

EVIDENCE RESPONSE

Systemic Therapy:

What difference does systemic therapy make to the outcomes for children and families?

This report was produced by About Families as part of the development of an Evidence Request Bank.

The request concerns the type and extent of existing evidence in relation to systemic therapy and outcomes for children and families. This report outlines key points, gives comments on the range and type of existing evidence, and reports on findings. The appendix gives search details, keywords used and references. Weblinks for references are included where possible.

December 2012

About Families aims to ensure that the changing needs of parents, including families affected by disability, are met by providing relevant and accessible evidence to inform service development.

About Families is a partnership between the Centre for Research on Families and Relationships, Parenting across Scotland and Capability Scotland, and funded by the National Lottery through Big Lottery Fund.



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KEY TERMS AND DEFINITIONS

‘Systemic therapy’, ‘systemic family therapy’ and ‘family therapy’: The terms ‘systemic therapy’ and ‘systemic family therapy’ or ‘family therapy’ are used interchangeably in the literature. This report uses the terminology of the evidence cited. However, since family therapy is referred to as marital and family therapy (MFT) in the United States (US), the term MFT is sometimes replaced with ‘family therapy’ in this report for clarity.

Meta-analysis: a systematic method that uses statistical techniques to combine data and findings from a number of independent studies addressing similar research hypotheses/questions. (The Free Medical Dictionary, 2012; Psychwiki, 2010).

Randomized Controlled Outcome Trials (RCT): RCTs use rigorous clinical standards to compare the outcomes or effectiveness of different types of therapy treatment or intervention. RCTs will include a ‘control’ which may be the standard treatment in use, or no treatment. Clients or people involved in the study are randomly allocated to receive one of the treatments being studied or the control. RCTs are typically reviewed and summarised in meta-analyses (Stratton 2005).

Effectiveness vs. Efficacy Studies: Effectiveness studies evaluate treatment outcomes in a usual or routine care setting i.e. includes ‘real-world clinicians and clients’. Efficacy studies evaluate the results of treatments under controlled clinical settings, such as within RCTs. (Department of Health, 2001-2012)

1. KEY POINTS

Systemic therapy is a form of psychotherapy. It addresses behaviour and psychological symptoms within the context of people's day to day lives and interpersonal relations and interactions. The key guiding principle in systemic therapy is the focus on the system rather than the individual. The systemic family therapy approach views difficulties and issues as arising in the relationships, interactions, language and behaviour patterns that develop between individuals within a family system, rather than in the individuals themselves. It helps to prevent the long-term adverse impact of stresses and pressures of life style changes, such as developmental conflicts for children and adolescents, through recognising and supporting children and families during transition and change. Other long-term changes for children and families, resulting from systemic therapy have been reported including, strengthening family functioning and relationships, promoting healthy family structure and communication patterns, improving resilience and fostering supportive networks, systems and resources.

Systemic family therapy has become a widely used intervention globally, used in various individual, family, couple and group settings. Over three decades, literature reviews and research studies of various forms of family therapy have concluded that it is a highly effective approach in services such as health, education and social care and across private and public services, independent practice and voluntary sector services.

Family therapy has been found to be effective in addressing a diverse range of behavioural, emotional and psychological difficulties and symptoms. It has been found to be helpful in addressing and resolving day to day difficulties and concerns such as communication difficulties, interpersonal relationships, behavioural difficulties in children and young people and/or marital/couple conflict and distress in adults. At the same time, it has been accepted as an effective therapeutic approach for specific problems and disorders in children and adults such as depression, anxiety disorders, eating disorder and drug and alcohol misuse.

With specific reference to children and young people, systemic therapy in its different forms is successful in addressing a number of child-focussed difficulties and associated challenges for their families. It aims to resolve problems for children and young people from birth up to the age of 18 years by engaging family members or members of the families' wider networks in the therapeutic process. These include school and community based problems; infant sleeping and attachment problems; learning and reading difficulties and bullying; adolescents developmental problems and adjustment difficulties; relationship difficulties; and a range of mental disorders and associated symptoms. There is substantial evidence that demonstrates improvements in symptoms for children diagnosed with specific symptoms and disorders such as conduct problems, eating disorders, childhood and adolescent depression and childhood anxiety disorders.

Over the years, many different models of systemic therapy have emerged addressing varying needs and problems of children and families. However, in practice, they seem to share substantial common ground and have similar levels of impact in terms of outcomes for children and families .

