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Knowledge Families Count On

What does research have to say about families and psychotherapy?

By Jay Lebow, PhD

Modern research on family psychology and psychotherapy has much to offer psychotherapists, and, by extension, all those who are consumers of mental health treatment.

Currently, research on mental health in families is being conducted in such diverse areas as family interaction, child and adolescent development, risk factors for psychopathology, the prevention of family violence, and improving mental health treatments.

Given the sheer quantity of research studies, and the rapidity with which science is expanding our knowledge base, it is almost impossible to keep up with the latest findings. This article describes well-established research findings relevant to families and mental health.

1. Families matter

There is no finding as well-replicated in psychological research as the importance of the family on the lives of the individuals within the family. Simply put, individuals influence families, and vice versa. This idea – the core assumption of the first generation of family therapists – has been demonstrated in many contexts, including the circular patterns of discouragement and frustration between depressed family members and their families, the circular patterns of dysfunctional behavior and high levels of criticism from families with a person with schizophrenia, positive cycles of behavior between individuals and their spouses in marriage, and mutual enabling of reliance in negotiating such developmental tasks as the arrival of the first child in a family or the aging of parents. It's not that the family primarily affects the individual, or the individual the family, but each affects the other.

2. Couples at risk for marital dissolution show distinct interpersonal patterns

John Gottman's observational research demonstrates that couples who show specific interpersonal patterns are very much at risk for severe marital distress and marital dissolution. Gottman (Gottman & Levenson, 1992) has been able to identify five characteristic behaviors of couples, including high rates of criticism, defensiveness, contempt, stonewalling, and belligerence, which strongly predict divorce. When these couples with these behaviors request treatment, it is urgent that therapists label these behaviors and create a plan to change them. Therapy with these couples is not likely to last long unless these patterns change early in the treatment.

3. Three out of four children from divorced families escape significant problems

Research shows that children who come from divorced families are only slightly more likely to have difficulties than those who do not experience divorce (Hetherington & Elmore, 2003). However, children almost inevitably live their lives with strong feelings about their parents' divorce (Emery, 2004). Unfortunately, debate about the impact of divorce is usually polemic: some scholars suggest that children are irrevocably damaged by divorce, and others argue for no harm. Research data present a more complex pattern. Although the rate of mental health and school difficulties in children of divorce is double that of those in families without divorce, three of four children in divorcing families still escape significant problems (Hetherington & Kelly, 2003). Further, because these children's families contained pre-existing turmoil, it is unclear whether the frequency of their problems would have been reduced had their parents remained married. However, it is clear that a high percentage of children of divorce experience pain about this life event even years later as young adults (Emery, 2004).

4. Neuroscience links brain functioning with mental health

Neuroscience researchers have begun to locate the basis in the brain for several mental health disorders. Although this science is only in its infancy, the biological underpinnings of psychological difficulty are being detected. This research

should be interpreted cautiously, however, because it can be wildly oversold. For example, articles appear almost daily in the popular press identifying the biological underpinnings of yet another problem. Some scholars even argue that such life events as divorce have underpinnings in biology and neuroscience. Others promote primitive biological treatments (for example, MRIs) for complex psychological difficulties in which the biological basis is just beginning to be understood.

Yet, such claims should not diminish the importance of the vital information that is emerging. Emotional states such as panic and explosive outbursts have been tied to certain parts of the brain such as the amygdala and limbic area (Siegel, 2007). Problems such as attention deficit-hyperactivity disorder, schizophrenia, and bipolar disorder have been shown to have powerful biological underpinnings (Siegel, 1999; Siegel, Siegel, & Amiel, 2006). When brought into the context of therapy, these findings can be very useful – for example, in helping clients understand what is driving their behavior; guiding decisions about psychopharmacological treatments; enabling families to work in a realistic way with the person with the disorder; helping both clients and their families accept what is affected by biology; and empowering families to work on that which can be changed.

5. Three out of four psychotherapy clients improve

Few health care treatments of any kind have been studied as much as psychotherapy, and research consistently demonstrates that psychotherapy is effective. Treatment studies typically show that 75% of clients substantially change (Lambert & Bergin, 1994). Moreover, almost all clients report satisfaction with psychotherapy (Lebow, 1982). Not only has psychotherapy been shown to be at least as effective as medication for almost every psychiatric disorder, but the cost effectiveness of psychotherapy is favorable when compared to the use of medications (like anti-depressant or anti-anxiety drugs) over many months or years.

These findings assume particular importance in the United States' current health care crisis, in which the utilization of limited resources is being debated. Certainly, some problems such as bipolar disorder, schizophrenia, and ADHD are most effectively treated with medication (Keck & McElroy, 2007; Nathan & Gorman, 2007; Sharif, Bradford, Stroup, & Lieberman, 2007). But even with these disorders, psychotherapies (particularly family therapies) strongly enhance the success of medication. For example, Falloon and colleagues (Falloon et al., 1985) showed that recidivism in schizophrenia was reduced from 80% to 20% when clients treated with medication also participated in individual skill-building therapy and family therapy.

