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Chapter 7: Family Systems

James P. McHale & Matthew Sullivan

This chapter provides an overview of major contributions of family systems thinking to the field of clinical psychology. Consistent with the Handbook's other chapters, it attends both to theory and to research, assessment, and treatment issues from a family systems perspective. To provide additional substance for some of the central conceptual issues advanced in this chapter, a section on treatment considerations develops a clinical case example in an outline paralleling those of other chapters covering major treatment approaches. In so doing, we strive to clarify how clinicians working from family systems frameworks approach might work with children and families in a manner quite distinct from, though often complementary to, interventionists working from psychodynamic, behavioral, or cognitive approaches.

What our field refers to as "family systems thinking" is actually a conceptual and philosophical framework that reflects a wide array of quite different approaches and influences – indeed, there is no single "systems" theory. What ties together this collection of rather disparate influences and approaches is the central, guiding notion that problem behavior exhibited by a child or adult can never be understood devoid of its relational context. Further, from a systems view, the behavioral problems evident in any individual family member are perhaps best understood as manifestations of dysfunction within the broader family unit. From this basic tenet follow distinctive lines of inquiry in research studies, and approaches in clinical formulation,

assessment, and treatment, that often differ substantially from paths followed in other theoretical traditions and frameworks.

We begin this chapter with a review of some of the major assumptions of systems approaches, and a brief recounting of some of the historically important forms of influence in shaping this approach to psychopathology and its treatment. We also summarize roles that empirical research has played in the family systems field. From this base, we outline how family systems principles might organize clinical work with a case referred for the treatment of ostensible problems in an individual family member. We close the chapter with some reflections on the value of systems-informed approaches in clinical work.

Basic concepts and principles

Historically, the systems theory developments that inspired and were infused by early family therapies presented exciting and revolutionary challenges to the practices and theories of the times. Systems theory was held to differ from psychoanalytic approaches by emphasizing relational as opposed to intrapsychic processes, and by taking a holistic and multidirectional view of pathological behavior and its treatment (Bateson, Jackson, Haley & Weakland, 1956; Lidz, Cornelison, Fleck & Terry, 1957; Wynne, Ryckoff, Day & Hirsch, 1958). But the sheer number of different thrusts within this emerging field and the complexity of some of the early theoretical formulations and writings meant that it would be many years before coherence in the field began to emerge. Accounts of “systems theory” and its pertinence to families and individual development often seek to trace the history of how principles governing physical systems came to be applied to social systems. In such accountings, special homage is often accorded the creative writings of von Bertalanffy (1968). As Patricia Minuchin (1985) noted, however, the writings of Bateson (1972; 1979) and other family theoreticians more directly concerned with the

functioning of human systems (e.g. Jackson, 1957; S. Minuchin, 1974; Watzlawick, Jackson & Beavin, 1967) had a more formative impact on most practicing clinicians of the time. Among the most essential of systems tenets, outlined by P. Minuchin (1985) and by others (e.g., Bornstein & Sawyer, 2005; Cox & Paley, 2003) are the following:

1. systems are organized wholes, and their constituting elements or subsystems are interdependent
2. interconnected subsystems have their own integrity, are organized hierarchically, and are separated by boundaries
3. patterns in a system are circular and not linear
4. stable patterns are maintained over time through homeostatic processes
5. open systems do adapt, change, re-organize and develop

Several important talking points follow from these central tenets. First, when clinicians consider any family system, they should find it possible to identify both a family group reality wherein patterns of organization governing the functioning of the overall unit operate as organized patterns in their own right, and a variety of subsystem realities that may or may not themselves mirror the same patterning and rules of the broader system. Most families are comprised of multiple subsystems – among them, marital subsystems, parent-child subsystems, sibling subsystems, parent-grandparent and child-grandparent subsystems in multigenerational family systems, and so on. When clinicians and researchers assess family dynamics, they regularly detect logical interconnections among different subsystem levels; for example, high levels of distress in the marital subsystem typically coincide with evidence of impaired parenting of one or more children in the family (Erel & Burman, 1995). They also find that subsystem functioning both affects and is affected by broader systemic functioning, as when marital strife

between a husband and wife within their dyadic marital sub-system comes to disrupt collaboration in effectively coparenting children at the family group level (Belsky, Crnic & Gable, 1995; McHale, 1995). In other cases, such linkages are not as overt or easily detected, as when family members as a unit collude to obscure problematic alignments or abuse within a particular dyadic subsystem within the family (Wynne, 1961).

Besides these interconnections between subsystems and the functioning of the family group, the functioning of the overall unit is also properly seen as constraining and organizing interactions at all other levels. For example, in Bowen's (1978) conceptualization of the family's emotional system (see also Friedman, 1992), family members are described as having developed emotional interdependencies to the point where the emotional system through which they are connected has evolved its own principles of organization. The resulting organizational structure then comes to influence the functioning of various individuals and dyads far more than any of them alter the functioning of the full system (S. Minuchin, 1974). For example, a variety of different interaction patterns and sequences (e.g., children diffusing conflict between parents; parents exhibiting preoccupation and overprotection of children) may be seen in families whose structure is guided by the covert rule that "family members must protect one another" (see Nichols & Schwartz, 1998); while changing any particular sequence would not alter this governing structure, altering the structure would reshape interaction patterns throughout the system.

Of course, if an interventionist was successful in meaningfully changing any given aspect of a family's entrenched pattern, this would have the effect of perturbing other patterns. Such temporary ripple effects and adjustments have the potential to affect more enduring change in the problematic family pattern – but only to the extent that the short-term adjustments could be



sustained. Unfortunately, supporting enduring pattern changes is very difficult, in part because systems show marked propensities for preserving equilibrium. New patterns of behavior by a child or adult that challenge established family patterns and rules are often quickly countered by adjustments elsewhere in the system that are knowingly, or unconsciously, intended to re-establish the previously enduring status quo. Said differently, because everyone's behavior has become interdependent, the family collectively colludes to maintain their existing patterns. Moreover, repetitive patterns are especially unlikely to change if they have evolved to serve some important protective function for the system as a whole (Madanes, 1981; Selvini Palazzoli et al., 1978), as when a child's misbehavior has come to deflect attention away from a more serious rift in the parents' marital relationship.

The notion of circular causality in family systems (Bateson, 1979) is also central in family systems conceptualizations. Seen as a hallmark of systems thinking that stands in contrast to the linear thinking implicit in other approaches, the principle of circular causality is that the patterns families develop are actively maintained by all of the family's participant members. Such group and subsystem reciprocity is seen as largely responsible for the enduring nature of family patterns through time. As an example, extreme emotional over-involvement by a child's mother, to the point where she interferes with that child's own capacities for autonomous emotional regulation, is often accompanied by pronounced disengagement by the child's father (in some other families, the pattern is reversed, with intense father-child involvement co-occurring with maternal disengagement). Whether fathers disengage in response to intensive maternal involvement or whether maternal over-involvement evolves as a response to inadequate father involvement is an immaterial question; all parties (including the family's children) collude to

help maintain system functioning by steadfastly keeping to the pattern that has evolved through a process of checks, balances, and recurring feedback loops.

Given these powerful corrective feedback loops self-regulating families and maintaining their enduring patterns, how do families ever change and evolve? Different theorists provide different perspectives, but most find consensus on certain points. First, all living systems do change in form (Speer, 1970). They do so in response to major and sustained perturbations either from within, or from the outside, that disrupt established patterns (Hoffman, 1981; Prigogine, 1973). The initial reactions of an intensively challenged system are to mobilize familiar modes of response. But as such responses fail to accommodate the new challenge, the system begins advancing previously untested, untried methods of adaptation until ultimately happening upon solutions relevant to addressing the challenge. During this period of duress, the system is in relative disarray. Indeed, it operates temporarily at a lower level of integration, as its previous modes of adaptation are abandoned in favor of newer and less refined adaptations. However, following this period of destructure and disintegration, newer structures and solutions effectively replace the old, becoming integrated into the system's patterning and modes of action. This process of disequilibrium and reorganization (Block, 1982) typically eventuates in the emergence of a more complex and differentiated system, though devolution, as in the case of incestuous families, is also possible (Alexander, Sexton & Robbins, 2002). The operating principle is that change is expectable and inevitable. In human systems this is largely because change is regularly initiated by individual development within the broader system.

Where then is the connection with von Bertalanffy's general systems model? Extrapolating from the biological systems model, family theorists have often drawn connections to notions of systems as open, cybernetic, or closed (Bateson, 1972; 1980; White, 1986; 1989). Open systems,

von Bertalanffy (1968) explains, have the intrinsic capacity for change, whereas change in closed (including cybernetic) systems occurs only in response to outside sources. Don Jackson (1957) was among the first to draw a parallel between closed information systems in states of homeostasis, and the consistency of family disturbances and symptomatic behavior that resisted change. Appropriating the metaphor of homeostasis from general systems theory had appeal, as families “stuck” in recurrent maladaptive patterns could be viewed as being in a state of equilibrium, behavioral redundancy, and relationship balance. The homeostasis metaphor has remained a very influential one, though it is flawed in many ways. As Moyer (1994) has pointed out, whereas human systems are open rather than closed, theoretical concepts of cybernetics and homeostasis properly describe closed systems and hence are not truly applicable. For example, open (as opposed to cybernetic) systems are intrinsically capable of change, do possess the potential for free interchange of information, energy or matter, and are comprised of components that are simultaneously actors and acted upon (in a circular, rather than linear, dynamic).