Systemic therapy has been found to be cost effective with health care benefits including reduced drop-out from psychotherapy treatment and health screening visits, and reduced relapse and readmission.

Issues of culture, ethnicity, gender, and the broad physical environments and social contexts of children and families are considered within the current models of family therapy. This sensitivity enables the therapists to respect diversity, understand specific needs and draw upon the strengths of the children and families they serve.

Links between systemic therapy and play therapy have been established in theory. Explorations of the potential of engaging children in family therapy using play and other creative approaches is found in some of the available literature. However in practice, integration and joint application of these approaches i.e. systemic therapy and play therapy respectively has been found to be limited.

Systemic family therapy has expanded in UK substantially over the last three decades. Guidelines and recommendations for practice of family therapy have been provided by the National Health Service (NHS) and The National Institute of Clinical Excellence (NICE). Institutes such as the Association for Family Therapy and Systemic Practice and Family Therapy and Research Centre, University of Leeds provide regular updates on the practice and research of systemic therapy.

2. COMMENTS ON THE RESEARCH

2.1 Summary

In the broadest sense, systemic interventions could include both family therapy and other family-based approaches such as parent training (Carr, 2009a). This review, however, will focus on systemic therapy (including various family therapy approaches) and its outcome for children and families. Other family-based interventions, such as parent training programmes and other preventive family and community-based projects, have been excluded, since these are outwith the scope of this report.

A broad and diverse range of literature and research studies including meta-analysis and random controlled trials (RCTs) of various forms of systemic therapy are available, which illustrate progress and developments in the last 50 years. There has been a proliferation of articles describing the application of family therapy to specific problems or difficult situations experienced by children and adolescents. Both the number of articles and the range of problems addressed have increased significantly over the years.

This report includes review of relevant literature and articles from the early development of systemic therapy up to current meta-analysis and practice guidelines. While the available literature includes the impact of systemic therapy on families and children, including developmental changes and associated challenges for the family, most of the current research and evidence-base is largely focussed on effectiveness of systemic therapy for childhood and adult disorders.

The variety of approaches and models within current family therapy, and the wide range of terms used in referring to the different models, means that searching for evidence is difficult. Family therapy has developed in many directions during its 50-year history and a number of approaches are being practiced currently for specific problems or difficulties (Stratton, 2005). Some available meta-analysis focuses on a specific approach to family therapy for a particular problem, for

example, functional family therapy for juvenile offending behaviour or multi-systemic therapy for conduct disorders or child abuse. Conversely, in some reviews, it is not always possible to determine the particular family therapy approach used in therapeutic practice (Shadish et al., 1993).

This report focuses on available research and literature reviews that explore the application and broad outcomes of systemic therapy for children and families. Detailed results of meta-analysis for specific adult as well as child-focussed mental health disorders and associated symptoms such as conduct disorders, alcohol and substance misuse, juvenile delinquency and so on have not been included since this is outwith the scope of this report. However, key studies and references in these specific areas have been indicated where applicable.

2.2 Gaps in Evaluation

Although there is good evidence for using systemic therapy effectively to help children and adults, gaps in knowledge remain (Carr, 2004). While various systemic approaches have been shown to work in specialist centres, effectiveness and outcomes need to be evaluated in other settings such as routine clinical settings and voluntary centre services (Denton et al., 2002).

There is limited research on the integration of family therapy with other child-centred forms of therapeutic work such as play, art and other creative therapies for engaging children. Research studies on general children and adolescent's developmental concerns and associated issues of family functioning; relationship strengthening within families and communication patterns is limited. As mentioned above, research has focussed more on disorders in childhood and adolescence (Sydow et al., 2010)

Though the available literature highlights that the current models of family therapy are sensitive to cultural context, gender, ethnicity and other social contexts of children and families, research in this area was found to be limited.

Research studies highlighting the effectiveness of family therapy approaches for diverse groups would be useful.

Different ways of measuring the effectiveness of family therapy (such as scales and evaluation tools) have been developed since the late 1960s (Pinsof, 1989). However greater knowledge, training and research on their application and results is needed.

Developing responsive and effective therapy for families in the UK based on the evaluation of the practice within the UK rather than relying on methods developed by practitioners in the USA and elsewhere is being recognized as an urgent need (Stratton, 2005).