6. Some treatments are particularly effective for specific disorders

Scholars have spent several decades trying to identify which type(s) of treatment work best for specific disorders or problems. To do this, researchers employ a type of study called a randomized clinical trial, in which a group of participants with the same disorder are randomly assigned to one of two types of treatment delivered under standardized conditions. Randomized clinical trials are designed to compare treatment outcomes to determine which type of treatment is most effective. Treatments which have been shown by this method to be effective are called "empirically supported treatments" (ESTs).

Researchers have identified ESTs for a variety of problems, including specialized cognitive-behavioral treatments for generalized anxiety disorder, panic disorder, and obsessive compulsive disorder; cognitive-behavioral therapy and interpersonal therapy for depression; dialectical behavior therapy for borderline personality disorder; sex therapy for sexual difficulties; and several family therapies for delinquent or drug-abusing adolescents. Currently, ESTs should be regarded as the "treatment of choice" for these difficulties until other treatments are demonstrated to be as (or more) effective.

7. Tracking treatment response promotes better outcomes

Recent studies have repeatedly shown that, by merely tracking the patient's progress in treatment, the success of the treatment is more likely. Various groups of researchers have developed assessment instruments, completed by the client before every session, which are used to track change in psychotherapy. These assessments include Michael Lambert's OQ-45 (Lambert, Gregersen, & Burlingame, 2004), Kenneth Howard's COMPASS (Grissom & Howard, 2000), and the Systemic Inventory of Change developed by William Pinsof and colleagues at The Family Institute at Northwestern University (Pinsof et al., 2009). Lambert and colleagues have shown that simply providing feedback to therapists if the client is not reaching expected levels of improvement can improve treatment effectiveness (Lambert et al., 2001)

8. Not all clients come to therapy ready or able to change

One might assume that if clients come to therapy they are ready to change, but research shows that people vary markedly in their readiness to change. Procaska, DiClemente, and their colleagues (Prochaska & Norcross, 2001) found that individuals can be classified into different "stages of change" based on their readiness to change. They found that effective intervention helps clients move one step further along in the stages of change sequence (ranging from problem recognition to getting ready to change to actively working on change). The majority of clients in therapy are thinking about possibly changing, getting ready to change, or don't even recognize there is a problem. In contrast, few clients are actually in the stage they call "change" (i.e., actively working to change their behavior). Additionally, Procaska and DiClemente identified a final, critical stage for clients who have achieved change: "maintaining change," which is often the trickiest stage since many clients change temporarily and then fall back into problematic ways.

9. Methods for treating difficult-to-engage clients have been developed

Often, the most difficult clients to treat are the ones that don't see a need for treatment, are forced by others to come to treatment (for example, by parents or the court system), or are fearful or resistant to the idea of change. However, several highly effective methods have been developed for engaging difficult-to-treat clients in therapy. Some of these methods employ very active family engagement techniques. For example, Santisteban, Szapocznik and colleagues (Santisteban & Szapocznik, 1994) developed an engagement method for working with drug dependent adolescents in which they made multiple efforts to engage with the family and adolescent in very assertive ways, even going to the potential clients' homes. This method resulted in a treatment engagement rate of 80%, versus 20% achieved by more typical (passive) intake methods. In another approach, William Miller (Miller & Rollnick, 2002) has developed an entire method based on engaging resistant clients called "motivational interviewing," which focuses on building motivation for change (rather than directly employing methods to change problems). Once motivation for change has been built, the treatment can segue into the utilization of specific change methods.

10. ''Common factors'' are more important than specific treatment techniques

Some factors are common to all treatment approaches, and these factors are essential for change to occur. In fact, when meta-analyses have been conducted comparing the amount of variance accounted for by specific treatment techniques versus factors common to all treatments (like the quality of the client – therapist relationship, or helping clients generate hope that change is possible), common factors emerge as more important (Asay & Lambert, 1999; Hubble, Duncan, & Miller, 1999). Regardless of the specific treatment approach utilized, effective therapy must contain common factors such as creating an effective alliance with family members or helping clients who feel demoralized become more hopeful. However, it is also vital to point out that the common factor versus specific treatment debate is also a battle of straw men and women – that is, there is no way to achieve common factors vital to the healing process of therapy without employing an effective treatment approach.

11. Integrative therapy approaches have become the primary method of practice

Recent studies show the great majority of therapists practice in ways that move beyond one specific therapy orientation or treatment approach (Orlinsky et al., 2005). We are moving beyond the age of therapists who employ a narrow method of practice to that of scientifically-based, unified psychotherapy approaches that include aspects of behavioral, cognitive, mindfulness, emotion- centered, interpersonal, systemic, and psychodynamic therapies. Since research also shows that no one treatment approach helps every individual (Nathan & Gorman, 2007), therapists who have a broader tool kit of methods and strategies can be more successful. Integrative treatments, such as the Problem Centered-Metaframeworks method taught in The Family Institute at Northwestern University's graduate program in marriage and family therapy, have the potential to impact a broader array of clients.

Conclusion

Researchers and clinicians, working together, are developing state-of-the-art treatment approaches for a wide variety of mental health problems. While research can and should inform practice, it can never fully direct it – which makes the collaboration between researchers and clinicians even more important as we continue to build our knowledge base regarding mental health and families.

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