Nonetheless, characterizations of disturbed family systems as “closed”, insular, and resistant (if not impermeable) to adaptive informational exchanges with the outside world have remained a recurring and robust metaphor in many clinical writings. Certainly, though, not all theorists find it necessary to invoke open-closed and cybernetic metaphors when describing closure and insularity; Bowen (1978), for example, observed simply that family members withdraw from outside relationships and insulate themselves when emotional forces within the family are in opposition and internal anxiety and tension mount. Such “closed” or relatively closed-off family systems are usually seen as dysfunctional when contrasted with healthier “open” system functioning (Olsen et al., 1979; Satir, 1972), though open systems too can be plagued by serious



problems such as excessive and chaotic interaction, prolonged conflict, and ambiguity (Constantine, 1983).

We now turn to several of the most influential theoretical streams and concepts emanating from the related fields of family therapy and family psychology.

Historically important ideas and lines of influence: Family therapy and family psychology

The view that children's behavioral problems are inextricable from their family group context and that they are most effectively addressed through family collective approaches has been active for nearly a century. Richmond (1917), echoing practices of the social work movement of her time, positioned that child adjustment problems had to be understood in their family context, advocated work with family units, and emphasized the palliative role of family cohesion. Yet even as she wrote, common practice then as now was for children's mothers (and seldom fathers) to attend such "family" sessions. In clinical psychology, mainstream practice did not follow suit in assuming social work's collectivist stance through most of the first half of the 20th century, even though positions developed by Sullivan, Horney, and Fromm emphasized the interpersonal nature of psychiatric disorders. The work of these pioneering figures, however, was not truly systemic in that treatment approaches seldom moved to involve family members; such inclusion was usually construed as a violation of client confidentiality.

During the 1950s, John E. Bell, Nathan Ackerman, and a handful of other clinicians broke from these longstanding traditions and began conducting conjoint therapy when seeing problem-referred children. This significant reconceptualization of work with child cases helped catalyze the gradual spread of family-level approaches and came to spark many generative debates and discussions among clinical psychologists. Herein were the gentle beginnings of a family therapy movement, guided by the clarion call that individual psychopathology signaled

dysfunctional family systems. Distressed children were said to have accepted an assignment from the family to be its “identified patient” (IP), while the child’s symptomatology came to be understood as serving a “messenger” function communicating dire problems at work in the broader family system. Yet even as the IP broadcast these messages, her problems were also playing some functional role in protecting the family and maintaining its balance (as when redirecting parents’ attention away from their own strife and onto the child’s problems). Moreover, this function often eluded the conscious awareness of some or all of the family’s members. Based on this premise that child behavior problems were telegraphing broader system dysfunction, family practitioners argued that it was senseless to excise a child from her family system to treat “her” behavior problems, and then return her to the very same context that had catalyzed the development and supported the maintenance of those problems to begin with. Rather, logic dictated attempting to effect change at the root source, alleviating the child’s suffering by fostering meaningful change in the functioning of the child’s family system.

There were many different pathways toward such ends charted by pioneers of the family therapy movement. Given space limitations, we highlight only some of the principal and most enduring contributions of various perspectives, and underscore a few commonalities among approaches. However, we caution readers that by doing so we necessarily obfuscate much of the important detail and richness of theory differentiating the disparate approaches, and recommend consulting original sources for fuller readings of theory exposition. As an orienting comment, it is probably fair to say that all of the major early schools of thought – including psychoanalytic, Bowenian, contextual, experiential, strategic, structural, communication, and behavioral therapies – shared a few things in common. All acknowledged mutual contributions by all family members to the problems they encountered, shared the therapeutic goals of helping family

members assume greater responsibility and delimit blame, and aspired to clarify and enhance intrafamily communication patterns (Kaslow, 1982; Nichols & Schwartz, 1998). How the therapies sought to do so, what each took as their point of entry, how much each privileged the intrapsychic world or privileged external interpersonal relations, and how much emphasis each gave to the role of past as opposed to contemporary, here-and-now relationships – even insofar as differing in defining who actually constituted the family (and in multigenerational and extended kin frameworks, how far this reach needed to go) -- varied greatly. Yet all approaches sought essentially similar ends – greater role flexibility and adaptability, greater clarity and specificity of communications, a more equitable balance of power among the family’s co-parenting figures, and promotion of greater individuality and differentiation of members within a cohesive family collective. Hence family cohesion, adaptability, and communication are some of the common themes tying together different approaches (Olson et al., 1980).

In most accounts Ackerman, who was a psychoanalyst and child psychiatrist by training, is hailed as the pioneering figure in the family therapy movement and his early publications The Unity of the Family and Family Diagnosis: An Approach to the Preschool Child are counted among the field’s seminal works. Perhaps the most provocative conceptual advances early on in the family therapy movement, however, emanated from work with families of young men and women diagnosed with schizophrenia. Among the innovative clinicians bucking a therapeutic tradition of segregating schizophrenic individuals from their families when providing treatment (and involving the family members only on a need-to-know basis) was Murray Bowen, who strove to treat the schizophrenic person’s entire family unit. Bowen believed that the introduction of an outside person into disturbed relational systems had the potential to modify relationships within that system, but he emphasized the importance of the therapist’s keeping the intensity of

therapeutic focus within the family unit rather than siphoning it into an intense transference relationship. This stance, which broke with psychoanalytic convention, was one defining feature of the Bowenian approach. Bowen's theory described how individual family members in troubled families experienced difficulty differentiating within a relatively closed-off emotional family system (in 1974, Bowen portrayed families with schizophrenic members as characterized by an "undifferentiated family ego mass"), and he was among the first family theorists to explicitly outline the role that multigenerational transmission played in family pathology. But perhaps the most central of all Bowen's many major contributions was his exposition of emotional triangles as the basic building blocks of families, and of how a third person helps to stabilize inherently unstable dyads. While similar ideas were also developed by several other theorists, as outlined below, Bowen helped specify why it is that triangulation breeds stress; to the extent that one family member becomes responsible for or tries to change the relationship of two others, that person shoulders the stress for the others' relationship. Stress within emotional triangles thus came to be seen as a positional phenomenon; assuming responsibility overburdened younger, less differentiated family members, in particular, by trapping them in problematic relationships that they were ill-equipped to handle (Friedman, 1992).

Elsewhere, Gregory Bateson and his colleagues in Palo Alto, California (among them Jay Haley, John Weakland, and later Don Jackson) had been developing a communication theory of schizophrenia, from which surfaced the notions about family homeostasis discussed earlier. According to the group's double-bind theory, an individual's psychosis was understandable in the context of pathological family communication. When individuals receive contradictory messages or injunctions communicated on different (manifest content and meta-communication) levels, the theory went, they are inextricably trapped in contradictory, double-binding

conundrums offering no clear channel for resolution or escape (Bateson, Jackson, Haley & Weakland, 1956). The Palo Alto group portrayed the cognitive distortions endemic to schizophrenia as one adaptation to such insoluble double-binding communications. Despite its elegance and allure, double-bind theory as a theory for schizophrenia did not stand up to clinical and empirical scrutiny and ultimately fell into disrepute. However, several innovative conceptualizations emanating from the group's work, including the co-existence and significance of multiple communication levels in family interactions and the notion that destructive relationship patterns endure as a result of self-regulating interactions, have had lasting impact.

As a "family" theory, many of the seminal ideas of the Palo Alto group, such as the double-bind notion, and Jackson's (1965) "quid pro quo" were limited in how much they could explain because they actually described dyads rather than full family systems. However, Haley developed an enduring interest in triads (which he later developed further in his writings about cross-generational coalitions and perverse triangles). This concept was influential in helping to bridge two of the more influential family systems approaches -- strategic and structural family therapy (for greater historical perspective on this connection, see Nichols & Schwartz, 1998).

A third set of investigations of family dynamics in schizophrenia that also had lasting impact in family thinking was that of the psychodynamic theorist Theodore Lidz and his colleagues (1957). Among Lidz's key contributions was his challenging of the exclusive "blame" burden that had historically been foisted exclusively upon mothers. Though he did not absolve mothers, Lidz did co-consider the potentially damaging role of fathering relationships in families, seeding a field now flourishing as "coparenting theory" (McHale, Khazan et al., 2002; McHale, 2007a). Focusing on what he termed role reciprocity, Lidz outlined ways in which parents of disturbed youth had failed to achieve mutually supportive, collaborative and

coordinated parenting stances within the family. In some cases, the problem was one of marital schism, whereby parents chronically undermined one another and competed for their children's loyalties. In other families, which he characterized as showing marital skew, one of the parents held inordinate sway in the family while the other parent passively gave way to the domineering parent. In Lidz's published cases it was typically the father who was the one who acceded, though the dynamic could also be flipped. In both kinds of family systems, children were "caught in the middle", triangulated into the problematic inter-adult relations.

In many of these early initiatives, there was an implicit focus on nuclear family systems, and problems that eventuated when power dynamics or family roles deviated from what were seen as "optimal" pathways. As will be detailed shortly, some of these presumptions have been critically evaluated by contemporary family scholars, including Hare-Mustin and Leupnitz. Yet even in advance of these critiques, not all theorists and clinicians were limiting the focus of their family conceptualizations and interventions to nuclear family units; in several approaches, present-day family dynamics were framed as temporal extensions of family lineages. These multigenerational approaches, in turn, laid important foundational groundwork for contemporary approaches that view family dynamics as embedded within not just extended and historical kin relations, but also within a broader network of systems that themselves exert impact on the family's adaptations (Henggeler & Bourdin, 1990). One example of multigenerational thinking already mentioned is Bowen's work. In contrast with seemingly-related psychodynamic approaches that had long maintained that people inherit, introject, and bring forward patterns from their historical past, Bowen's perspective on multigenerational transmission was that the past never left, and that families and family emotional systems press up against and interlock daily with prior generations. Friedman (1992) captured this position's essence well in observing

that for Bowen, the intergenerational evolutionary flow “has more power to format the structure of relationships than the logic of their contemporary connections”. As should be apparent, true adoption of such a framework demands a thorough rethinking of the scope of work required to dislodge a family’s symptomatic patterns and sustain newer forms of functioning.