3. REPORT ON FINDINGS

3.1 Systemic therapy: approaches, forms and effectiveness

3.1.1 Systemic therapy approaches have developed over time. Different forms are currently practiced in a variety of contexts in the UK and other countries, particularly in the United States. The first systemic work carried out with families dates back to the 1950s, and since then a large range of systemic approaches have emerged, including structural, strategic, milan systemic, narrative, Psycho-educational and Behavioural approaches (Asen, 2002).

3.1.2 A range of psychological models have influenced the development of various systemic therapeutic and interventions approaches over the years. These include social constructionist and narrative approaches, psychodynamic, personal construct theory, person-centered thinking and attachment theory (Pointon, 2006). While diverse systemic therapy models and theoretical constructs exist, in practice therapists adapt their approach to the work contexts and to the presenting problems of respective children, adults and their families (Asen, 2002).

3.1.3 The common guiding principle of all systemic approaches is the focus on the ‘system’ rather than the individual and understanding that “difficulties do not arise within individuals but in the relationships, interactions and language that develop between individuals” (Pote et al., 1999:10). For example, children’s behaviour seen as problematic by parents would be understood within systemic therapy as children’s attempts to have their needs met or cope with the family environment. In other words, their behaviour is a response to the family system. Focussing on the children alone would treat the symptom rather than the underlying problem.

3.1.4 Systemic and family therapy approaches address a vast and diverse set of difficulties experienced by individuals, couples and families. These include a full range of behavioural, emotional, psychological and learning difficulties; specific disorders or conditions such as conduct disorders, anxiety disorders, mood

disorders; and relationship and communication difficulties in both children and adults (Stratton, 2010; AFT, 2012).

3.1.5 The overall effectiveness of systemic therapy has been well established over the past few years. Evidence includes meta-analysis and systematic reviews; controlled trials; and regular reviews of literature and journals undertaken by various family therapy centres and institutes (listed in appendix) (Carr, 2009b; AFT 2012a; Crane & Christenson, 2012).

A review of twenty meta-analyses of marital and family therapy (the term used for family therapy in the US) trials for a range of mental health problems across the life cycle concluded that 40 to 50 per cent of people who participated in family therapy treatment showed improvement after therapy, and also at six- and twelve-month follow-ups (Shadish and Baldwin, 2003; Carr, 2009b; Carr 2004).

The above meta-analysis of systemic therapy evidence concluded that “Family therapy for couples and families is now an empirically supported therapy in the plain English sense of the phrase - it clearly works, both in general and for a variety of specific problems” (Shadish and Baldwin, 2003:567).

Systemic therapy has been found to be either significantly more efficacious than control groups who did not participate in a psychosocial intervention; or equally or more efficacious than other evidence based interventions (example, cognitive behaviour therapy, family psychoeducation, or antidepressant/neuroleptic medication) (Sydow et al., 2010). The data support the conclusion that outcomes of family-based interventions are comparable to those interventions which only involve the individual experiencing difficulties, and in some cases family-based interventions lead to better outcomes than individual treatments (Carr, 2004).

Systemic therapy has been accepted as an effective therapeutic intervention in many countries. For example, it has been recognized as an evidence-based treatment by the German Scientific Board for Psychotherapy in 2008 (Sydow et al., 2010). Similarly a French government meta-analysis on effectiveness of family therapy for treating specific disorders such as schizophrenia, bipolar disorder, anorexia and

alcohol dependency recognized it as the second most effective therapy after cognitive behaviour therapy (National Institute for health and medical research, 2004).

3.1.6 Systemic family therapy can be cost effective. The economic analyses of family therapy shows that compared to alternative treatments involving psychodynamic or cognitive-behavioural approaches, it is found to be no more costly, and sometimes significantly cheaper, without loss of positive outcomes. (Crane & Christenson, 2012; Crane & Payne, 2011; Carr, 2011; Stratton, 2005)

Systemic therapy is found to be cost-effective - review of studies

A medical-cost analysis study of individual and family therapy for over 3000 adolescents with conduct disorder in the Kansas Medicaid system, who were also receiving a comprehensive range of other health services, indicated that family therapy led to a much greater reduction in healthcare costs over a two-and-a-half-year period (Crane & Christenson, 2012; Crane et al., 2005).

A large-scale US study with frequent health service users who participated in family inclusive therapy showed significant reductions of 68% for health screening visits, 38% for illness visits, 56% for laboratory/X-ray visits, and 78% for urgent care visits (AFT, 2012b; Crane & Christenson 2008). Family therapy reduces the frequency individuals use health care services (Law & Crane, 2000) as well as reducing the frequency the partner of the referred person attends health care services (AFT, 2012b).

