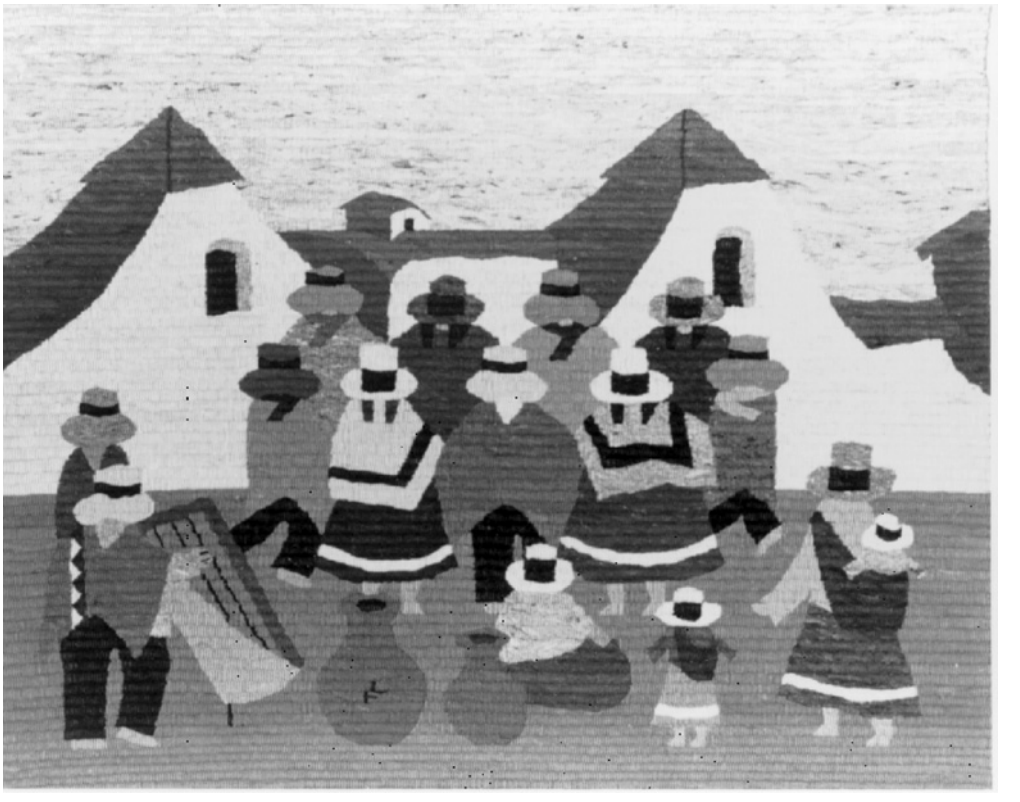
To our families—
past and present,
personal and
professional



Peruvian Wedding, Filemen Leon, 1983, Private Collection.

