HOW AND WHY DO FAMILY AND SYSTEMIC THERAPIES WORK?

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36th Annual Australian Family Therapy Conference, Jasper Hotel, Melbourne, Australia, 6th – 7th November, 2015.
The ideas in this presentation are based on extensive literature reviews which I published in:

- Two books & a major Irish report on psychotherapy effectiveness
- Six JFT papers
- Chapters in three editions of my family therapy textbook


FOUR BIG QUESTIONS

In my reviews, I asked four broad types of questions

• Q1 - Does systemic therapy work?

• Q2 - What sort of systemic therapy works for specific problems?

• Q3 – What processes occur in effective systemic therapy?

• Q4 – Is systemic therapy cost-effective?
Q1 - DOES SYSTEMIC THERAPY WORK?
FROM CASE-BASED TO EVIDENCE-BASED PRACTICE

• Family therapy - like medicine - was originally founded on case studies

• Increasingly, medicine, and in its wake, family therapy has moved from cases to stronger forms of scientific-evidence as a basis for practice.
EVIDENCE-BASED MEDICINE

• David Sackett, founder of Evidence Based Medicine said

  • EBM is

  • the judicious and compassionate use of the best available scientific evidence

  • to make decisions about patient care

David Sackett
Oxford University
1934-2015
Evidence based practice in systemic therapy involves taking account of

- available scientific evidence about ‘what works’ on the one hand, and

- clients’ unique problems, needs, rights and preferences on the other, and

- making balanced compassionate judgments
HIERARCHY OF EVIDENCE

- The hierarchy of evidence runs from case studies, through RCTs to meta-analyses
WHAT IS A RANDOMIZED CONTROLLED TRIAL (RCT) ?

• An RCT is an experimental design used for evaluating the effect of one treatment compared with another or no treatment.

• The chances of biased results are reduced by randomly assigning cases to groups and using reliable and valid measurements of outcome.
Recruited Sample that meet inclusion and exclusion criteria are randomly assigned to treatment & control groups

Population

Treatment Group

Time 1
Pre-treatment Assessment

Time 2
Post-treatment Assessment

Time 3
Follow-up Assessment

Control Group

Time 1
Pre-treatment Assessment

Time 2
Post-treatment Assessment

Time 3
Follow-up Assessment
RCT EXAMPLE 1: FAMILY THERAPY FOR ANOREXIA

For adolescents with anorexia, five years after treatment, family therapy led to more improvement than individual therapy.

RCT EXAMPLE 2: SYSTEMIC COUPLES THERAPY FOR DEPRESSION

For chronic depression 1 and 2 years after treatment systemic couple therapy led to greater improvement in Beck Depression Inventory scores than antidepressant medication for depressed partners.

META-ANALYSIS

• Meta-analysis is a method for combining the results of many RCTs and making statements about the evidence base for FT based on many studies including hundreds of families

• Results of trials are first converted to effect sizes, and then averaged

• Since the early 1990s William Shadish has conducted the most influential ST meta-analyses

In my reviews of the evidence, I have selected papers that were as high up the hierarchy of evidence as possible.

In practical terms, this means that my reviews tend to be ‘a review of meta-analyses and narrative reviews’.
Q1 - DOES SYSTEMIC THERAPY WORK?
Q1 - DOES SYSTEMIC THERAPY WORK?

HOW EFFECTIVE IS FAMILY & COUPLE THERAPY ALONE OR IN COMBINATION WITH MEDICATION FOR A RANGE OF CHILD AND ADULT-FOCUSED PROBLEMS?

- 2 out of 3 cases improve with ST
- 1 out of 3 improves without ST
- 1 out of 10 deteriorates with ST
WHAT CAN WE TELL CLIENTS?

• Family therapy helps about 2 out of 3 families with problem like yours.

• You will know after about 6-10 sessions if family therapy is likely to help you. You may wish to give therapy a trial for 6-10 sessions and review progress at that stage.
WHAT CAN WE TELL CLIENTS?

• Result of process research on individual therapy allow us to add the following:

• There are a number of things about your family that make me hopeful that you may benefit from family therapy

  • Your are motivated to come to treatment

  • You care about each other

  • You are psychologically minded, and think that the sorts of challenges you face can be improved by understanding your situation better and planning to handle your problems differently

  • You have used therapy to sort out problems before
WHAT CAN WE TELL CLIENTS?

