

COGNITIVE-BEHAVIORAL TECHNIQUES AND FAMILY SYSTEM THERAPY

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This article addresses the integration of cognitive-behavior therapy with families within the systemic movement. It reviews some of the updated empirical literature that supports its strategies as well as its attractiveness to systemic family therapists in Russia and across the globe.

Keywords: Cognitive-Behavioral Family Therapy, Family System Therapy.

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КОГНИТИВНО-БИХЕВИОРАЛЬНЫЕ ТЕХНИКИ И СИСТЕМНАЯ СЕМЕЙНАЯ ТЕРАПИЯ

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Данная статья посвящена вопросу интеграции когнитивно-бихевиоральной семейной терапии и системного подхода. Проводится обзор новых, актуальных эмпирических исследований, которые лежат в основе ее стратегий и

обеспечивают ее привлекательность для системных семейных терапевтов в России и по всему миру.

Ключевые слова: когнитивно-бихевиоральная семейная психотерапия, системная семейная психотерапия.

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Cognitive-Behavioral Techniques and Family Systems Therapy

Cognitive-behavioral family therapy (CBFT) has now been recognized as part of the mainstream of contemporary family therapy. It has repeatedly appeared in major textbooks in the field and has been touted as one of the most integrative theories of modern family therapy [10].

There was a time decades ago when systemic family therapy rejected the cognitive behavioral approach due to the fact that it was viewed as being too linear and superficial and not embracing the concept of circularity within the family system [7]. This perception has since changed and is reflected in the more recent professional literature, reinforcing the notion of circularity and the need for CBFT to be conducted against the backdrop of a systems approach. Additional adaptations have also embraced the notion of the emotional component of family members with consideration for an expanded model of integrating additional components of systemic theories such as structural and strategic family therapy [13].

Working with families offers a number of unique characteristics and challenges that are quite different from those encountered with individual psychotherapy. Because the therapist is working with multiple clients simultaneously, who influence and are influenced by each other's thoughts, emotions and behaviors, and who often have different needs and goals, the therapist must remain attuned to complex processes [9]. Becoming familiar with the individual family members and the manner in which they interact, as well as the members' interactions with the therapist is to know the family system in its entirety. Therapists familiarize themselves with the dynamics among cognition, emotion and

behavioral responses *within* each member. They also become skilled at assessing mutual interactions *among* the family members and the overall organization of the system. Tracking the interpersonal process among family members during a therapy session differs from a therapist monitoring the interaction between oneself and a single client. An asset of family therapy is the opportunity to observe live interactions among the members and to intervene in the moment in order to alter dysfunctional patterns. However, developing a firm grasp of the complex dynamics occurring within the system requires a different mindset than understanding the characteristics of an individual. Keen observation is essential during intense family interaction. Focusing on the strong emotional exchange within family members and the multidirectional flow is what provides insight into the true mechanics of family dynamics.

With such complex dynamics within a family, which become even more complex when a therapist joins the system, it is essential to consider how one integrates concepts and methods of CBFT within a family systems approach. The late Salvador Minuchin discussed the notion of “joining the family” in his structural family therapy approach as an important mechanism of change with families [23]. However, Minuchin viewed himself as a “reflective instrument of change” [23]. The systemic nature of family interaction purports that the family be considered as an entity composed of interlocking parts. Consequently, to understand any behavior in a given family dynamic, one must view the interactions that occur among the members, overarching characteristics of the family as a unit and the characteristics that each member brings to the family system. Furthermore, broader contextual factors such as community violence, societal economic upheaval, and cultural factors impinging on family relationships need to be assessed [18]. Juggling all of these factors can be quite arduous at times for the clinician, but is nonetheless important in understanding how a family unit functions.

Although family therapists commonly prefer to work with all members who appear to be involved in some way with a presenting problem, at times that is not possible, due to resistance or other reasons with some members unable to attend sessions. That does not preclude moving ahead with sessions for those members who are willing to attend, but it creates challenges for the therapist, particularly from a systems perspective. For example, when an oppositional

adolescent refuses to attend therapy, the therapist can begin by meeting with the parents and focusing on how they interact with the child, including how they attempt to motivate him or her to attend sessions. However, from a systemic perspective, the family unit is incomplete if not all members are in attendance creating a void with the system, particularly with regard to understanding reciprocal influences between all family members.