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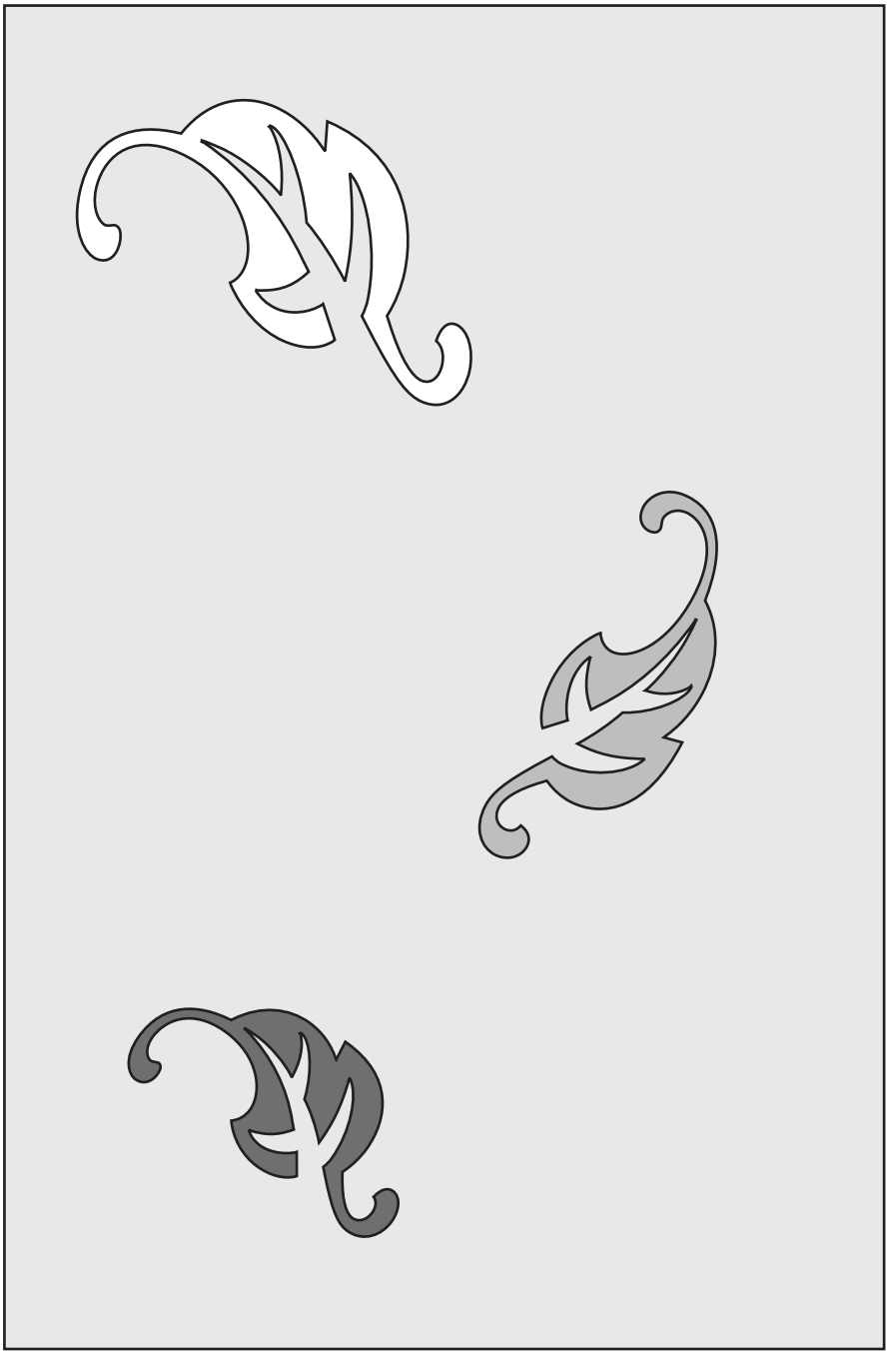