- About 1 out of 3 families sort out their problems without therapy.

- You may wish to see if over the next couple of months you can sort your difficulties out yourselves, and if this doesn’t work our recontact us.
WHAT CAN WE TELL CLIENTS?

- About 1 out of 10 families deteriorates with ST.

- This is usually because they have been avoiding talking about challenging issues.

- When they start to do this in therapy, they feel distress and leave treatment, before they have had a chance to sort out the things they have been avoiding.

- You may wish to ‘keep the lid’ on your problems at the moment, until you are ready to tolerate the distress you may experience when you talk openly about them in family therapy.
Q2 - WHAT SORT OF SYSTEMIC THERAPY WORKS FOR SPECIFIC PROBLEMS?
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- To answer this question searches were conducted for meta-analyses, systematic reviews and RCTs of the effectiveness of systemic therapy for particular child and adult-focused problems

- The following search strategy was used
LITERATURE SEARCH

COMPUTER

PsychINFO, MEDLINE
DISORDERS & PROBLEMS
e.g. Depression, Drug use
THERAPY TYPE
e.g. Family therapy, Couple therapy

MANUAL

JOURNALS
TEXTS
GUIDELINES (e.g. NICE)
TABLE OF CONTENTS
REFERENCES

META-ANALYSES, SYSTEMATIC REVIEWS, RCTs, PROCESS STUDIES

STATEMENTS ABOUT EVIDENCE-BASED SYSTEMIC PRACTICE
BREATH OF LITERATURE SEARCHES

- Searches were confined to English language literature

- The searches covered the period from 1950 – 2008 in the book – What works with children, adolescents and adults? -

- The searches extend to July 2013 in the two JFT papers published in 2014
BROAD DEFINITION OF SYSTEMIC THERAPY

- In my reviews of ST for specific problems the following were **included**
  - Couple and family therapy based on a range of theoretical models (e.g., systemic, cognitive behavioural, psychoeducational, psychodynamic/attachment based)
  - Interventions into broader systems than the family (e.g., multisystemic and multidimensional intervention programmes)
  - Interventions into narrower systems than the family (e.g. behavioural parent training, and psychoeducational interventions for carers of family members with medical condition such as diabetes, chronic pan, heart disease, and cancer)
- In my reviews of ST for specific problems the following were **excluded**
  - Individual interventions with an individual focus such as supportive home-visiting for vulnerable young mothers
  - Complex multisystemic clinical and educational ‘care packages’ for families of people with intellectual or developmental disabilities, or disadvantaged families
Q2 - WHAT SORT OF SYSTEMIC THERAPY WORKS FOR SPECIFIC PROBLEMS?

Systemic therapy works well for these problems

**CHILD & ADULT-FOCUSED PROBLEMS**
- Alcohol and drug problems
- Mood disorders
- Anxiety disorders
- Psychosis
- Adjustment to illness and disability

**CHILD-FOCUSED PROBLEMS**
- Sleep, feeding & attachment problems in infancy
- Elimination disorders
- Child abuse
- Disruptive behaviour disorders
- Eating disorders

**ADULT-FOCUSED PROBLEMS**
- Relationship distress
- Psychosexual problems
- Intimate partner violence
CHILDr & ADULT-FOCUSED PROBLEMS

Alcohol and drug problems.
• Adolescents with drug and alcohol problem: MDFT, MST and FFT
• Adults with alcohol problems: BCT

Mood disorders
• Adolescents with depression: ABFT, family-based CBT & IPT, concurrent child and parent Coping with Depression programme
• Adults with depression: BCT, EFCT, SCT, conjoint IPT
• Adolescents and adults with bipolar disorder: FFT (+ medication)

Anxiety disorders
• Children & adolescents (with SAD, RAP, OCD) and adults (with OCD, PDA): Parent or partner assisted CBT
• Adults with PTSD: EFCT and trauma-focused CBT couple therapy

Psychosis
• Adolescents and adults: Psychoeducational FT (+ medication)

Adjustment to illness and disability
• Children & adolescents with asthma and diabetes, and adults with chronic pain, heart disease & cancer: Psychoeducational FT (+ medication)
Psycheducational family therapy delays relapse and rehospitalization in people with psychosis treated with antipsychotic medication.