Another seminal perspective on the historical embeddedness of contemporary child and family adjustment problems is Boszormeny-Nagy’s contextual family therapy. As did Bowen, Nagy emphasized the continuing powerful influence of relations with families of origin, including parents’ indebtedness to their origin families (innovatively cast as a ledger of owed balances and obligations). Many of these ideas were developed in Boszormeny-Nagy and Sparks (1973) “Invisible Family Loyalties”, an influential work that illustrated ways in which origin family dynamics reach into contemporary family processes even when parents are consciously unaware of or insist on having “disowned” them. Like Bowen, Nagy emphasized the unearthing of hidden ties and loyalties and the repair of unsolved problems. Unlike Bowen (who “sent families home” to do such work), Nagy gathered various members of the extended family network together to address ruptured and strained relationships. The multigenerational perspective also helps to account for how it is that children in a contemporary family system come to be assigned (or to “inherit”) particular roles that reincarnate kindred roles that have existed in the family for generations. Attending only to the realities of the child’s current-day “nuclear” family unit would not allow for detection of the source behind the historically entrenched family role the child has unwittingly stepped into and been expected to play.

Extended kin networks were also well-attended to by the school of structural family therapy, though unlike the intergenerational approaches Salvador Minuchin’s (1974) structural approach focused primarily on here-and-now family interaction and functioning. In the structural

school of thought, the key core relational patterns in families are those revealed during family interactions. It would be inaccurate to imply that Minuchin did not give credence to the past. Rather, the structuralist perspective maintained that what is important about the past is reenacted in present transactions and is evident in current behavior. Minuchin, collaborating with colleagues Jay Haley (with whom he worked from 1967-1976), Braulio Montalvo, and Bernice Rossman cultivated many of his seminal theses through work with low income, inner city families at the Child Guidance Clinic of Philadelphia; Haley later left to develop a distinctively different problem-solving therapy (see below). Among the most influential core concepts contributed by structural family theory are those of family structure, boundaries, and subsystems, and in his therapeutic practice Minuchin worked to reconfigure non-adaptive family coalitions. He and his colleagues mapped family structure (the recurring and enduring patterns of interaction that had come to organize and structure daily family life), and then worked to foster change through techniques relying on the creation or amplification of challenges within here-and-now, ongoing family interactions. To be successful, they found it necessary to join and then work from within the family system, calling upon action oriented approaches as they worked directly with in-session enactments to help introduce, promote and support change. By encouraging and supporting new patterns of behavior that introduced structural shifts in the family's hierarchical structure, alliance patterns, and boundary adherence, structural therapists sought to move families toward more adaptive functioning – with the identified child or adolescent client following suit. Minuchin and Haley each understood and respected family developmental issues as they worked to reconfigure non-adaptive family coalitions. The structural approach went further, however, to take stock of the family's entire relational field, including extended kin, other supportive figures, and helping professionals and institutions.



Perhaps most central to understanding Minuchin's theory are his views of hierarchy and boundaries. In structural theory, adaptive and healthy family systems are hierarchically organized, such that parents or parenting adults are clearly in charge as the system's executives. Families, as indicated earlier, can be comprised of any number of different subsystems, including marital, coparenting, parent-child, and sibling subsystems. In well-functioning families, adaptive emotional growth and development of children and other family members is contingent on the existence of appropriate boundaries between these subsystems. Conversely, when hierarchies break down, boundaries are violated, or children are triangulated into adult-adult subsystems, symptomatic behavior is far more likely. Minuchin outlined a number of different ways in which children can be triangulated in family systems. In some cases, parents may compete for a child's loyalty and one may succeed in establishing a coalition with the child that excludes the other parent. In other cases, parents respond to distress in their relationship by deflecting their distress and anxiety to the needs or problems of a child. This solution provides short-term relief for the adults' relational distress and can artificially bond them together, as such detouring often results in psychosomatic or other emotional problems for the pathologized child. As did many other family theorists, Minuchin concurred with many other family theorists that the "identified patient's symptomatology played an important role in maintaining family homeostasis and in keeping the family system together and preventing it from fragmenting (Minuchin, Rosman & Baker, 1978).

There has been a fair degree of clinical and research-based support for many of these basic suppositions (Andolfi, 1978; Buchanan, Maccoby & Dornbusch, 1991; Camara & Resnick, 1989; Johnston, Campbell & Mayes, 1985; Minuchin, 1978; Minuchin et al., 1967; Rosenberg, 1978), and several integrative models have been derived in recent years using classic structural

family therapy as their base. These include an attachment-based family therapy promulgated by Diamond, Siqueland & Diamond, 2003; a bio-behavioral family model outlined by Wood, Kleba & Miller, 2000; a multidimensional family therapy propounded by Liddle, 2000; and a multi-systemic family therapy model – which explicitly takes into consideration other systems in which families are embedded-- advanced by Henggler, Schoenwald, Borduin, Rowland & Cunningham, 1998).

There have also been other recent and major elaborations of practice promulgated by Minuchin's protégés at the Philadelphia Child and Family Therapy Training Center, expanding the basics of Minuchin's approach rather significantly. Earlier forms of structural family therapy emphasized a relatively rapid joining of the family by a strong and directive therapist who worked first to understand and accept the family's version of reality, and then intervened actively to alter here-and-now process. By contrast, present-day practitioners often assess far beyond here-and-now family processes in an effort to more fully understand the family in its historical and larger community context, and to take stock of potentially relevant individual biological, affective and psychological processes of family members (Jones & Lindblad-Goldberg (2002). They rely less on appealing to the therapist's expertise in establishing a hierarchical relationship with the family, and fully engage families in planning and evaluation of assessment and treatment. They attend to the creation of relationships that will promote and nurture socio-emotional competencies of family members, including emotion regulation and promotion of attachment.

Jones and Lindblad-Goldberg (2002) maintain that these shifts were natural ones as greater information than was available to Minuchin thirty years earlier came to the fore about the particular family and parenting processes that promote or constrain socio-emotional

development. They also point out that with the recent shifts in practice comes a more demanding accountability, from a focus on organizational functionality as the central treatment outcome, to a focus on establishment of growth-promoting practices and strength of emotional connections. For the latter to succeed, change will almost always be necessary at multiple system levels, including those beyond child and family at the child-family-community interface. As Nichols and Schwartz (1998) mused in commenting on the challenges of work with inner-city multi-problem families, “when between five to ten public agencies are involved in a family’s life, and when the family is up against the crushing weight of poverty and racism, family therapy can seem quite puny. Recognizing limits has made therapists rethink their roles (p. 316)”. We will develop this systems-within-systems principle in the case example provided later in this chapter.

One other major effort from the early “golden years” of family therapy not yet discussed was Jay Haley’s development of strategic family therapy. Following his work with the Palo Alto group and Minuchin, and influenced heavily by Milton Erickson’s creative use of unorthodox therapeutic techniques and hypnosis to bring about rapid therapeutic change, Haley founded the Family Therapy Institute in 1976 and began offering brief problem-solving therapies. Recognizing that families in crisis sought rapid relief and seldom committed to participation in therapy for extended periods, Haley’s time-compressed approach moved to initiate change in families not via insight and understanding but by the family carrying out directives prescribed by the therapist. Haley’s goals were structural and like Minuchin, he sought to address hierarchy and boundary problems that created and maintained problem sequences in families. Though his ideas owed in part to the cybernetic concept of positive feedback loops, Haley emphasized longer (and sometimes, much -- month-long or more -- longer) chains of sequence as well as chains that involved three, rather than two, people. Where he diverged from his earlier

colleagues was in his calculated approach to effecting sequence and thereby system change, and in his view that family interactions could be understood as human struggles for control and power (Haley, 1976).

In strategic therapy, the therapist takes an authoritative and often manipulative stance designed to counter family resistance. Families are actively directed and maneuvered to undertake activities that would amplify and exaggerate the troublesome symptoms that were actually serving as communication metaphors (see also Madanes, 1981; 1984). Strategic interventions are often subtle, usually covert, and frequently paradoxical (such as instructing families not to change and to exaggerate their disturbing symptoms). These kinds of interventions have been critiqued by many writers as both controversial and risky, not only because families inevitably deteriorated, at least temporarily, when following paradoxical directives, but also because the ultimate risk-benefit ratio and conditions for effective and safe use of paradoxical interventions were never empirically determined (Fruzzetti & Jacobson, 1991). Nonetheless, the strategic movement was one of the most active approaches on the scene during the latter part of the 20th century, and gave rise to a number of creative variants (e.g., Selvini Palazzoli et al., 1978).

Prior to family therapy's embracement of multi-systems thinking, most approaches had stayed squarely focused on family interiors, working with family systems as bounded entities unto themselves. As we've outlined, for some theorists this included the family's embeddedness in their multigenerational histories, and for others a lateral expansion to extended kin networks – but seldom did the views take stock of the broader organizational role of cultural attitudes and historical cohort. This situation changed dramatically following searching critiques by Rachel Hare-Mustin (1978), Deborah Leupnitz (1988), and others who decried the gender bias inherent

in the existing major schools of thought. For example cybernetic theory, in repudiating unilateral control and power in systems (the components of which, instead, continually and circularly influenced one another in recurring feedback loops) implicitly absolved any particular system member of blame. When problems existed in a system, all of the systems components were involved and hence all could be said to bear equal responsibility. Such a posture, however, ignored the realities of the subjugation of women in a patriarchal society, and effectively blamed victims in crimes against them. The implication that husbands and wives contributed equally to battering, for example, and bore equal responsibility for changing such problems reified cultural patriarchy.

