

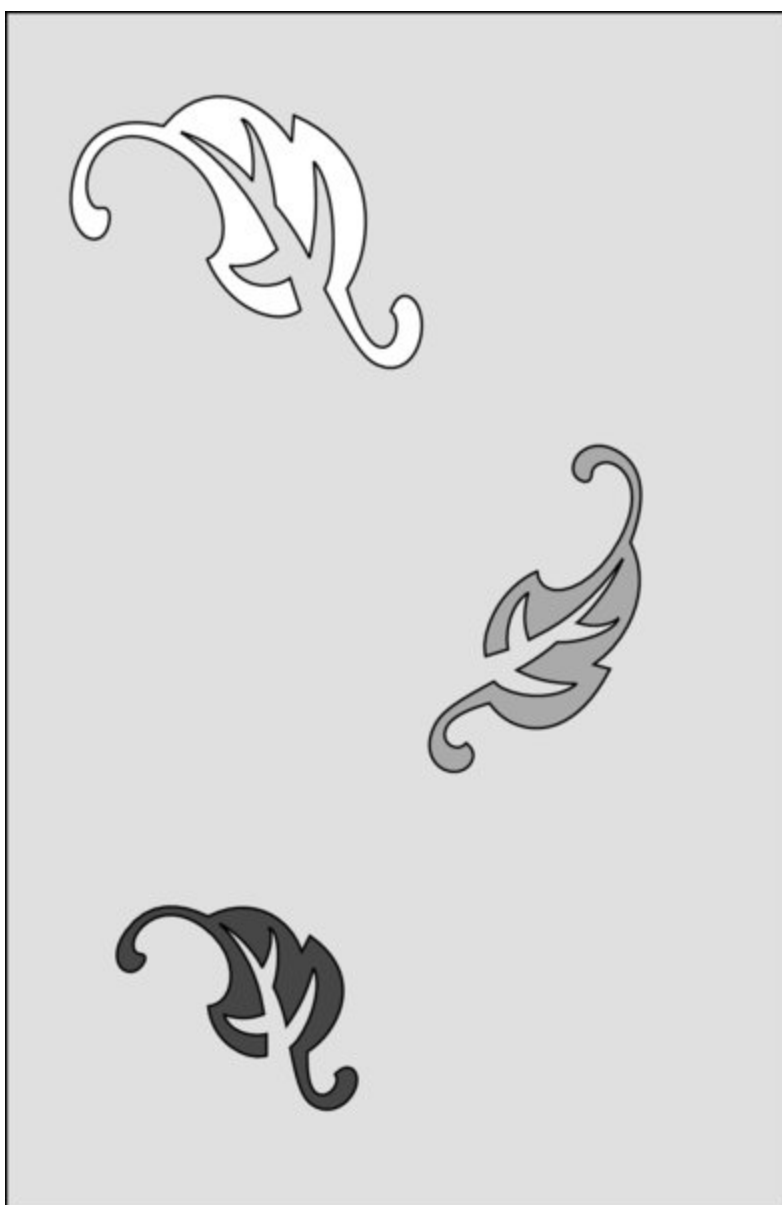
Couples & Family Therapy in Clinical Practice

5th Edition



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WILEY Blackwell





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Couples and Family Therapy in Clinical Practice