3.1.7 Individuals participating in systemic therapy have good levels of engagement in treatment, and low levels of drop-out and relapse. Studies comparing systemic family therapy with other forms of therapy report that clients are more likely to stay in family therapy until the end of treatment. It leads to better long term outcomes as the chances of issues or problems re-emerging are reduced (AFT, 2012; Carr, 2009a; Sydow, 2010).

3.1.8 Systemic family therapists are sensitive to issues of culture, ethnicity, gender, and broad physical environments and social contexts of individuals

and families. These aspects are considered important to the family therapy work as culture and gender sensitivity helps family therapists to respect diversity and provide services based on the diverse needs, strengths and context of individuals, families and communities (Stratton, 2005; Franklin, 2001; Szapocznik and Williams, 2000).

3.2 Systemic therapeutic approaches: outcomes for children and families

3.2.1 Systemic therapy as an early intervention practice

For some people, family relationship and communication patterns can create huge pressures, which lead to them developing physical and/or psychological problems as a way of coping, such as eating disorders, phobias or depression (Pointon, 2006). The systemic thinking approaches help address unhelpful patterns of communication, interaction and relationships to enable individuals and families deal better with such pressures and develop problem solving skills.

Systemic therapy helps individuals by involving the entire family and considering the wider contexts they have to function in. Strengthening the entire system in which they operate leads to long-term changes and improvements for both families and individuals (Pointon, 2006; Turner, 2005).

Children and young people go through various physical, emotional and behavioural changes during their stages of development and growth, which can lead to confusions, conflict and adjustment difficulties within themselves as well as with others around them. Family therapy is found to be useful for addressing such developmental changes and conflicts in children, helping parents to better understand them, supporting families in times of such transition and recognizing the stresses that can be associated with these lifecycle changes (Pointon, 2006). Timely intervention with children and families can help mitigate any future difficulties. Family therapists are skilled at addressing the challenges and changes that life brings and can facilitate communication in a way that brings people together so they can understand each other better (Murray, 2011).

3.2.2 Family therapy with adolescents

Adolescence and the challenges that are often associated with this stage of development are increasingly being studied and treated within the context of the family. This period of transition can create stress and problems within families, as family members need to adapt to the changing needs of their teenager. Families unable to meet these changing needs can create adverse reactions, which is often referred to as dysfunctional family systems. The systems theory that underpins the systemic family therapy approach offers a useful way of describing, analyzing and addressing the problems that adolescents can face within the family (Breunlin & Breunlin 1979; Teichman, 1981). Family therapy can help family members to better understand and manage change (Teichman, 1981). Direct support from family therapists has successfully helped with a wide range of issues that can arise within families due to adjustment difficulties, unhelpful relationships and communication patterns during adolescence.

3.2.3 Systemic changes: strengthening family functioning, interpersonal relationships, communication and resilience

Healthy family structure and communication patterns between and among family members have been the central concern of systemic therapy (Carr, 2009a). Family therapy enables families and individuals to learn techniques on how to improve communication (Breunlin & Breunlin, 1979). For example, family therapists can help family members to recognize their strengths and to explore the difficulties or problems they face while emphasizing the role of each individual in generating suitable solutions and being part of the process of change with the family (Pote et al., 1999). Further, therapists help strengthen relationships by facilitating better expression of thoughts, feelings, beliefs and needs among family members. Results of a meta-analysis confirm that for many relationship difficulties, systemic interventions such as couples and family therapy are effective (Lou and Lin, 2012). For example, in the US marital and family therapy has been found to cause positive systemic change in about 50 per cent of clients (Carr, 1991). Improvement in family functioning was sustained at the six-month follow-up and possibly longer. Excessive parental criticism and over-involvement towards the child referred for therapy is reported to decrease rapidly over the course of MFT, while parental warmth towards the child gradually increases.

Brief Strategic Family Therapy leads to improved outcomes compared with alternate interventions

Two studies specifically exploring the impact of therapy on family functioning found Brief Strategic Family Therapy (BSFT) to be superior to an alternative intervention (Szapocznik & Williams, 2000):

- In one study, BSFT was found to be more successful in facilitating improved family functioning compared to child psychodynamic therapy.
- In the second study, BSFT was found to be more successful in improving adolescent and family functioning compared to a group counseling intervention.