Similarly, feminist writers drew attention to seldom examined historical realities driving one of the more common clinical presentations in two-parent families -- one in which mothers were cast as over-involved and ineffectual, and fathers as problematically under-involved. Sadly, family therapy's seeming advance over psychodynamic theory in absolving mothers of primary blame for the child's ills (by factoring fathers into the family equation) had actually changed precious little. Mothers were still viewed negatively and pathologically, without recognition that they had been thrust by society into economically dependent, emotionally isolated and hyper-responsible positions. Feminist therapists held that while a change of family circumstances was in order, it was not because incompetent mothers required help but rather because men's assumption of their responsibilities to their children would enable mothers to move out of the crazy-making situation that had been foisted upon them (Walters, Carter, Papp & Silverstein, 1988; McGoldrick, Anderson & Walsh, 1989).

In that systems approaches had introduced a revolutionary paradigm shift in the field of clinical psychology, it seems fitting that in closing this section we underscore how feminist

theory in turn challenged existing systems beliefs. Feminist theory also had an impact on a final development highlighted here, which itself also deconstructed many of the unique expositions of earlier family theories. One critique of the early family systems work has been that its focus on cybernetics, systems and patterns reflected a misguided search for grand theories that could explain human behavior, universal laws that could foster the understanding, diagnosis, repair and resolution of most problems. This quest and its emphasis on the knowable and objectifiable were roundly criticized in post-modern critiques maintaining that there is no tangible reality – only the mental constructions of observers. Among the first theorists to broach this issue in family therapy were Watzlawick (1984) and Hoffman (1985, 1988), who questioned the confidence and assuredness that had become such a central force in so many family therapies of the time. Collaborative approaches, such as the one introduced by Anderson (1993) followed soon thereafter, and took a position of *not* knowing in order to enable genuine conversations with families, and sticking firm to this stance rather than deftly shifting later into a position of expert. While this approach, as others, had its flaws it laid important groundwork for other critiques and new approaches, including narrative therapy, that were to follow.

In some ways, the essential tenets of narrative therapy threw into disarray all that family theories before it had promulgated. For decades, family therapy had stood in sharp contradistinction to psychodynamic approaches that viewed psychopathology as borne and bred within individuals; family therapy's basic tenet, as emphasized throughout this chapter, was that such problems were in interactions and relationships. But narrative theory eschewed this perspective as well, positioning that problems were embedded in the stories that families lived by and that had come to organize their behavior. The focus shifted from the ways that people behaved to the ways that they constructed meaning. To move toward health, narrative

approaches held, families needed to become aware of and discard these disempowering and self-defeating narratives they had been induced into, replacing them with alternate, health-promoting stories to govern their lives and future travels (White, 1995; Freedman & Combs, 1996). A major metaphor in such work was the externalization of problems – construing problems as forces threatening the family from the outside, rather than circulating within.

In many ways, narrative approaches incorporate very little of the systems thinking outlined throughout this chapter. Indeed, their social constructivist base deemphasizes dysfunctional family interactions and instead targets the malevolent influences of cultural biases and institutions. In so doing, narrative therapies provide a fresh, non-pathologizing view of families as capable and powerful. There is no question that their emphasis on collaboration and on expanding beyond families to frame families' problems infused creative new wisdom into the family field. It is less clear whether the accompanying wholesale rejection of systems theory by many narrative theorists was necessary. There remains relatively little evidence that any one system is inherently more or less helpful for aiding any particular problem, and there seem no inherent logical inconsistencies in retaining the valuable aspects of systems thinking while simultaneously attending to the humanizing, ethical and empowering dimensions so celebrated in narrative frameworks (Eron & Lund, 1996). An ongoing challenge for those working in the field will be to evaluate when eclecticism in approach enhances work with families, and when it dilutes the power of particular approaches. Greater eclecticism and openness, greater collaboration with families, and re-found respect for family competencies, worldviews and inner wisdom have all enhanced modern practice, but in the end the approaches assumed by therapists are valuable only to the extent that they help effect real and meaningful change for families and family problems.

Summary. Family systems approaches and family therapy owe their place in the contemporary landscape of clinical psychology to the creativity and charismatic leadership of a relatively small group of brilliant individuals. This history has been well chronicled in a variety of sources, while this initial period of growth of the family therapy movement has been portrayed as a competitive and dogmatic one, guided by various leaders supported by groups of avid disciples emphasizing points of difference between the various approaches. As late as the 1980s, there had been relatively little integration across different approaches despite the similarities in many of the field's basic concepts. However, this circumstance has since changed. There has been a healthy and beneficial cross-pollination both across different schools of thought within family systems approaches, and in integrating important conceptualizations from other fields and disciplines, including developmental psychology and individual approaches to psychotherapy.

We have attempted to highlight some of the major areas of consensus among the various approaches. The majority of contemporary approaches view and treat families as systems, attend to forces that promote stability of behavior patterns and that delimit change, emphasize the triadic nature of human relationships while also recognizing the multiple systems in which families are embedded, and appreciate in one form or another the protective function of healthy boundaries not just for individuals and subsystems, but also for the family as a cohesive entity traveling through time together. Most schools concur that family groups function best when they are cohesive; freely, openly, and directly exchange information; and attend to the different developmental needs of different family members at changing points in the family life cycle. In addition, most perspectives view families as adaptive to the extent that they can show flexibility to adapt to shifting life circumstances, solve problems effectively, include adequate hierarchical structure, and support the individual autonomy and growth of all family members.

Beyond these similarities, there remain a variety of important differences in emphasis and scope. These include whether the proper focus of conceptualization and change efforts needs to focus primarily on behavior and interactions, or whether it should take account of private inner experience of family members; the extent to which change efforts are enhanced by taking stock of individual character and personality dysfunction; and the extent to which family dynamics are seen as emanating from inner turmoil as opposed to being poor adaptations to the pressures of an oppressive external world and culture. There are still disputes about whether the path to health will be charted through changes in behavior, action, and interaction or whether insight is required, and whether all family members must be a part of effective family solutions or whether it is possible to affect and sustain meaningful systemic change through work with individuals and subsystems. These things said, contemporary therapies rarely adhere tenaciously to theoretical dogma and most now benefit from the convergence of ideas and rapprochement that began during the last decade of the 20th century.


In an era of intense scrutiny on all forms of mental health intervention, cast in the name of accountability, family systems-based approaches to mental health and treatment have been called upon to prove their merit to a widening external audience. In 1998, summarizing the current state of the field, Nichols and Schwartz anticipated this emerging challenge for family scholars and practitioners as they wrote – “if family problems cause psychological problems, we should be able to demonstrate it; and perhaps more important, if we say we can resolve problems with family therapy, we’ll probably have to prove it (p. 498)”. The burgeoning field of family psychology, outlined below, has largely shouldered the first part of this dual charge, while assumption of the second charge has also been formally taken on – though by a relatively smaller


group of active researchers whose work has largely been informing recent national policy. These developments are summarized in the next section.

Research

If not already clear, from the days of the Palo Alto group's scholarly pursuit of communication theory, research has always been central to the understanding of family systems. Over the past quarter century, however, an interesting split of sorts has occurred. The growth of a family research field has been flourishing as empirical studies of families have benefited from advances in observational and recording capacities, digitalization, statistical modeling, and other scientific technologies and breakthroughs. Concurrently, a field bearing the name of family psychology has taken firm root. It is broad in scope, and has been formally recognized as a "new" specialty within contemporary psychology. It is represented by a flagship journal, the *Journal of Family Psychology*, which debuted in 1986 and joined *Family Process* (an outlet which has been around since 1962, when Jay Haley served as its first editor) as the major source of breaking knowledge for professionals about family systems. Yet much of the scholarly work conducted under the flag of family psychology remains unfamiliar to active family practitioners.

The lack of dialogue is unfortunate, if understandable. James Alexander, who is among the small group of family psychologists whose work is well known to national policy-makers, invoked Albert Einstein in a recent publication: "Not everything that can be counted counts, and not everything that counts can be counted" (Alexander, Sexton & Robbins, 2002). Einstein's observation captures a rather interesting paradox in the family field – one the one hand, early family therapists took pains to insist that that problem sequences in families are observable, identifiable, and deeply meaningful – and yet family therapy thinking has been replete with notions that would seem to defy objectification and standard measurement. Concepts such as

triangulation, boundaries, hierarchy, differentiation, legacies, family projection processes, undifferentiated ego masses, rubber fences and the like would seem to defy objective measurement. There have been both prevailing sentiments that any reductionist objectification of such inherently fluid family processes strips them of any true meaning, and contentions that empirical research is of little creative or additive value as it typically does little more than confirm established knowledge. Perhaps of greater concern, there is the fear that in objectifying complex structures and processes, researchers run the risk of obscuring and overlooking alternative in retive frames. Indeed, from the post-modern perspective, everything is a construction and there is no objectifiable “truth”.

The discussion of operationalization and standardization has sometimes become most heated and strained when the topic shifts from the valid assessment of family processes to the assessment and efficacy of family therapies.  Putting aside for the moment whether it is possible to evaluate important family group processes in meaningful ways (family psychologists have made a number of important strides in this arena, summarized below), a variety of writers have advanced the position that manualized treatments, insistence on adherence to treatment protocols, and evaluation of successes in terms of statistical effect sizes undermines the creativity and fluidity that have been the hallmark of family therapy since its inception (Henry, 1998). This is certainly an extreme position, and not all practitioners share this concern that the empirical movement and move to more standardized treatment regimens has a greater potential for harm than good (see, for e.g., Jones & Lindblad-Goldberg, 2002)

Addressing this tension, Nichols and Schwartz (1998) pointedly note that the research efforts of some of the major centers studying multi-problem families, including Henggeler’s and Alexander’s groups, Gerald Patterson’s and Marion Forgatch’s studies at the Oregon Social

Learning Center, and major initiatives administered by Tolan and Gorman-Smith in Chicago and by Liddle and Szapocznik in Miami “provide credibility for family therapy within the larger mental health field, credibility that has been strained by the practices and unsubstantiated outcome claims” of earlier family models. Further, questioning the necessity and wisdom of casting blueprints as straightjackets, certain writers have decried the characteristically minimal dialectic between practicing family therapists and family therapy research groups. Nichols and Schwartz (1998), for example, highlight both clinicians’ ethical mandate to evaluate the efficacy of their interventions and the modern-day reality that family therapists must demonstrate the efficacy of their approaches to third-party payers. Echoing this latter point, Alexander and his colleagues (2002) noted that family-based approaches have been oddly absent from “best practice” lists generated by psychology’s empirical treatments movement. They point out that this absence is out of keeping with accumulating empirical evidence for the effectiveness of family psychology interventions, evidence that has been gathered in research studies that have for the most part managed to sidestep the major criticisms typically levied against most other randomized clinical trial studies.