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FIFTH EDITION

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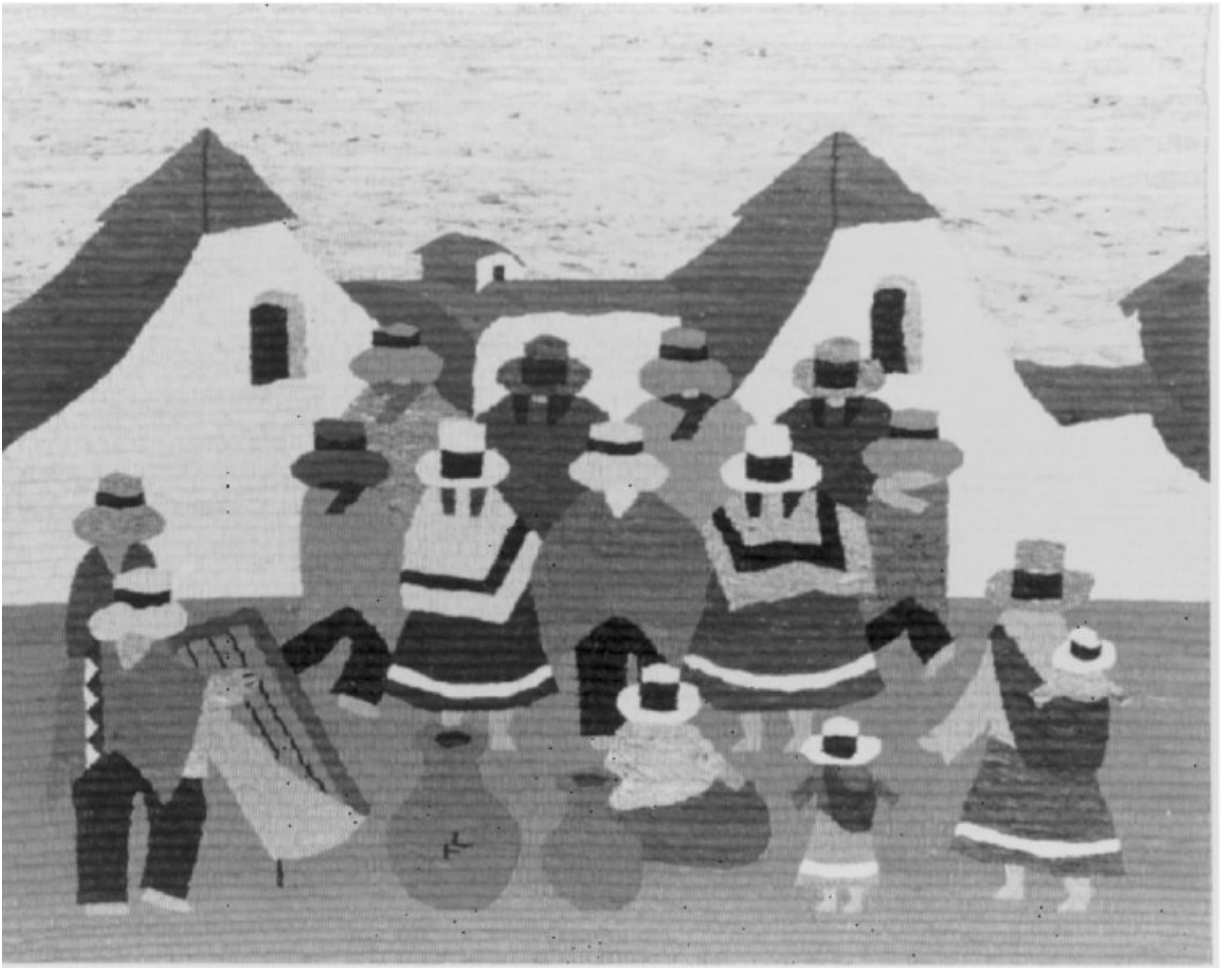
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To our families—
past and present,
personal and
professional



Peruvian Wedding, Filemen Leon, 1983, Private Collection.

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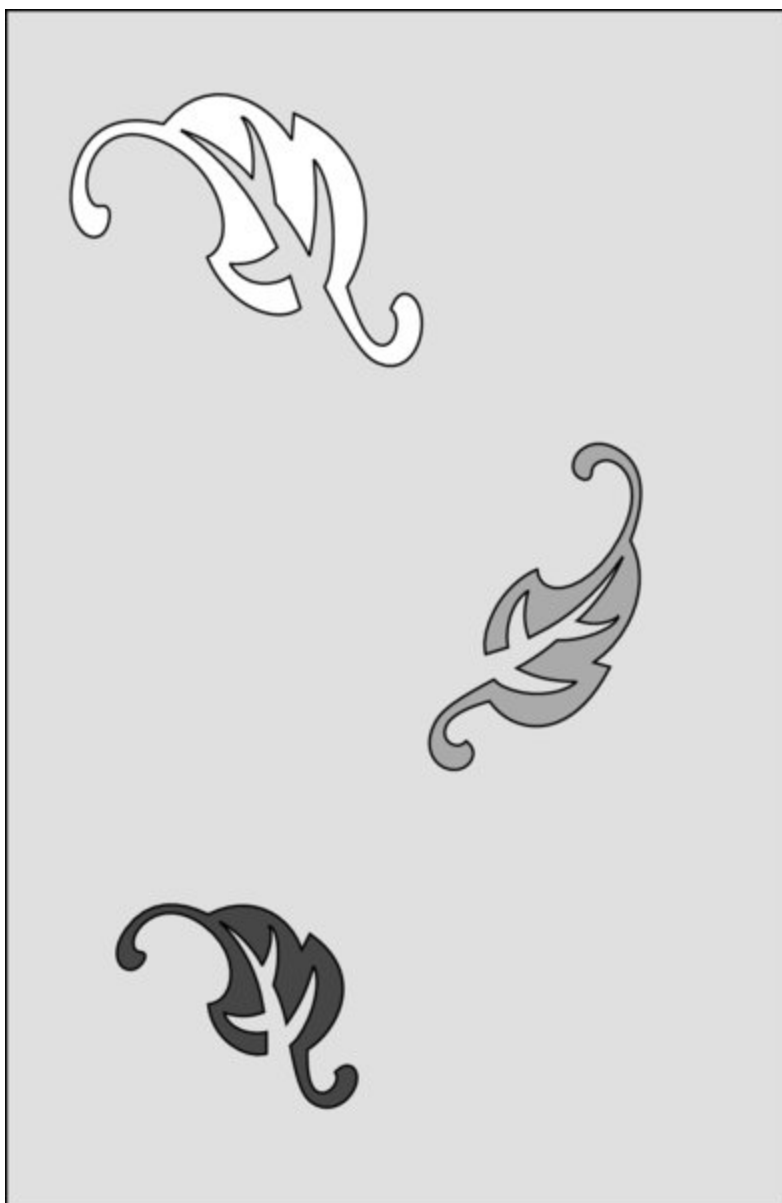
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Feeling Together, Toku Shinoda, 1980. Private Collection.

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,