Family therapy has been viewed as a “powerful, fast and effective method of achieving change within the family” (Pointon, 2006:4). Families are able to maintain and improve on this change over two years following the therapy (Stratton, 2005). Family therapy strengthens family functioning and relationships by helping families and other support networks in schools and communities to tackle difficulties and encourage them to find constructive ways to help each other, while respecting the specific needs and insights of the individuals involved.

Family therapy draws on the resilience of individuals, focusing on strengths and solutions rather than deficits and problems. In this context, a family resilience framework has been developed for clinical practice drawing on findings from studies of individual resilience and research on effective family functioning (Carr, 2004; Walsh, 2003).

Within the context of the family system, the father’s involvement in family therapy has been recognized as significant for improved and sustained outcomes. Failure to engage the father in therapy is associated with drop-out from the treatment and poor outcomes (Carr, 1991).

Overall, engaging children in family therapy has been found to have many benefits, including strengthening relationships, communication and problem solving within families (Lund et al., 2002).

Why engage children in family therapy?

- Working with the entire family helps to redefine the child's problem as the family's problem;
- The inclusion of all family members allows therapists to observe how each family member contributes to the problems and development of the family;
- Children have a right to participate in the process of solving problems that they and their families face, as well as the right to be seen as equal members of their family system;
- Children's spontaneity and candidness brings many strengths into the family system, and thereby, into the therapy room;
- Children often act as the 'tip of the iceberg' – in other words, they can make family problems visible to others since they can be the 'symptom bearers', calling attention to the family's needs.

(Lund et al., 2002:447)

Families have found their engagement in therapy helpful, insightful and supportive. Similarly, family therapists have found the way the sessions are structured to involve families and understand how they interact and relate to each other useful for planning interventions specific to each family's needs and contexts (Lemmens et al., 2003; Carr, 2004).

3.2.4 Systemic therapies provide evidence for improved outcomes for a broad range of difficulties and symptomatic changes for children and families

Improved outcomes have been noted for children, young people, adults, couples and families struggling with a broad range of difficulties and circumstances. These include psychological difficulties and relatively common mental health concerns, relationship stresses and problems, as well as more serious mental disorders and conditions with associated symptoms.

Systemic family therapy interventions have been found to be effective for the following **problems** as a stand-alone treatment or in conjunction with other

treatments in a wide range of different conditions and presentations¹. In terms of problems relating to children, they include:

- Drug and alcohol misuse by adolescents and adults.
- Marital distress and its impact on children and families.
- Difficulties and problems with attention and over-activity.
- School-based problems such as learning and reading difficulties and school phobia.
- Behaviour problems in toddlers and problems in infancy including sleep, feeding and attachment.
- Physical conditions and illness such as enuresis and soiling (encopresis), recurrent abdominal pain and poorly controlled asthma and diabetes.
- Mental disorders and conditions with associated symptoms such as conduct disorders in children including oppositional behaviour problems, eating disorders, psychotic illnesses and mood disorders, psychosomatic problems, childhood depression, juvenile obsessive compulsive disorders, adolescent bulimia nervosa, adherence problems in juvenile diabetes².
- Childhood abuse and neglect and problems of infancy.

(AFT, 2012, Carr, 2009a, Carr, 2008; Ng, S.M et al., 2008; Stratton, 2005; Asen, 2002; Shadish et al, 1993)

Broadly, it is reported that family therapy leads to improved symptoms in about two-thirds to three-quarters of clients, and deterioration in under one-tenth of cases. It is sometimes found to be more effective in facilitating positive systemic changes than problem-focused therapy (Carr, 1991). Timely family intervention can reduce the risk of problems affecting other family members, or flowing through generations, relationship networks and communities (Asen, 2002).

¹ Data from respective effectiveness studies/meta-analysis on various child focused aspects and difficulties listed here have not been included in this report, however the studies listed/sourced can be reviewed for details.

² For details on these diagnosed disorders and symptoms, the Diagnostic Statistical Manual for Mental Disorders (DSM) can be referred to: <http://www.dsm5.org>

Family therapy has been reported to be effective with adolescents facing school-based problems such as learning and reading difficulties and school phobia. Participation in conjoint family therapy, involving all family members, leads to reduction in symptoms and difficulties experienced by the adolescents both in classrooms and at home as well as improvement in overall family functioning and relationships (Breunlin & Breunlin, 1979). A review by Breunlin & Breunlin (1979) reiterated that it is important to engage all family members, including fathers, in family therapy for better, quicker and sustained outcomes for the child and family.