A comprehensive review of the efficacy literature generated by family psychology intervention scientists is beyond the scope of this chapter. Interested readers are referred to a comprehensive and readable volume published by the American Psychological Association, “Family psychology: Science-based interventions”, edited by Liddle, Santisteban, Levant and Bray (2002). It provides scholarly reviews and summaries of advances in family intervention research, including reviews of programs designed to enhance positive parenting practices through parent management training procedures, and other programs targeting parents’ capacities for assuming responsibility (providing greater structure and closer monitoring), expressing

warmth, and decreasing conflict and use of damaging disciplinary practices (e.g., Forgatch & Knutson, 2002; Liddle, 1995; Schoenwald & Henggeler, 2002; Szapocznik & Kurtines, 1989). Although initial work for some of these models was carried out in demonstration projects conducted in university settings, where conditions could be tightly controlled and titrated (e.g., Henggeler, Rodick et al., 1986), there have since been concentrated efforts to render standardized family-based approaches within existing naturalistic contexts (homes, schools, community agencies, residential treatment facilities). An example of the more ambitious and intense work in this regard is multi-systemic therapy provided within a “family preservation” model, introduced as a desirable alternative to outside-of-home placements of severely disturbed youth (Fraser, Nelson & Rivard, 1997). In such work, outlined by Schoenwald and Henggeler (2002), anywhere from 2-15 hours of service per week is devoted to families over a concentrated 4-6 month period, with clinicians carrying low caseloads (4-6 families per clinician) but on call 24hours/7 days a week.

Overall, empirically-validated treatment approaches are informed by a systems perspective and by the contextual tradition of family therapy, but also focus broadly on behavioral, cognitive and emotional transactions within the family and between the family and the influential social systems in which it resides. Such approaches generally see the focus of classic, pragmatic family therapies on intra-familial interactions as insufficient to achieve and sustain meaningful gains with multi-problem youth. Most attend in one way or another to how children’s intra-individual qualities (genetics, temperament) can challenge parenting systems and how social disadvantage, neighborhood, schools, and other contextual factors press on and interact with family processes. Many of these initiatives emphasize prevention and early identification of risk, and most are attentive to both cultural and ethnic differences. Approaches

vary a good deal with respect to how unabashedly they cast therapists into a role of expert educator, but all aim to affect some form of hierarchical change wherein parents assume greater responsibility for oversight and discipline of children while working to help promote greater family cohesion. Children themselves are often explicit targets of skill-building as well, beyond the parenting and family work.

The other major focus of the family psychology field has been in providing evidence for ways in which families contribute in formative ways to the individual problems of their members. Such work often takes on a more decidedly linear focus than that endemic to cybernetic and circular perspectives, though researchers are often aware of this bias and episodically devote specific and concentrated energies to pursuing bidirectional, if not transactional, hypotheses. Again, a comprehensive review of this body of work is far beyond the scope of this chapter, but interested readers are referred to relevant overviews and contributions by P. Minuchin (1985), Cox and Paley (2003), McHale and Grolnick (2002), and Bornstein and Sawyer (2006). A special edition of the journal *Development and Psychopathology* (2004), in particular, includes a broad array of empirical papers presenting work from leading researchers involved in this area.

Much research in this tradition has been concerned with establishing and clarifying the nature of dynamic linkages between different family subsystems. Investigations of couple relationships, for example, reliably tie relationship functioning to both parenting behavior and to child adjustment (e.g., Kaczynski, Lindahl & Malik, 2006; Hetherington, 2006), as would be predicted by most theoretical frameworks in the family therapy field. Studies typically document child adjustment problems in the face of destructive marital conflict (Cummings & Davies, 1994), parenting disturbances in the face of marital distress (Erel & Burman, 1995), and child

disturbances as a consequence of insecure parent-child attachments (Arend, Gove & Sroufe, 1999; Speltz et al., 1999; Vondra, Shaw et al., 2001; Weiss & Seed, 2002). Studies are often quite explicit in outlining the specific nature of dynamics in families, as when mothers in marriages devoid of intimacy are at greater risk for boundary violations and seductive behavior with children (Jacobvitz, Hazen & Curran, 2004). They substantiate the cross-generational transmission of relationship patterns, as when parents who deny the significance of attachment-related experiences in their own origin families parent their infants in such a way that the infants likewise end up developing avoidant patterns of attachment toward them (Steele, Steele & Fonagy, 1995; Ward & Carlson, 1995; Zeanah, Benoit et al., 1993). Such research studies are also attentive to context, as when outlining how changes in circumstances within or outside the family can alter risk trajectories (Egeland, Jacobvitz & Sroufe, 1988).

Beginning in the mid-1990s, a new line of empirical investigations began appearing in the child and family development literature, explicitly assessing family group-level dynamics and the relationship of these whole family processes to children's adaptation (e.g., McHale & Cowan, 1996; McHale & Fivaz-Depeursinge, 1999). In particular, this work began paying explicit attention to specific coparenting dynamics in nuclear family systems, including hostility and competitiveness, alliance cohesion and support, and disconnection (McHale, Khazan et al., 2002; Feinberg, 2003). A parallel line of inquiry also published during this same time period, fully systemic in nature, examined the development of family alliances from the prenatal period on through the toddler and preschool years (Favez, Frascarolo et al., in press; Fivaz-Depeursinge & Corboz-Warnery, 1999). Among the most significant findings from these complementary lines of work are indications that early coparenting dynamics and family alliances can be forecast on the basis of both intrapsychic and interpersonal factors assessed during the pregnancy (McHale,

Kazali et al., 2004; Von Klitzing et al., 1999); coparenting processes are related to but also exert influences in the family that are independent of marital relationships and dynamics (Bearss & Eyberg, 1998; Katz & Low, 2004; McHale, 1995; Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004); family alliance types consolidate early, are markedly stable through time, and affect children's social and emotional development in a host of important ways, even as early as the infant, toddler, and preschool years (Belsky, Putnam & Crnic, 1996; Caldera & Lindsey, 2006; Fivaz-Depeursinge et al., 1996; Frosch, Mangelsdorf, & McHale, 2000; McHale & Rasmussen, 1998; McHale, 2007); and family dynamics are sensitive to infant contributions from the very earliest months (Fivaz-Depeursinge, Favez et al., 2005; Fivaz-Depeursinge & Favez, 2006; McHale & Rotman, 2007). Related work has substantiated the protective effect of functional family hierarchies (Shaw et al., 2004), and conversely, the destructive effects of family triangulation (Kerig, 1995).

These various lines of inquiry each, in their own way, have provided impetus for one form of intervention or another targeting family factors shown to increase risk. For example, if couple relationship problems before a baby's arrival are shown to foreshadow parenting and relationship problems afterward, then strengthening the couple relationship might be expected to help promote early parenting and couple adjustment (Cowan & Cowan, 1992; Shapiro & Gottman, 2005; Silliman, Stanley, Coffin, Markman, & Jordan, 2002). If maternal insensitivity places infants at risk for cultivating insecure attachments, interactive guidance and other forms of mother-infant psychotherapy targeting mothers' ability to read and respond warmly, contingently, and accurately to infants' signals may help mitigate such risk (McDonough, 1993; Robert-Tissot, Cramer et al., 1996). If such reading is impeded or overwhelmed by maternal

preoccupation with unresolved origin family issues, maternal representations may serve as an additional target for such interventions (Fraiberg, 1980; Cramer, 1995).

An interesting question from a systems perspective, of course, is whether long-term gains can be sustained if a single dyad in the family, be it husband-wife, mother-infant, or (as in several recent initiatives targeting father involvement; e.g., McBride & Mills, 1993) father-infant is prioritized without parallel consideration of the ripple effects such interventions may cause throughout the family system (McHale, 2007). Herein lies one crucial and ongoing challenge for systemically informed interventionists and clinical researchers of all sorts – establishing the extent to which an intervention with an individual or a dyad is sufficient to change a family's course, even if not all family members are the focus of intervention. Though the possibility of affecting meaningful systemic change without engaging all key players within the family would seem antithetical to most family systems theories, dyadic interventions are actually standard of practice in the infant mental health field, as well as being an unfortunate reality of most community-based practice (Cowan, Cowan et al., 2006). Hence, both basic and research efforts will continue to be crucial in helping to document the extent to which interventions seeking to affect enduring change show clinically meaningful results even without attending to all important relationships and networks in case formulations and intervention.