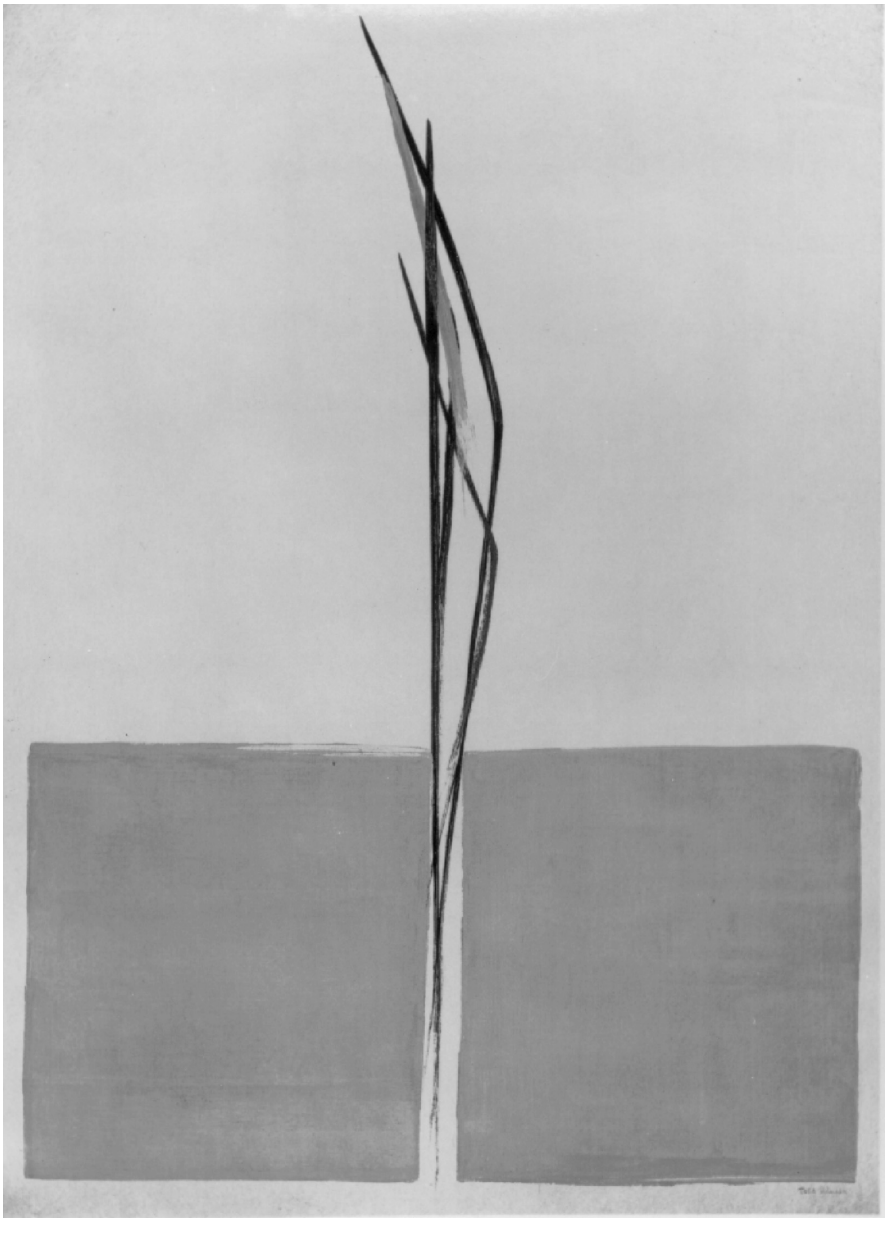

Feeling Together, Toku Shinoda, 1980. Private Collection.

Foreword

by Ellen M. Berman, MD

Edition Five of *Marital and Family Therapy* continues our long-standing efforts to make family inclusion and family therapy part of the everyday life of psychiatrists and other therapists. The new title, *Couples and Family Therapy in Clinical Practice*, reflects the goal of making this book a basic text for those working with families in psychiatric settings, medical settings, and couple and family clinics.

Family therapy has a high success rate with children's issues, with couples in crisis, with three-generation families struggling with transitions, and with families with a mentally ill member. For some couples and families, including those dealing with marital stress, family transitions, affairs or a life crisis, a systems approach is the main form of treatment. Couple and family work is also a crucial adjunctive treatment for those with psychiatric disorders including depression, addiction, and anxiety. Studies dating back to the 1960s, supplemented by much recent research (see Chapter 24), provide evidence that families are important in recovery from illness, and that family psychoeducation can decrease relapse and rehospitalization in very ill psychiatric patients by up to 50%.

Family inclusion and psychoeducation are highly efficient tools for extending the scope of today's brief psychiatric visits. Teaching the family to support the patient, increasing hope, calm and good communication, and decreasing anxiety in family members, improves everyone's functioning. This would suggest strongly that family intervention and psychoeducation be part of every provider's armamentarium.

Nevertheless, psychosocial interventions, and particularly the use of family interventions, have, if anything, decreased in recent years as a biomedical focus has become more common. Training in family systems has yet to become an integral part of most psychiatrically based training programs. However, recent research suggests that in many cases psychosocial intervention can be as effective or more effective than a change in medications (Miklowitz et al. 2007). We believe that the treatment model is expanding and that we need to move in the direction of increasing the options for therapy and psychoeducation. The family therapy community, much of which in the past was strongly against individual treatment, is slowly finding rapprochement with the mental health system and incorporating medication and individual sessions into treatment. As a family psychiatrist and coauthor of the fourth edition, my own work has spanned the boundaries between the family therapy and the psychiatric community for my entire career, as have Dr. Glick's and Dr. Rait's. We are proud to have contributed to the growing integration of these fields.