An integrated family and systems treatment for children at risk of being removed from their families (often referred to as out-of-home placement) has also been used effectively with improved outcomes. Improved relationships between the child and family members and better collaboration between the family and other agencies and professionals have been reported. Significant improvements in child behaviour, parental competency and family cohesion and adaptability were reported in a study of 77 children at risk of out-of-home placement (Carr, 2010; Lee et al., 2009).

3.2.5 Different family therapy approaches and associated outcomes

Various family therapy approaches and models have emerged over time and have proven to be effective for addressing specific difficulties or conditions in children. Table 1 highlights some of the family therapy approaches with their respective focus areas (the table has been put together from various papers and studies reviewed for this review).

Table 1: Various Family Therapy Approaches and Focus Areas³

Family Therapy Approaches and Models	Focus Area
Multisystemic therapy (MST)	<ul style="list-style-type: none"> - Child abuse including physical abuse and neglect - Adolescent conduct problems - Juvenile delinquency - Adolescent sexual offending
Cognitive behavioural family therapy (FCBT)	Childhood obsessive compulsive disorder (OCD)
Attachment-based family therapy (ABFT)	Adolescent suicidal thoughts and depressive symptoms
Family interventions programs	Childhood obesity
Systemic consultation model	Staff addressing challenging behaviour in children with learning difficulties.
Multidimensional treatment foster care (MTFC)	Juvenile offenders/delinquency and their families
Functional family therapy	
Multidimensional family therapy (MDFT)	Adolescent drug misuse
Brief strategic family therapy (BSFT)	
Psycho-educational family therapy	Children with bipolar disorder
Behavioural Family Systems Therapy (BFST)	Treatment adherence among adolescents living with HIV
Conjoint cognitive behavioural family therapy and concurrent parent and child cognitive behaviour therapy	Reducing child abuse and neglect in families of school-aged children.

³ Individual effectiveness studies for each of the models listed in Table 1 have not been included in this report; however the studies listed/sourced can be reviewed for details.

Family Therapy Approaches and Models	Focus Area
Parent–child interaction therapy	Physical abuse
Wilderness therapy interventions with family therapy (Mason, 1987)	Treatment of troubled adolescents.
Ecosystemic Structural Family Therapy Model (Pennsylvania’s statewide)	Children and adolescents with severe emotional and behavioural disturbance

Different reviews comparing various family therapy approaches outlined in table 1 concluded that no one approach is significantly better than another in achieving positive outcomes for children and families. While different models of family therapy have developed, in practice, they seem to share substantial common ground (Stratton, 2005) i.e. they focus on the system rather than the individual and address difficulties arising due to relationships, interactions and language that develop within a system (Pote et al., 1999).

3.2.6 Systemic family therapy for school and community functioning

A number of studies and practice models have indicated that the positive outcomes of family therapy are linked to benefits for schools and communities at large.

Examples of systemic family therapy for schools and communities

- Ecosystemic family therapy highlights effective family-community links in family therapy in nine innovative pilot projects in Massachusetts. Ecosystem family therapy integrates the family therapy interventions by therapists in collaboration with families and communities to provide a better system of mental health care and services to children and families by helping them access resources and support networks from within their communities (Carr, 2005; Coffey, 2004).
- Rojano (2004) outlined an effective approach to treating low-income, urban families - referred to as community family therapy (CFT), in the US. This approach was concluded to be effective in helping clients strive for personal and

family growth, accessing community resources and increasing community involvement. At the same time, it enabled therapists to collaborate with community members to foster community resources, enhance resilience in clients, engage clients as change agents within the community and overall community development.

- The American School Counselor Association encourages a systemic perspective in delivering guidance and counseling services in schools. School counselors are encouraged to follow a developmental approach to working with students and to understand how education and school experiences for children are related to the world of work, the family, and the community. The programme evaluation concluded that following a systems perspective in helping students solve their problems is an effective approach (Ginger, 2002). A systemic treatment model for addressing bullying which involves working with families and school staff has also been reviewed with successful outcomes. Over the course of therapy, patterns of communication and relationship within the family and schools were addressed to understand and change the bullying behaviour in children leading to long-term and sustained improved outcomes. Birth certificates were given to children by the therapists to facilitate new identity formation, and death certificates to mark the end of bullying behaviour (Carr, 2009c; Butler and Platt, 2008).