- Work with single families, multiple families, or parallel relative and patient groups

- Offer psychoeducation based on stress-vulnerability model to help families understand and manage
  - symptoms
  - medication
  - related stresses
  - early warning signs of relapse

- Help families use communication skills to reduce criticism & conflict

- Help families use problem-solving skills to manage stress

Make space for talking about loss
FAMILY PSYCHOEDUCATIONAL THERAPY FOR SCHIZOPHRENIA

NEUROBIOLOGICAL VULNERABILITY

- Based on Genetic factors
- Pre- & peri-natal factors

ENVIRONMENTAL STRESS

- Due to Excessive life challenges
- Family conflict
- Lack of family support

Antipsychotic medication

Psychoeducational Family Therapy

Schizophrenia
FAMILY PSYCHOEDUCATIONAL THERAPY FOR SCHIZOPHRENIA

Relapse and rehospitalisation rates after 1-2 years are lower when people with schizophrenia receive psychoeducational family therapy in addition to antipsychotic medication.

Based on 3 meta-analyses

Effect Size = .32

Based on 4 meta-analyses

Effect Size = .48

Q2 - WHAT SORT OF SYSTEMIC THERAPY WORKS FOR SPECIFIC PROBLEMS?

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RECAP
CHILD-FOCUSED PROBLEMS

Sleep & feeding problems in infancy
• Family-based behavioural programmes

Attachment problems in infancy
• Mother-child intervention with intensity matched to family vulnerability

Elimination disorders
• Enuresis: Family-based urine alarm programme
• Encopresis: Family-based behavioural programme (+ paediatric input)

Child abuse
• Physical abuse and neglect: MST, family-based CBT
• CSA: Trauma focused CBT for child and non-abusing parent

Disruptive behaviour disorders
• For childhood ODD & ADHD: Behavioural parent training (+ medication for ADHD)
• For adolescent CD: FFT, MST, MDFT, MDTFC

Eating disorders
• Anorexia and bulimia: Maudsley model of FT
• Obesity: Family-based behavioural programmes
FUNCTIONAL FAMILY THERAPY FOR ADOLESCENT CONDUCT PROBLEMS

- FFT was originated by Jim Alexander and developed by Tom Sexton.
- A series of controlled trials show it is very effective and cost-effective.
- FFT is based on an ecological theory of adolescent conduct problems.
- Therapy and supervision are guided by manuals.
- FFT involves about 12-20 sessions and therapists have caseloads of about 10.
- Agencies can deliver an FFT service by getting a team trained and supervised by the model developers.
- Therapists and supervisors enter data on therapy and supervision after sessions into a quality assurance computer system that gives feedback on how families are progressing and the extent to which therapists are adhering to the model.

Our research team conducted a trial of FFT in Ireland.
HOW CONDUCT PROBLEMS DEVELOP & ARE MAINTAINED

Ecosystemic Context
What People “bring to the table”

Where people “come from...”
- History of relationships (parents/significant others/peers) that become the meaning individuals make of relationships

What people are “made of”
- Biological (“foundation”) - predispositions for individual behavioral reactions

Current environmental context

Culture
Community
School
Social/peer

Clinical Symptoms
(individual behaviors that are the focus of treatment)

Adolescent
Father Figure

Mother Figure

Core family relational patterns
FUNCTIONAL FAMILY THERAPY:
MODEL OF HOW TO CONDUCT THERAPY

**Phase Goal**

<table>
<thead>
<tr>
<th>Early</th>
<th>Middle</th>
<th>Late</th>
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<tbody>
<tr>
<td>- reduce within family risk factors</td>
<td>- build within family protective factors</td>
<td>- build within context protective factors</td>
</tr>
<tr>
<td>- lower blame and negativity</td>
<td>- build behavioral competencies</td>
<td>- generalize</td>
</tr>
<tr>
<td>- increase alliance &amp; family focus</td>
<td>- math competencies to family</td>
<td>- support</td>
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<td></td>
<td></td>
<td>- maintain</td>
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For adolescents with conduct problems, after 20 weeks of therapy more cases who engaged in Functional Family Therapy were clinically recovered (on the SDQ) compared with WL controls who received treatment as usual during their time on the waiting list.