For a field to grow, it is imperative that younger members become involved. We hope that this book will encourage young therapists and psychiatrists to join us in supporting families and family therapy research. I am happy to be a colleague of the two new authors, Dr. Alison M. Heru, a midcareer psychiatrist whose books on families and health and families and inpatients are widely read, and Dr. Michael Ascher, an early career psychiatrist who coedited *The Behavioral Addictions (APPI Press)*. I am so pleased to pass the baton to Dr. Heru and Dr. Ascher and hope that their example encourages many of you to join them in becoming family-oriented psychiatrists. We encourage the readers of this book to also join organizations which support growth in the field—Association of Family Psychiatrists

(familypsychiatrists.org) and the American Family Therapy Academy (afta.org).

This book is designed for family therapists from many disciplines, especially psychiatrists, who wish to understand the basics of family work and begin to apply it to the patients they are seeing now. Therapists new to the field experience several challenges in beginning work. The most critical is a shift in vision from an individual and linear model to a systemic one, in which the person in interaction with others is the key. If an individual presents for treatment, it requires that the person in front of them be seen in context and that the person be understood as an actor interacting with other actors. How does the person's family affect their lives, and how does the person affect their family? How can we see the person-in-context? For example, an adult with attention deficit disorder (ADD) may struggle in a marriage because some aspects of ADD (procrastination, forgetfulness) may provide aversive stimuli to family members, and therefore be met with disapproval and hostility, which increases their anxiety and ADD symptoms. In this case, the reverberating issues are the problems that must be addressed by the systems therapist. Without including the partner, the couple difficulties may persist even if the ADD is addressed by medication. If a couple or family presents to treatment with all family members, a systems approach requires that the family be seen as the unit of treatment rather than identifying one member as the patient.

The second challenge is learning a series of new techniques, including the ability to manage a session with multiple family members each with their own agendas. As authors of family therapy research and practice tend to publish mostly in their own journals, psychiatrists are less likely to be familiar "thinking family," or reading about clinical skills necessary.

A third challenge is a shift from a problem-focused model to one that incorporates strengths, and an awareness of the many varieties of normative behavior—variant family forms, differing life cycle trajectories, and fluid sexuality. It must include a deep understanding of how power and gender shape individuals and relationships. This may produce therapist anxiety when the family's life or value system is outside his/her own experience. In addition, beginning therapists must pay close attention to how culture/ethnicity/setting affects the family's life. For example, attention deficit hyperactivity disorder (ADHD) may be less of a problem in a rural setting where there is a focus on physical activity than in an urban setting where the focus is on doing well in school and spending much of the day sitting still. Understanding a culture also includes familiarity with community resources for family support. All of these issues are well covered in the new edition and ground the new therapist in clinical realities. The current text should go a long way toward helping therapists integrate family work into their current models and supporting people who wish to learn family therapy.

A new edition of a standard text needs to demonstrate growth and changes in the field. The fifth edition of this book pays particular attention to major changes in our understanding of culture, increasing variations in family forms and new research in the neurobiology of attachment and stress. Our understanding of the biological co-regulation of attached persons, and how that affects mental and physical health has broadened greatly. This has led to more focus on intimacy and connection, and emotional regulation, in addition to the traditional focus on communications and behavioral training. Understanding that culture, gender, and ethnicity can be fluid rather than binary has led to a more nuanced understanding of how biology, psychology, family, and culture interact. The increasing number of family psychoeducation studies in those suffering from severe mental illness provides a deep evidence base for incorporating those treatments into the complete treatment model. This edition explores these fascinating changes in addition to providing basic knowledge in the field.

It is with great pleasure that I introduce this edition to my colleagues, my students, and now to you.

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Reference

Miklowitz D, Otto M, Frank E, et al.: Intensive psychosocial intervention enhances functioning in patients with bipolar depression: results from a 9-month randomized controlled trial. *American Journal of Psychiatry* 164(9):1340–1347, 2007.

Foreword

by Lloyd I. Sederer, MD

The title of this text does not fully portray its breadth and wisdom. For sure, we read about therapy but we learn about it in its most meaningful way—in the context of appreciating how marriages and families have changed, evolved, in ways that our grandparents could never have imagined!

What we are offered here is a needed rapprochement between family theory (and therapy) and psychiatric and mental health services. The latter has become highly stylized (as with CBT, DBT, and analytic psychotherapy) and drawn mightily to medication and case management, especially for severe mental disorders; thus the need for this text. Families are, in the great predominance of instances, the greatest resources and most enduring sources of support for a person suffering from an illness, including a mental illness. Not recognizing the power of the family, for good or ill, or handing them off to a case worker is missing the forest for the trees. As amazingly valuable are volunteer organizations like The National Alliance on Mental Illness (NAMI) they do not mean to cleave the family from professional caregivers, nor should clinicians use such organizations as a way to not themselves engage with families.