3.2.7 Systemic therapies help facilitate professional multidisciplinary networks for children, families and therapists:

Based on the needs and concerns of the family, systemically trained practitioners are skilled in coordinating and facilitating multi-disciplinary networks across health, social care, education and other sectors (AFT, 2012; AFT, 2009).

3.3 Family therapy and play therapy: scope for integration

Innovative, creative and playful ways of engaging children in family therapy have been reported, though research in this area is limited. The benefit of including play within family therapy has been recognized by a few practitioners. However, in practice play and family approaches have generally not been combined by therapists and are used separately (Lund et al., 2002).

Using reflective puppet shows in family therapy

'Reflective puppet show' was developed by a team from Tromsø in order to adapt the reflecting team model for young children – i.e. helping children to reflect upon their key issues and problems by using puppets and storyline created for puppet shows. The technique of developing the puppet show involved the team of young children constructing a story which has a tangential relationship to the family's dilemma and performing the show to facilitate reflection and analysis of key issues. Consistent with the idea of helping children to reflect upon their key concerns, difficulties or problems, the puppet show was prepared and executed with open endings, inviting both children and adults to construct alternate endings for bringing out different solutions to the problems being addressed or raise other related concerns or difficulties faced by children and/or their families (Lund et al., 2002; Johannesen et al., 1998; Schatz, 1998).

3.4 Systemic family therapy interventions in the UK

Provision of systemic family therapy in the UK is uneven (Stratton, 2005). However, key organisations and characteristics are outlined below:

3.4.1 The Association for Family Therapy and Systemic Practice (AFT) is the UK's leading organisation for family and systemic psychotherapists and practitioners. AFT supports research, develops family therapy training and practice standards, hosts conferences and workshops, and provides a wealth of information and resources for students, professionals and members of the public. The members of AFT provide therapeutic services to children, young people and adults, couples,

families and individuals, enabling them to build on strengths and understandings and find ways forward in their lives. (www.aft.org.uk).

3.4.2 Family Therapy and Research Centre at the University of Leeds established in 1979 helps a wide range of families, including those who feel they can no longer cope with their children's behaviour and young adults with serious mental health issues. Over the past 10 years, it has been running an accredited four-year MSc in Systemic Family Therapy for psychologists and other professionals already working with clients. It also conducts research and regular reviews on therapeutic practice and the evidence base around systemic and other family therapy approaches. (<http://www.leeds.ac.uk/lihs/psychiatry/landt/lfrtc.html>)

3.4.3 The Institute of Family Therapy: The Institute of Family Therapy was established in 1977. It is one of the largest family therapy organisation in the UK. It provides training and therapeutic services in the field of systemic psychotherapy with families, couples and individuals. (<http://www.ift.org.uk>)

3.4.4 The Family Therapy and Systemic Research Centre (FTSRC), University of East London: FTSRC is a research resource for the systemic family therapy field. It is mapping family therapy and systemic research studies with an aim to build an online bibliography for practitioners and other professionals on family therapy processes and outcomes. (<http://www.uel-ftsrc.org>)

3.4.5 The Family Therapy Association of Ireland (FTAI): FTAI is a professional organization for family therapy and therapists in Ireland. It connects people seeking therapeutic services qualified, experienced, practicing family therapists who are members of FTAI. (<http://www.familytherapyireland.com>)

3.4.6 The National Institute of Clinical Excellence (NICE) provides recommendations for the practice of family therapy and interventions for specific conditions. It states that family interventions should be available to the following (Stratton, 2005; Eisler, 2005):

- Families of people with schizophrenia who are living with or in close contact with the service user (NICE, 2002)
- Children and adolescents with anorexia nervosa (NICE, 2004a) with a focus on specific family interventions for eating disorders
- Patients with depression who have a regular partner (NICE, 2004b) emphasizing couple-focused therapy (<http://www.nice.org.uk>)

Note that the above includes a recommendation specifically relating to children and adolescents. However, this is limited to a focus on eating disorders.

3.4.7 Family therapy provision within the NHS and social services usually has the following characteristics (Stratton, 2005):

- Most clients seen for family therapy, and their families, do not have a single clearly defined mental health problem.
- Family therapists work collaboratively with other colleagues and family therapy is often combined with other treatments.
- It is carried out by professionals with a range of training in family therapy techniques that can vary from little or no formal training through to completion of an accredited course and registration with UKCP as a systemic practitioner.
- Diagnoses are seen as useful information but therapy is not restricted to a specific condition.