The vigorous dialogue about such issues that is active in family research circles exemplifies a level of inquiry and discourse healthy for all systems. For researchers, there is a never-ending revisiting and reworking of existing frameworks contingent on new data, even as certain bulwarks of the field (organizing effects of security of attachment, multi-risk likelihood attendant to destructive marital conflict, and protective facets of supportive coparenting relations) provide necessary coherence. When there are episodic moves toward premature

closure – some of the most vocal critiques of the movement toward empirically validated treatments have been along this line – there are corrective responses from within the research community. Episodically, someone can be counted on to stir the pot vigorously and threaten deconstruction of all held dear, as did Belsky, Campbell and colleagues in one 1996 report failing to uncover significant stability in attachment security, either at the level of avoidance, security, and ambivalence (Mary Ainsworth’s standard ABC classification rubric) or secure-insecure classifications. A more recent example involved Cook and Kenny’s revisiting of data from a 1981 study by Cole and Jordan. Cole and Jordan had adapted Olson and colleagues’ Cohesion and Adaptability scales on the FACES instrument so that the scales’ individual items reflected dyad-specific (mother-child, mother-father, father-child) rather than family-level processes. They had then asked each of the three family members to rate each of three subsystems. Reanalyzing Cole and Jordan’s data using advanced statistical analyses (EQS; Bentler, 1993), Cook and Kenny (2006) found that systematic variance at dyad subsystem levels was rarely significant after they took into account variance that was attributable to individuals within the family (mothers, fathers, or children). Taking the argument to its conceptual level, they speculated that in some circumstances what appears to be a systemic pattern can be as or more parsimoniously attributed to a single individual’s influence, as when a father who does not like to be involved with people in general has difficulty being engaged with both his spouse and his children. Such a problem, which when framed systemically would underscore a dialectic between dyadic (marital and parent-child subsystems), could actually be traced most fundamentally to the father’s personality and habits. While any empirical finding like this is clearly delimited by the fragilities of instrumentation, such cyclical rekindling of old debates helps keep the field and its pursuits fresh, self-evaluative, and non-complacent.

Perhaps somewhat surprisingly, despite the many, many volumes published on measurement issues in family research (e.g., Hofferth & Casper, 2006), assessments and evaluations of families in clinical practice seldom rely on instruments developed in laboratory research. In fact, most family assessments and evaluations do not rely on standardized instruments at all. In the next section, we summarize common practices and issues in family assessment and evaluation.

Assessment and Evaluation

As may not be surprising given the vast array of different approaches and areas of emphasis represented by different schools of thought, no standard or universally agreed upon set of assessment practices or techniques for evaluating families has ever emerged. Many students trained in family therapy approaches are introduced to some of the innovative ways of gathering information about families, such as completing detailed genograms (McGoldrick & Gerson, 1999) -- sometimes indispensable in multigenerational formulations and interventions -- and some are introduced to structured checklists or inventories (which help to organize and structure behavioral therapies). But most family therapists do not define formal assessment phases during which they systematically partake in standard assessment protocols or procedures. This is certainly not to imply that assessments are not conducted or thought of as unimportant, but only that a cataloguing of different assessment tools in this section would badly misrepresent this facet of clinical work with families. Rather, we summarize below some of the major issues attended to by most systems therapists in the early stages of working with families.

Besides explicitly seeking information and clarity during family interviews about certain critical life events (e.g., domestic violence, sexual abuse, extramarital affairs, drug and alcohol abuse), most family systems approaches give special credence to the behavioral sequences and

interactions that are revealed during early contacts with families. Such interactions are thought to reveal much of what is necessary to know about family communication patterns, boundaries, rules, and hierarchies. What family members do during assessments is as and sometimes more important than what they say, and hence very few family assessments take place without some direct observation of the family's interaction patterns. How early assessments are conducted, how directive therapists are during initial evaluations, and what the goals of early contacts are do differ from school to school, though there are some commonalities. First, most family therapists take pains during the early stages of work with families to listen to and take stock of the family's account of the presenting problem. During this stage, each family member is usually allowed voice and therapists acknowledge each person's perspective on the problem. This process is usually navigated in as open-ended a way as is possible before additional detail is sought. The additional detail, when solicited, is geared to identify important details and to contextualize the problem with respect to time, place, and key players involved (including important individuals and systems outside of the immediate family). Information is also obtained about how the family has already tried to deal with the problem.

On the basis of these early assessments, interventionists are able to draw some preliminary hypotheses about structural and communication problems in families. From both session content and from observation of interaction sequences, the family hierarchy and the roles of different family members in the family's dynamics begin to become apparent. From observed family process patterns and sequences, the therapist is able to speculate about triangles, coalitions and problematic boundaries within the system. This is particularly so when all of those principally involved in the maintenance of the problematic patterns are in attendance; understanding of family dynamics and communication patterns in families often shifts



significantly when a sibling or live-in grandparent who had been absent during earlier family session subsequently attends a session and a different sequence pattern or alliance structure is revealed. Ultimately, however, an important aim for most therapies, not just structural approaches, is to develop an understanding of the invisible structures maintaining the referral problem.

Most therapies proceed from a general appreciation of the family life cycle and of normal family process. However, such understandings are often very global in scope and not always fully informed by contemporary developmental and family data. Most clinicians appreciate that the transition to new parenthood brings expectable strains that test the husband-wife marital dyad and increase risk for disengagement and/or depression by new mothers or fathers; that the early coparenting dynamic established in families often must reorganize as children move from infancy through the toddler and preschool years, since the behavioral challenges presented by mobile, verbal children introduce fresh new strain into the family system; and that adolescence requires parents to negotiate new relationships with their children to allow for greater autonomy and choicefulness, without pulling the rug out from under them or affording too much freedom and not enough guidance. Less well-understood are how normative developmental transitions are shaded by cultural expectations or by the origin family expectancies of the child's parents. For example, unlike most European and African American family systems, co-sleeping and hand-feeding well through the preschool years is normative in many Asian heritage families. This cultural understanding is necessary to learn about during clinical assessments of Asian families, lest the family's parenting practices be cast as emotional over-involvement. On a different front, cultural views of sexuality during early adolescence are also important to assess, as such views can be dramatically different in families where both parents became sexually active during their

own early teens than they are in families where parents' sexual activity did not bloom until early adulthood. In research labs, developmental studies of family systems have uncovered revolutionary new data suggesting that even infants as young as 3-4 months of age are recruited into, and become capable of actively shaping coparenting and family process (Fivaz-Depeursinge & Favez, 2006). While very few families of infants this young come to the attention of family therapists because of ostensible problems in the infant, assessing a family system without including infants would be as incomplete as omitting key members from assessments of families of older children.

Beyond the assessment of families' presenting problems and the patterns sustaining them, and the cultivation of an understanding of family adaptation apropos to their position in the family life cycle (informed by relevant cultural and sub-cultural shading), a centrally important assessment task in most modern family therapy approaches is identifying contributory roles played by systems outside the family. While this is most acutely so in assessments completed with multi-problem families (Henggler, Schoenwald, Borduin, Rowland & Cunningham, 1998), external systems do come into play for the majority of families with children and adolescents. However, though most assessments take stock of the family's interface with other systems, the extent to which such information is formally solicited during the early phase of family evaluations differs greatly from therapy to therapy. Typically, information about significant others in the family would be explicitly pursued during questioning in the earliest contacts with families, whereas information about outside systems (schools, the mental health system, the legal system, other social agencies) would be gathered as indicated as case material was shared by the family. More than occasionally, especially in cases where there is significant involvement by systems outside the family, some contact with these systems will ultimately be indicated –

though in most approaches such contacts are more likely to take place later in the course of treatment than they are during the initial family assessment phase.

Finally, it is important to emphasize that although most family therapies do not systematically evaluate the psychological functioning of each individual family member, neither do they ignore developmental problems or psychopathology in individuals when it is present. Over the long history of the family field, there have been times when such individual problems were downplayed or cast as secondary and relatively inconsequential to the more significant relationship problems that entrapped the family, though this is seldom the case any more. As outlined earlier, therapy approaches now do consider the extent to which individual biological, affective and psychological processes of family members are relevant (Jones & Lindblad-Goldberg (2002), as such an understanding can help, rather than obfuscate, reasons why certain families get stuck.

To illustrate some of the major concepts described in the chapter, we now turn to a case conceptualized and treated from a family systems approach. In so doing, we underscore how systemic approaches help guide both the formulation of the problem, and the path toward intervention chosen, in a manner that might diverge substantially from courses charted by other major theoretical approaches in this volume.

Case Example: Intervention in a family system

The case we have chosen to illustrate family systems intervention is one involving work with the Jackson family – a married heterosexual couple and their 14-year-old son, John, the family’s “identified patient”. John’s parents describe him as having shown precipitous deterioration in many areas of functioning, citing school failure (tardies, cuts, failing grades, warnings from administration), marijuana and alcohol use, and symptoms of depression (sleep

disturbance, lethargy, lack of motivation, constriction of activities). For his part, John expresses anger and rejection of his mother, and an alignment with his father in the marital breakdown presently occurring. John recently engaged in individual psychotherapy, though he also “forgot” several appointments. His parents were alarmed at the downward spiral in John’s behavior and requested a psychiatric evaluation for medication.

John’s father works as a business executive, and his mother has been a homemaker throughout the marriage. The father travels frequently and states that work has always been his primary involvement. Both parents agree that he is a good provider, and concur that he has had only peripheral involvement in the domestic life of the family. Indeed, the coparenting partnership could be characterized as disconnected and “skewed” since John’s birth. John’s father took on very little of the hands-on, day-to-day work of parenting and almost always deferred to John’s mother when child-related decisions had to be made. As individuals, the parents’ personalities are also distinctively different. John’s father impresses as low-key, intellectual, introverted and conflict avoidant; when conflict escalates between he and his wife, and/or between his wife and John, his response is typically to withdraw to his home office. By contrast, John’s mother wears her emotions on her sleeve. She is extraverted and socially skilled, yet often impresses as dependent in her interpersonal style. The couple’s long-term marriage (the first for both parents) became progressively less intimate over the years as the mother invested most of her attentions on her parenting involvement with John, while the father invested in his successful career. Three years ago, the mother began an affair with a man in the community. She became increasingly preoccupied with this involvement, and as she did her parenting deteriorated. She became indulgent and less attuned and attentive to John’s needs, and not surprisingly conflict between mother and son also escalated.