Yet few mental health clinicians are well trained in assessing, engaging, and working with families. Graduate and residency training programs looking for a core text, even a curriculum in families and couples, will find it in this text. For clinicians wanting to learn or refresh skills essential to working with families you have what you need right here.

As has been said, "You can observe a lot by just watching." All good clinical work starts with knowing what to observe, which requires a theory of how a person or family functions, and how it can veer toward and enter dysfunction. *Couples and Family Therapy in Clinical Practice* provides the background for as well as depicts the major schools of thought for intervening and restoring the capacity of a family or couple to care for itself and manage the everyday as well as the extraordinary demands of our lives.

Informed observation makes possible a formulation, which is the way we summarize a problem in a manner that lends itself to remediation. We learn from the authors how to fashion a clinical formulation that, *ipso facto*, directs the treatment plan—perhaps best understood as an agreement, full of possibilities, hope, and likely difficulties, between therapist and family. Change always evokes a counter force, a demand to stay the same, in families not just in physics. Readers will learn how to recognize "resistance" and work with families so their strengths can prevail.

Practical matters are given the attention they deserve. Who should participate in the treatment (including children), working with cotherapists; the use of medications and other forms of therapy; the setting, scheduling, fees, and session times; duration of treatment; and medical records are all discussed. Common and destabilizing events like marital separation and divorce are given their due as is the sexual life of couples. This book has its head in theory and practice and its feet on the ground.

Dr. Glick and his coauthors are mindful of the advances in working with families who have a member with a serious and persistent mental illness, like schizophrenia or borderline personality, and give needed attention to evidence-based practices like family psychoeducation. They attend as well to how to help families where a member has an acute or chronic

physical illness, noting the need to establish roles and responsibilities, ongoing problem solving, and ready avenues of communication.

Paraphrasing Tolstoy and his enduring claim about unhappy families, we learn from this text that we must consider and relate to every family as unique—shaped by its natural roots in race, ethnicity and religion; the effects of immigration; of being born into a particular social class; existing in its respective social milieu; and when turned asunder by illness and misfortune.

In *Couples and Family Therapy in Clinical Practice*, we are delivered a wonderfully comprehensive view of contemporary (Western) family life: unmarried and married parents; serial relationships; divorces (now in half of marriages); hetero and gay pairings; unmarried, committed partners, with and without children; single-parent families; and blended families. We follow the natural stages of family life that parallel the "stages of man." The new norm is that there is rapidly becoming no norm. Modern means varied and diverse, with all its textures, vitality, nuances, and demands. Yet if there is one constant, it is that we humans are devoted to coupling, creating families, and producing the next generation of our progeny.

Does marital and family therapy work? You will need to read the last chapter to find out. Because the authors are rigorous academics, we get a fine overview that explains the evidence for what works, for whom, when, as well as potential negative effects of treatments and their limitations. Anything less would be testimonial, and our patients deserve more and get more from the authors of *Couples and Family Therapy in Clinical Practice*.

As a young psychiatrist but a few years out of residency, I trained in family therapy at the Cambridge Family Institute in Massachusetts. What I discovered forever enriched my work not only as a psychiatrist but as a clinical administrator and public health doctor. Now, perhaps as a village elder, I have renewed my work with families seeing them as the too often unsung heroes and the allies and advocates people with mental disorders deeply need to find help, to sustain hope, and to build a life of dignity and contribution, what we all want.

My hat is off to the authors of *Couples and Family Therapy in Clinical Practice*, now in its fifth edition. Their work will help keep an often overlooked and underused yet critical clinical perspective and set of practices fresh, accessible, and useful.