The need for developing responsive and effective therapy for families in the UK through practice in the UK has been recognized, rather than relying on methods developed by practitioners in the USA and elsewhere (Stratton, 2005).

4. CONCLUSION

Systemic family therapy is a recognized and widely used practice for treating a wide range of child and adolescent focused problems and their families. There is a substantial evidence base for different forms of family therapy approaches in helping child-specific problems and difficulties, however the need for further research, training and practice is emphasized (Carr, 2004). Training of more therapists in this approach of family intervention is also recommended as the results indicate that training in family therapy is important for its effectiveness.

The significant amounts of evidence provides strong support for developing a policy of funding systemic therapy as an integral part of mental health services (Shadish and Baldwin, 2003). Within the UK, it is emphasized that the next few years will mark the path-breaking time for family therapy. Currently the systemic service is described as 'patchy' across the UK and the need for more systemic work within the NHS is recognized (Pointon, 2006). "The government is showing serious interest in its value, but there's a congested route yet to navigate between that interest and large-scale NHS funding" (Turner, 2005:5).

5. APPENDIX

5.1 About Families Evidence Request Bank

This brief evidence report has been produced by About Families as part of its Evidence Request Bank service. About Families is a partnership project which aims to help services supporting parents, including families affected by disability, to develop services that are based on reliable evidence.

5.2 How the research was carried out

Existing evidence was gathered from a number of sources in the following way:

Research standards

To ensure high quality, evidence drawn on is either peer- reviewed⁴, publicly funded or produced by government bodies. A range of evidence was drawn on, including academic literature and research studies including meta-analysis and systematic reviews, reports published by not-for-profit organisations and family therapy centers, and major family therapy journals. Where relevant, grey literature⁵ has been drawn on to inform the report and limitations in methodology and robustness of findings are highlighted. The research strategy and draft report were peer-reviewed.

Key sources searched

- Major databases such as the Web of knowledge, PsychINFO, PsychARTICLES, knowledge network, Medline and Pubmed
- Google scholar
- Academic journals such as the Journal of Marital and Family Therapy, the Journal of Systemic Therapies, the Family Therapy Networker and American Journal of Family Therapy.
- The National Institute for Clinical Excellence, UK (<http://www.nice.org.uk>)
- Association for Family Therapy in the UK (www.aft.org.uk)

⁴ *peer review is a process used to ensure the quality of academic work through a process of academics with similar expertise reviewing each others' work.*

⁵ *Grey literature refers to documents that are not found through publishers or databases, such as company reports, reports published by not-for-profit organisations, and conference reports. Such literature is generally not peer reviewed.*

- Family Therapy Association of Ireland (FTAI)
(<http://www.familytherapyireland.com>)
- Family Therapy and Research Centre, the University of Leeds
(<http://www.leeds.ac.uk/lihs/psychiatry/landt/lfrtc.html>)
- The Institute of Family Therapy, London, UK (<http://www.ift.org.uk>)
- The Family Therapy and Systemic Research Centre, University of East London
(<http://www.uel-ftsrc.org>)
- Skills for health, UK (<http://www.skillsforhealth.org.uk/>)
- NatCen - Social Research that works for society, UK (<http://www.natcen.ac.uk>)
- Social programs that work - Coalition for Evidence-Based Policy, US
(<http://evidencebasedprograms.org/wordpress/>)
- Systemic Consultation Centre, Australia
(<http://www.systemicconsultationcentre.com.au/>)
- The Family Systems Institute, Australia (<http://www.familysystemstraining.com/>)
- Encyclopedia of Mental Disorders (<http://www.minddisorders.com/Kau-Nu/Multisystemic-therapy.html>)

Key words

Searches were conducted using combination following key terms: family therapy, systemic therapy, children, adolescence, families, outcomes, effectiveness, families, relationships, transitions, early intervention.

Alternate terms used for systemic and family therapy: structural family therapy, solution-focused therapy, narrative therapy, multi-systemic therapy, behavioural family systems therapy.

Places of publication

Relevant studies and reviews from different countries have been used including from the US, UK and European countries. Multi-country meta-analyses have also been included. Reports from various centres in US, UK and Australia have been reviewed.

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