Q2 - WHAT SORT OF SYSTEMIC THERAPY WORKS FOR SPECIFIC PROBLEMS?

Systemic therapy works well for these problems

RECAP

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ADULT-FOCUSED PROBLEMS

Relationship distress
- EFCT, TBCT, IBCT, CBT for Couples, and IOCT

Psychosexual problems
- Couples-based sex therapy using M&J and behavioural techniques (+ meds for ED)

Intimate partner violence
- Solution focused couple therapy and BCT for IPV & alcohol problems
EFCT was developed by Sue Johnson
EFCT is based on attachment theory
Therapy is guided by a manual and there is also a workbook and DVDs to aid learning the approach
EFCT spans 8-20 sessions
Sue Johnson runs training externships.
A review of 7 outcome studies showed that it leads to improvement in over 70% of cases

EMOTIONALLY FOCUSED COUPLES THERAPY FOR RELATIONSHIP DISTRESS

1. DE-ESCALATE DESTRUCTIVE PATTERNS
   - Understand pattern
   - Build alliance
   - Reframe the pattern as expression of frustrated attachment needs

2. FACILITATE SECURE ATTACHMENT
   - Facilitate expression of attachment needs
   - Facilitate acceptance of other’s needs

3. CONSOLIDATE & INTEGRATE CHANGES

Development of relationship distress

EFCT stages
Q2 - WHAT SORT OF SYSTEMIC THERAPY WORKS FOR SPECIFIC PROBLEMS?

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RECAP
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE SYSTEMIC THERAPY?
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE ST?

STRUCTURE OF THERAPY

- **Regular family meetings.** Therapists and families meet regularly

- **Other systems.** Therapists may meet with subsystems or members of the wider system

- **Brief therapy.** Treatment is time-limited
  - 3-6 months
  - 6-20 sessions

- **Stages.** Therapy moves through 3 stages
  - Engagement
  - Middle phase
  - Disengagement
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE ST?

STRUCTURE OF THERAPY

• **5-part sessions.** Therapy sessions are guided by the 5 part model
  
  • P1 - Planning (alone or with a team or supervisor)
  
  • P2 - Meeting with clients
  
  • P3 - Session break to review progress and plan intervention
  
  • P4 - Closing meeting with clients
  
  • P5 - Reviewing session (alone or with team or supervisor)

• **Homework.** Clients are explicitly invited to do ‘homework’ between sessions to continue work that occurred in sessions and facilitate problem resolution
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE ST?

ALLIANCES & PROBLEM RESOLUTION

- **Therapeutic alliance.** Therapists prioritize facilitating strong alliances within the treatment system, and reducing negativity
  - Between therapists and family members
  - Between family members
  - Between family members and the wider system (school and other agencies)

- **Problem-focused.** Therapists prioritize resolving the main presenting problem, (rather than personal growth, or unfocused exploration of family issues)
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE ST?

MANUALS, MODELS, & FAMILIES

• **Manuals.** Therapy is guided by flexible manuals

• **Models.** Manuals describe explicit models of
  • The presenting problem
  • How to resolve this problem in therapy

• **Families.** Models highlight the role of the family in
  • Inadvertent problem-maintenance and/or
  • Problem-resolution
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE ST?

ENGAGEMENT PHASE

- **Reframing.** In the engagement phase problems and their solutions are reframed to give a non-blaming / systemic rather than blaming / individual focus, and foster strong alliances.

- **Good person / bad problem.** The identified patient is viewed as a good person with a challenging problem (not a bad person to be blamed for the problem).

- **Family & Inadvertent problem maintenance.** The family is sometimes viewed as inadvertently maintaining the problem (e.g. expressed emotion).

- **Family as a resource.** The centrality of the family to resolving the problems is highlighted.