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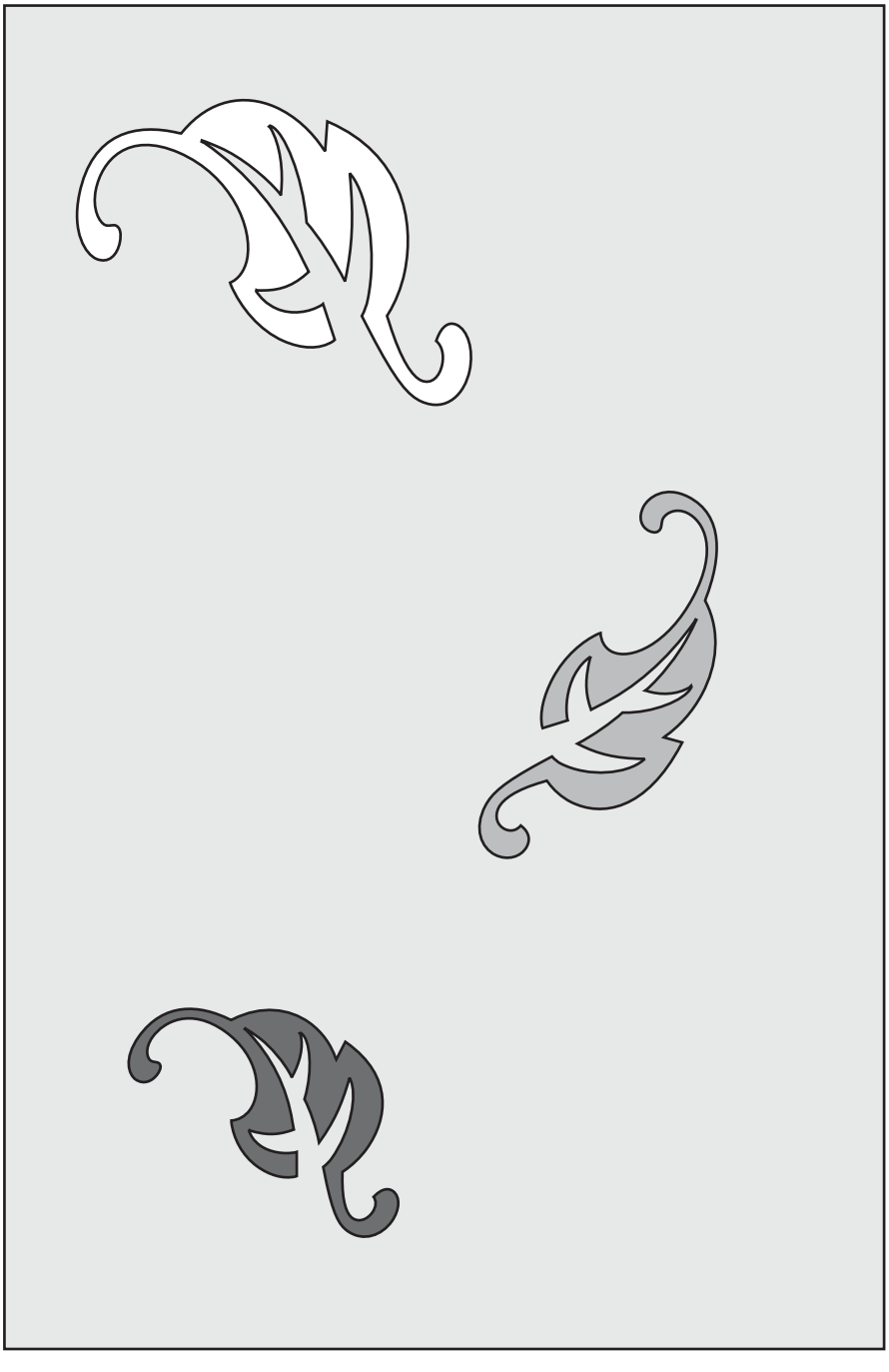

Family on the Move, Asim Basu, 2004. Private Collection.

Preface

Background

The five editions of this textbook of family therapy reflect the history and development of the family field, which has evolved rapidly since the 1960s. The first edition was an outline about a field that was just beginning to grow and gain momentum. The second edition was a statement that the family field, which began in the minds of creative individuals in diverse settings (and often unknown to one another), was blossoming with great enthusiasm. The field had arrived with full gusto, and many clinicians were doing family work and clamoring for theoretical clarity and more training in this form of intervention. The third edition heralded a field that had come of age. It had expanded in scope and was being commonly used in clinical practice.