Presenting Complaints:

The initial telephone contact was made by the father, who wanted to come in with his son to work on his son's acting out at home. After some inquiry as to the family situation, the family therapist convinced the father that John's mother also needed to be included in the intake session. In the initial session, where all three family members were seen, the father and son sat close together on the therapist's couch. They exchanged frequent glances throughout the session, and on a few occasions finished one another's sentences. They both also engaged in verbal attacks of the mother, who remained quiet, self-recriminatory and tearful during the session. The father reported that he had learned of his wife's affair only recently from a friend and had immediately confronted the mother, who confirmed its three year duration. Father described being furious, and announced his plans to separate and divorce. He had told his wife that she could not continue to live in the family's home, and she obliged by moving to an nearby apartment. The father said he has been torn because he cannot himself assume parental responsibility for John, given his work demands, whereas John's mother, who John won't talk to, remains completely available. The father is unequivocal in asserting that he intends to separate from his wife, but also understands that the son and "his mother" need to have a relationship. He acknowledged that he has discussed the affair with John and was appalled to have discovered that John had been colluding with his mother in keeping the affair a secret. This complicity has added to John and John's father's shared rage and contempt for the mother.

During the session, the son reported "My life used to be great, but now it sucks...I hate my mother. She had an affair with this scumbag and she made me keep it a secret from my dad for three years. She used to bad-mouth my dad, but now I know she was lying. I can't trust

anything she says. I wish my dad would divorce her so I wouldn't have to deal with her ever again". John is vehement in his insistence that he has no desire for contact with his mother.

John's mother expresses only remorse and seems accommodating of anything that might enable John's father to reconsider staying married. She states that she now recognizes that the main reason she pursued an affair was because of the increasing loneliness and frustration she felt in her attempts to rekindle intimacy with her husband. She says that she agreed to move out of the family home voluntarily (though she hopes it is temporary) and notes that since she moved out, John's father has made some changes so as to become more available to parent their son. She adds, however, that her husband is also calling upon his extended family and friends to provide "coverage" when he is unavailable and laments that these individuals have also been quite disparaging of her to their son. She expresses concern that John has been unsupervised for the most part after school and reports that he has regularly been having friends over to the house to "party". Currently, the mother has come to the home once or twice a week, at the request of the father (and over the objection of their son) to drive the son to school and to cook meals. She seems desperate to persuade the father to consider reconciliation, fearing that separating will only add further stress to the son.

Both parents are extremely concerned about the son's functioning and agree that addressing his deterioration is the priority over sorting out their marital issues. Since the father seems resolute in his intent to separate and divorce, the stance the family therapist elects to take in closing the intake session is that the structure of their family needed to transition to more independent parenting of the son, consistent with a post-separation shared custody arrangement. The mother was clearly devastated by the therapist's recommendation and ongoing work was

necessary to help her acknowledge that this was the only viable structure that would permit the couple to quickly begin addressing their son's significant dysfunction.

Family System Assessment:

In keeping with contemporary structural family frameworks, John's current symptoms were presumed to derive from the mutual influences of both individual and family system factors, as well as factors external to the family system. On an individual level, John's adjustment was hampered by several individual vulnerabilities (including the attentional deficit, the current substance abuse, and the growing depression). Each of these factors would require ongoing assessment and monitoring because John's ability to respond positively to structural systemic interventions could potentially be affected adversely by these individual level factors. For this reason, coordination with an effective individual psychotherapy and perhaps, at some phase of the treatment, a referral for psychiatric assessment may be indicated and pursued.

With respect to the context in which John's symptoms are developing, the marital subsystem had clearly deteriorated, perhaps irrevocably. The affair, triangulating a third party into the marital relationship, compromised the marital subsystem further, with the breach of trust, humiliation and subsequent anger and contempt prompting father's unilateral decision to sever the marital partnership. Equally, the parental subsystem had been markedly compromised – the previous functionality of the mother's primary parental role, which had gradually deteriorated as she had begun neglecting domestic matters, took a further downward turn once the affair came to light because John began actively resisting her efforts to parent. While John looked to be intensely aligned with his father, the father remained substantially unavailable and was lacking in necessary parenting skills. Moreover, given the destructive conflict in the marital subsystem, the already disconnected coparenting subsystem became compromised even further.

The uncertain status of the Jackson's nuclear family given the current separation placed their family system in a "family life cycle" limbo. That is, it was far from clear whether the therapeutic aim should be working to restore greater functionality in the nuclear family system or working to re-structure the Jacksons as a bi-nuclear family (which would be the structural shift that would have to occur with a separation and divorce). The coparenting team's executive authority in structuring the family vis-à-vis the son had been undermined by multiple factors, including the mother's reliance on John as a confidant, and the alignment John presently had with the father against John's mother. Both of these developments had disrupted the functional hierarchy in which the coparental subsystem trumped the parent-child dyadic subsystems.

Problems in the current coparenting alliance were numerous, dominated by the lack of parenting support between partners leaving each to "fly solo". For this family, the absence of a functional coparenting alliance was especially disastrous, given the father's historical absenteeism and lack of competence when he was "in charge" and John's newfound unwillingness to allow his mother to parent him. Successful coparenting was further compromised by ineffective child-focused communication and decision-making, stemming from the adults' self-focus, hostility, and open conflict in the marriage. John's escalating symptomatology only placed added stress and pressure on this already compromised coparental subsystem. The lack of boundaries and structure (agreements and coordination about when each parent is to be parenting, if and when John's mother should and could be in the family home, who was responsible for coordinating with John's school, therapist, tutor) resulted in chaos, conflict and further neglect of John's now considerable needs. From a family systems perspective, John's increasing symptomatology is readily cast as a response to the untenable

role demanded of him in keeping his mother's affair a secret, and as a "cry for help" for a chaotic and disorganized family system.

This understanding of the family interior is insufficient, however. Effective family systems approaches also attend to systems outside the family currently (or anticipated to be) affecting the family system. For the Jackson family, the family therapist identified several such systems. First, there was the family's mental health care – specifically, an individual therapist whom John had been seeing. While consultation with outside therapists is often indicated in family work when such individuals are involved, it turned out to be especially pivotal in this case. There were some indications that the individual therapist may have unwittingly introduced some additional, complicating boundary problems that affected the family. By seeing John and his father conjointly but failing to involve John's mother at all in the treatment, she appeared to have unintentionally gotten entangled in the couple's marital conflict and reinforced John's alignment with his father. In their conjoint meetings, it turned out, father and son had frequently "raged" to the therapist about John's mother, even as the mother's phone calls to the therapist had sometimes gone answered for as much as a week or more, by mother's report.

To assess the role being played by the mental health system, the family therapist obtained a waiver of confidentiality to connect with John's individual therapist. Such contact was in order both to facilitate assessment of the individual therapist's perspectives and goals and to permit the family therapist to deepen her understanding of the family system so that the interventionists could try to coordinate a treatment plan together that would be working toward parallel, appropriate goals. Similarly, given John's school problems it was important to initiate contact with a relevant liaison at the school. This was essential both to better understand the nature of John's current problems at school and to permit creation of a functional coordination

of home-school support for him. Finally, given the strong inkling that John's father was preparing to initiate the process of divorce, potential legal implications had to be considered so that any future involvement with the legal system could circumvent the parent's involvement in an adversarial process certain to exacerbate the family's already high level of conflict.

Case Conceptualization:

For over a decade, the Jackson family had sustained a reasonably stable and functional family adaptation, although it was one characterized by a compartmentalized and skewed parenting partnership in which John's mother carried out the active parenting (cementing a strong mother-son dyadic subsystem) as the father assumed an economic provider role (functioning only marginally in both marital and father-son dyadic subsystems). This once stable structure had gradually deteriorated over time, as avoidance and alienation in the marriage ultimately precipitated the mother's undertaking of an extramarital affair. As the mother's longstanding availability and quality of parenting the son deteriorated to the point of neglect, conflict increased between the son and his mother, while father continued to avoid involvement. Holding the affair secret from the father (seen by many family therapists as exemplifying a pathological coalition between the mother and son) had infused additional toxicity into this triadic family system. The Jackson family's dynamics are a vivid example of family subsystems mutually influencing one another, both in contributing to the escalating dysfunction of the system and in calling out for an intervention that attended to each subsystem.

John's symptoms were both a functional cry for help for his family system and a reflection of marital and parental subsystem breakdowns. The family's hierarchy and many of its boundaries (mother-son, marital-parental) had disintegrated and now needed considerable support to re-structure. The "limbo" state of the separation and divorce decision complicated

matters by impairing the Jacksons' ability to functionally respond to the family life cycle crisis. The possibility of a high-conflict custody dispute necessitated structuring any intervention to protect the family and treatment process from being cast into the legal adversarial system. The professional systems outside the family were not adequately supporting the family. Coordination was poor (as there was no functional connection with the son's school) and the son's therapist was aligned with the father.

Every individual member and every dyadic relationship subsystem in this family was showing a significant need for intervention, and the deleterious impact of each subsystem on the other (affected through the family's mutual feedback loops) likewise needed to be interrupted. Given the multiple problems, a clear prioritization of need was required, and the therapist in this case chose to work from a directive, structurally-based approach. The approach involved joining with the family quickly, and building a collaborative working alliance by utilizing the parents' mutual concern for their son's welfare.

Complications:

A number of complications became apparent only as the case progressed, introducing difficult decisions about how best to intervene. First, as already indicated, consultation with John's individual child therapist confirmed that her role in helping John process the emotional trauma of the family breakdown had been severely compromised by her unwitting but problematic entanglement in the marital conflict. Given the complications this triangulation introduced, the family therapist and John's therapist needed to process whether it would be in the Jacksons' best interests for the individual therapist to withdraw from the case and support John's engagement with a new individual therapist who specialized in high conflict coparenting cases.