- **Expert psychoeducation.** Psychoeducation about problems may be offered.
Engagement - A good start is half the work
Tús maith, leath na hoibre
In the middle phase of therapy a wide range of techniques are used. These may focus on:

- **Behaviour** – what families do
- **Belief systems and narratives** – what families believe
- **Contextual factors**
  - Personal and family history
  - The wider system
  - Psychobiological characteristics
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE ST? MIDDLE PHASE - INTERVENTIONS FOCUSING ON BEHAVIOUR

Some interventions aim to disrupt problem-maintaining behaviour patterns

- Enhancing communication skills
- Enhancing problem-solving skills
- Enhancing specific problem-relevant skills (e.g. limit setting for conduct problems; exposure for anxiety; support for depression)
- Having parents ‘take over’ adolescents’ self-care until it becomes manageable (feeding, drug use, chronic illness management)
Some interventions aim to transform beliefs and narratives that keep families stuck in problem-maintaining behaviour patterns

- **Reframing** in a non-blaming systemic way

- **Validating multiple perspectives** e.g. empathizing with family members differing viewpoints

- **Highlighting strengths & exceptions** e.g. referring to clients as thoughtful, caring, loyal, resilient, and sometimes experiencing exceptions where they solve the presenting problem

- **Exploring the pros and cons of problem resolution**
Some interventions aim to address contextual factors that keep families stuck in problem-maintaining beliefs and behaviour patterns

- **Developmental history** - Addressing family-of-origin issues

- **Wider system** - Holding network meetings with schools and other agencies

- **Psychobiological characteristics** - Psychoeducation and facilitating medication adherence
The middle phase – keeping focused and steady – matching the intervention to client needs - going the distance
In the disengagement key interventions include

- Reviewing lessons learned in therapy
- Relapse-prevention planning
- Fading out sessions
Disengagement – Preparing for fair and foul weather
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE ST?

**MEASUREMENT**

Before and after treatment (or at regular intervals) reliable and valid measurements are made

- The presenting problem or symptom
- Family functioning
- The therapeutic alliance
- Treatment fidelity or adherence to the model
Q3 – WHAT PROCESSES OCCUR IN EFFECTIVE ST?

MEASUREMENT

One accurate measurement is worth a thousand expert opinions

Grace Hopper
Naval Computer Scientist
FAMILY ASSESSMENT WITH THE SCORE
(Systemic Clinical Outcome and Routine Evaluation)

http://scorefamilyassessment.org/login.php
Q4 - IS SYSTEMIC THERAPY COST-EFFECTIVE?
• Using very large databases of routine systemic therapy, Russ Crane has shown that

  • Systemic therapy is cost-effective
  • For many disorders systemic therapy is more cost-effective than individual therapy
  • Systemic therapy leads to medical cost-offsets

Q4 - IS SYSTEMIC THERAPY COST-EFFECTIVE?

- **Conduct problems.** FFT, MST, MDFT, MDTFC & PT are very cost effective for conduct disorders, and substance misuse because they save a lot of money that would be spent on residential care or detention of juvenile offenders.

- **Psychosis.** Psychoeducational family therapy used as part of multimodal treatment for psychosis is cost effective, because it prevents hospitalization.

- **Physical problems.** FT for some physical conditions (for example adolescent anorexia) is cost effective because it reduces the need for expensive inpatient medical care.
WHAT CAN WE TELL SERVICE FUNDERS ABOUT ST?

• **ST works.** For most common child, adolescent and adult mental health problems or adjustment problems associated with physical illnesses 2 out of 3 cases improve with ST. The success rate of 66% is as good as other psychotherapies.

• **ST is cost-effective.** It leads to medical cost-offsets. The funds you spend on ST, more than covers the costs of doctors visits and medical consultations that would occur if clients did not get FT.
Q1 - Does systemic therapy work?
Yes it does – for 2 out of 3 cases

Q2 - What sort of systemic therapy works for specific problems?
Specific models of ST work for most common mental health problems

Q3 – What processes occur in effective systemic therapy?
There are many processes common to evidence based models of practice.

Q4 – Is systemic therapy cost-effective?
Yes it is! It saves health services and governments money!
Family therapy can make a very significant contribution to alleviating suffering and making the world a better place to be.

Thank you

Keynote address, 36th Annual Australian Family Therapy Conference, Jasper Hotel, Melbourne, Australia, 6th – 7th November, 2015.

There is now a large evidence-base supporting the effectiveness of systemic therapy. This body of research shows that family and couple therapy works for a wide range of common child-focused and adult-focused problems. It also points to certain processes that underpin effective systemic therapy. In this address, key research findings on family, couple and systemic therapy will be presented, and their implications for practice outlined.