In 2000, the fourth edition made a statement, like its predecessors, about the current state of the art of family intervention. As we saw it, the field had gone beyond its heyday of enthusiasm and advocacy of family intervention for every clinical condition, to a more sophisticated time of differentiation. This differentiation was taking place on many levels. Examples include differentiating when family therapy is indicated, when the symptoms are under systems control, and when they are more strongly determined by other factors such as biology and genetics; how one evaluates in order to make both individual diagnoses and a family diagnosis; when the whole family is the patient and when the family is best seen as part of the treatment team in order to help the individual with symptoms; and when behavioral or educational strategies of family intervention are particularly helpful. New developments in theory and technique, and a widened lens in terms of specific problem areas, have enriched the field.

Over the past two decades, the most critical changes in family theory are the incorporation of new attitudes and information about ethnicity, gender, sexual orientation, and social class into our theory building. The rules that govern all aspects of family life and the experience of persons in families may be vastly different for men and women. Families may operate by systems principles, but men and women bring to the system different ways of thinking and different types of influence. Norms of closeness and distance, emotional expression, basic aspects of viewing and disciplining children also vary greatly across ethnic group, social class, and age cohort. The integration of this knowledge into the broad principles of family therapy, enabling therapists to work with a wide variety of families, is one of our key goals. Theory building in this area is still in a period of rapid growth and will probably be altered again by the next edition.

More integrative ways of working have replaced narrowly based schools of family therapy, and brief therapy models such as solution-focused and narrative therapy have been added to our armamentarium. New information about previously ignored or inadequately researched issues—such as gay and lesbian families, the sequelae of abuse, the complexities of AIDS, and family response to reproductive events—have enriched our understanding of family life. Family systems medicine has become a new subspecialty in recent years. We hope that this edition adequately reflects this growing sophistication of the field.

Since the publication of the first edition of this book, we have consistently been gratified by the response of both readers and many reviewers, as well as by its adoption by some teachers as the standard introductory text. Since the publication of the second edition, it has been translated into Japanese and Spanish, and parts into Chinese; it has been adopted widely in Italy, England, and other European countries. Because of the growth and changes in the field, as well as suggestions received, we have decided that this is an opportune time to expand and rewrite the text. Most important, we are convinced that the field has matured. Presently there are many established schools of thought that continue to evolve. At the same time, just as in the adjacent field of individual psychotherapy, there is growing interest in adopting a more integrative (rather than parochial) perspective that highlights some of the factors shared by these different models. **In this text, we offer our version of an integration of different models of family theory, that is, a framework for trainees and practitioners in the family therapy field and those persons in various fields that need an introduction to family therapy.**

Fifth Edition Changes

The fifth edition brings the reader into the twenty-first century with a flowering of this psychotherapy technique. As such, couples and family intervention have become important components of an integrated prescription for the treatment of most mental disorders. The key message is that there is new evidence-based data suggesting that combining family intervention with medication is better than either modality alone.

Our aim/hope is that the material in the text will be used as a core curriculum for both psychiatric residency programs and family therapy institutes. Family interventions have positive implications for the family system as well as the patient who can feel ambivalent about adhering to individual therapy and medications on their own without a family aboard as "a treatment team member."

As we mentioned, we have not provided detailed information on the details of specific approaches of couple and family psychotherapy. This is not to say other models do not have important virtues or clinical utility. Rather, we have tried to include in our integrated model, the best of their techniques, as such, we have provided some of the crucial elements of the classic models.

We have described some of the classic models, for example "systems, structural, behavioral" in Chapter 1. We mention a few of the newer models in Chapter 9 as they relate to our integrated theory of couples and family therapy. In Chapter 18, we discuss family interventions and certain models used to treat specific mental disorders such as psychoeducation in schizophrenia. We also borrowed heavily from the McMaster Model detailed in the Keitner, Heru, and Glick text entitled *Clinical Manual of Couples and Family Therapy* (2009).

Although the newer body of knowledge has required extensive rewriting, the basic organization of the book is largely unchanged. The history of the field precedes general concepts of how families function, which are followed by evaluation, treatment, indications, and finally, results.

For this edition, we have highlighted the essentials and have thoroughly updated our chapter on family life in its historical and sociological context, and throughout we have paid special attention to both classic and newer family forms. Our sections on function and dysfunction have been expanded and rewritten to present the latest information on how families globally cope with rapid changes in our society. Given the publication of DSM-5, we have made a thorough review of understanding and treatment of dysfunctional families both for Axis I conditions and for other problems of living together. In our treatment section we have