Second, the seeming inevitability of the family's move into a divorce transition led the therapist to incorporate proactive structural and psycho-educational interventions into the work. One focus on this work was on pre-empting new adversarial processes, inherent in the legal system, so as to keep them from infiltrating and further escalating the marital conflict and endangering the family and its members. From the outset, the family therapist also had to decide whether to advocate reconstitution of the nuclear family structure (which was the mother's clear desire) or whether to assist the family in re-structuring to a bi-nuclear family. Because the creation of a clear and functional structure would be the key to restoring adaptive functioning in this family, the family therapist decided to strongly advocate for "disengaging" the marital and parenting dyads. This stance, which prompted initial distress and resistance from John's mother, ultimately helped to enable the work of differentiating marital issues (which in a bi-nuclear structure were not relevant targets for the therapy, except as they interfered with functional coparenting) from coparenting issues (which became the agreed-upon focus in helping the family to move toward greater functionality).

Finally, given the severity of the son's current dysfunction and the family's seeming inability to cooperate adaptively, the family therapist posed the possibility that the son may need to be placed outside the home. Individual factors such as the boy's substance use and the possibility of his school failure or drop-out, complicated by the inadequate functional parental involvement and supervision questioned whether continued in-home placement for the son would be a viable option. The out-of-home placement recommendation had not been considered by the parents, who were both resistant to the idea for multiple reasons. Their unified resistance was used to motivate all the family members to work on issues with focus and urgency.

Course of Treatment:

The initial intervention occurred when the father contacted the family therapist asking to come in with the son, and the therapist insisted that the whole family come in together for the intake. The presenting problem was then reframed by the suggestion that resolution of John's symptoms needed to be addressed in the broader family system. The therapist highlighted the seriousness of the son's symptoms and used the family's immediate resistance to an outside the home placement to motivate the parents to prioritize the provision of better structure and support to the son and stabilize the marital/parenting subsystems. This was handled by the therapist in a directive manner, and an explicit plan was worked out with the couple to implement a bi-nuclear family structure. The specific plan called for a "nesting" residential arrangement, wherein the parents shared a single apartment where first one, and then the other, resided when not parenting John. John, however, stayed in the family home with whichever parent was "actively" parenting. This arrangement allowed for (1) a stabilization of the basic family structure – there was no timeline imposed or immediate decision called for about separation and divorce – at the same time as (2) the marital and parenting subsystems were functionally separated. Treatment was then able to progress to structuring (by creating a schedule for) the "parenting time", thereby assuring that appropriate responsibility and supervision would be occurring. The boundaries between spousal issues and parenting issues were functionally reinstated, and John's parents and the therapist mutually agreed to move spousal issues to the back burner and to focus on parenting issues as primary.

Work with the parental subsystem became the primary thrust of therapy. Disengaging the couple's focus on the marriage and keeping their energies child-focused, with exchanges taking place principally over e-mail (augmented by occasional phone contacts and in family sessions) contained their conflict and made the coparenting relationship more manageable. Sessions often

clarified when “spousal relationship issues” were compromising “coparenting”, and the parents were gradually able to themselves attain better boundaries with regard to these issues. Conjoint work with the mother and son addressed the trauma induced by the affair and secret, working on healing the relationship breach that had occurred so that the son could gradually “accept” more nurturance and parenting from his mother. In the beginning, parenting time was “titrated” between mother and son based on the boy’s tolerance of being together with her. There was more variability later, depending on advances and set-backs in the mother-son re-unification work, and so titration continued to be monitored in an ongoing way by the family therapist. Work with John’s father addressed his need to step up and assume greater parenting responsibility, to make himself more available, and to work on his deficient parenting skills. Coparenting during these early phases was coordinated by the family therapist, with explicit focus on ongoing information exchange and active decision making about the son.

As this work began, the conversations with the boy’s individual therapist commenced. It became clear rather quickly that she was aligned with the father-son coalition and that her identification with the son’s rejection of the mother was especially strong. She reluctantly acknowledged that she had probably alienated the mother and possibly also compromised her primary therapeutic role by conducting conjoint parent-child work with only the father and son). However, because she was steadfast in her conviction that she would almost certainly be unable to form a working alliance with the mother, she gradually acknowledged (and helped persuade the reluctant father) that it seemed best to have the son referred to another therapist. The family therapist assisted the family with a referral to a child therapist who specialized in high conflict cases and established a collaborative team approach with this therapist from the beginning of their involvement. The family therapist also contacted the school counselor (who

had not heard from either parent) and coordinated a meeting between relevant school staff and both parents. The school counselor and parents set up a plan to support the son's functioning at school which included structures for regular feedback from the school.

Progress was soon evident in multiple parameters of this family system's functioning – John's performance at school improved, and he gradually began working through his anger toward his mother, allowing her to reconnect as his primary parent. John's mother, who had ended the affair, redoubled her attentive parenting efforts and worked diligently to prove her commitment to preserve the marriage. John's father felt content with the moratorium on pursuing separation and divorce. He willingly accepted the parent "coaching" that the therapist offered and soon began looking forward to and enjoying his scheduled parenting time without John's mother present. Considerable work had to be done to help John's father support the healing of the mother-son relationship, despite his own continuing anger with her. The work of coparenting continued to be effectively coordinated by the family therapist - structures for communication were put into place, parenting issues that came up were discussed and decisions made in conjoint sessions with the parents, and written documentation of specific decisions made at these meetings were provided to John's parents to reinforce these structural shifts. Responsibility and accountability were supported throughout this process, from which a functional parental hierarchy came to be established with a transformation to a more equitable and shared parenting arrangement. This arrangement was established and documented in a formal parenting plan that evolved from the treatment, so that when the father made a decision to file for divorce six months after the work began, the family (despite some set-backs) was ultimately able to move collaboratively with only minimal legal-adversarial involvement to a

shared custody arrangement. The family therapist-child therapist team continued to support the family during this transition.

Implications of the Case

John's individual symptoms were understood as occurring in the context of this families' triadic family process. Therefore, the goals of family systems treatment were broader than immediate resolution of the identified patient's symptoms. They were focused on addressing relational processes in the marital, coparental, and parent-child sub-systems, and in the extrafamilial system that was impacting the family. Helping the family to functionally re-structure as they negotiated a transition from nuclear family to bi-nuclear family was a critical focus of the treatment. Work on clarifying and reinforcing functional subsystem boundaries and re-establishing the hierarchy between parents and son remained a focus throughout the treatment. Given the destructive potential of the marital breakdown, structural disengagement of the marital couple (through the "nesting" residential arrangement and coordination of their coparenting) was an essential intervention in this case. Similarly, assessment of and direct intervention addressing extrafamilial involvement (with the son's individual therapist and relevant school personnel) was needed to create a collaborative professional context around the family system. Psychoeducation and recommendations about more collaborative divorce processes helped the parents resist the pulls from the legal adversarial family court system to escalate their spousal conflict. As the Jackson family moved through the divorce transition, the son benefited from a more balanced, competent shared parenting arrangement, a marked change from the almost exclusive maternal involvement that had characterized his family experience prior to the beginning of treatment.

As illustrated in earlier sections of this chapter, there are a myriad of different ways that family therapists of different schools might have chosen to approach and formulate this case,

but there would also be a number of likely commonalities. For example, most systems-oriented clinicians would have sought to observe and assess the triadic or whole family process and to evaluate problems in the family's hierarchy and boundaries during initial sessions. Most also would have looked beyond the family's interior dynamics to understand the roles being played by inter-related systems – in this case, the school, legal, and mental health systems.

The therapeutic stance and the kinds of information gathered and privileged during this process would have varied from approach to approach, of course. The approach the family therapist took in working with the family was more old school than new age, in that a clear hierarchical arrangement installing the therapist as expert was set up from the outset, so as to help stabilize the family quickly as a number of crucial decisions were made. The therapist was quite active in proposing an appropriate course of action, rather than coaxing the family to make these decisions themselves.

Different schools may very well have attended to other aspects of the case unaddressed in the work summarized above. For example, from certain frameworks considerable spotlight may have been trained on John's father's financial and executive planning power and control in the family situation and to mother's long-standing one-down position. Or focus may have been given to the cut-off of marital intimacy John's mother felt prior to embarking on the affair and/or to her empowerment as an individual (both absent in the case formulation above), in the service of supporting and sustaining post-divorce parenting adaptation. The casting of out-of-home placement as an exterior threat to the family (which thereby mobilized their cohesiveness in combating the threat) resonated well with narrative approaches. Multigenerational theorists would have sought different insights to this case – perhaps unwrapping family members' collusion with the father in denigrating the mother to her son in case formulation.

Though there would almost certainly be differences in emphasis depending on the theoretical framework, the path toward recovery for the adolescent charted by helping to restructure the family, clarify boundaries, and strengthen the coparenting alliance was guided by a distinctively systems-driven approach. While remaining sensitive to the potential role played by intra-individual factors, the case exemplifies major ways in which therapists working from systems frameworks formulate and intervene in a manner differing in emphasis from those of other major traditions represented in this Handbook.

Summary and Conclusions

Family therapy's revolutionary insight was that the problems of any given individual are a function of the whole family, and this systems viewpoint continues to guide virtually all contemporary family therapy practice. The field has undergone a dizzying number of changes in its 50-year history, and in at least certain schools of practice there have been some major breakages with longstanding traditions of focusing on interaction over cognition and on privileging relationships over individuals. Yet the hallmarks of systems approaches – thinking triadically about behavior problems, focusing on family process over content, understanding that families are open systems embedded in extrafamilial systems, remain as fresh as ever. They will undoubtedly continue to have enduring impact and when embraced, promise to infuse critically important insights into effective clinical practice.

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