In addition, joint family sessions limit the degree to which a therapist can use traditional cognitive-behavioral interventions focusing on an individual member's psychopathological symptoms, problematic cognitions, emotion regulation difficulties, etc. In such cases, they may need to refer various members of a family out for concurrent individual therapy. At times, a therapist might be tempted to hold individual sessions with one or more members of a family, in order to address factors that are interfering with the work on relationships. Although an occasional individual session may be productive in preparing a family member to participate constructively in joint sessions, conducting what begins to constitute individual therapy while simultaneously continuing joint sessions may result in a danger of creating dual relationships and their respective ethical problems, which should be avoided [22]. In addition, whenever a therapist has separate communications with a member of a family, there is always a risk that the individual will share secrets with the therapist (e.g., regarding infidelity) that places the clinician in a complicated bind involving collusion with that individual and effecting the other member(s). Family therapists need to present clear guidelines to family members regarding sharing secrets during the initial consent procedures.

Empirical Research

Disparagingly, the empirical literature in CBFT is still somewhat dearth. Faulkner, Klock, and Gale [20] conducted a content analysis on articles published in the marital/couple and family therapy literature from 1980 to 1999. The *American Journal of Family Therapy*, *Contemporary Family Therapy*, *Family Process* and the *Journal of Marital and Family Therapy* were among the top journals from which 131 articles

that used quantitative research methodology were examined. Of these 131 articles, fewer than half involved outcome studies. Unfortunately, none of these studies that were reviewed considered CBFT at all. To this author's knowledge, there have not been any recent studies published on this topic.

One of the reasons for this may be the fact that research in family therapy is more arduous than couple and individual therapy in that there are multiple dynamics with the case of families. Much of the dynamics involved with CBFT draws from cognitive-behavioral couple therapy, for which there are a number of substantially controlled outcome studies (see [13] for an updated extensive review). These studies indicate the effectiveness of cognitive behavioral therapy for relationships, although the majority of the studies have primarily focused on the behavioral interventions of communications training, problem-solving training, and behavioral contracts, with only a handful examining the impact of cognitive restructuring procedures. This would indicate that additional studies are certainly necessary to enable conclusions to be drawn about the relative efficacies of the empirically supported treatments with families using a cognitive-behavioral approach. However, there is encouraging support for CBFT as a treatment mode within systems theory that can be helpful to many distressed families [7; 8; 14].

Outcome studies have demonstrated the effectiveness of behaviorally-oriented family interventions, namely psychoeducation and training in communications and problem-solving skills. There has also been additional research conducted with the traditional behavioral approach for cases of aggressive behavior [26] and the application of operant principles to parent-child interactive therapies for conduct problems [27; 30], as well as for child anxiety and aggression [5], depression [2; 3], eating disorders [29] as well as psychiatric disorders [24].

Dadds and Salmon [6] also proposed a transactional model addressing the theoretical construct of punishment insensitivity, which makes predictions about the manner in which children with particular traits respond to, as well as influence, parenting practices.

The application of behavioral family therapy has also focused on the treatment of schizophrenia [19]. A focus has been placed on reducing relapse rates and improving patient social functioning in an attempt to

reduce family burden [21]. Effective parenting strategies have repeatedly been used successfully in the treatment of attention deficit/hyperactivity disorder [1; 4].

As increasing emphasis has been placed on empirically validated treatments in the mental health field, the cognitive-behavioral approach in general has gained popularity and respect among clinicians, including family therapists of various modalities [16].

Sprenkle [28] has highlighted the application of more rigorous outcome criteria and research on family therapy, and the movement of the field in general toward a more evidenced-based discipline. Although, it should be noted that this is not to devalue action research that was conducted years earlier which involved less rigorous methodology [15]. In addition, there appears to be more attention given to case-based reports within the family therapy literature. Traditionally, case-based research has not been considered as scientific by many in the field, owing to the lack of controlled conditions and objectivity. However, case study material can serve as the basis for drawing casual inferences in properly designed clinical cases [10] and, in many ways, seems to be preferred among students and trainees [12; 17].

The Effectiveness of CBFT within a Systems Approach

CBFT has grown exponentially within the past several decades among family therapists who use it as either a straightforward approach within a system perspective or integrated into other approaches with couples and family therapy. While in the past the CBFT approach has focused mostly on the treatment of specific disorders in individual members rather than on alleviating general conflicts and distress in family constellations, it has more recently been used as a general approach to treating families. Forms of CBFT have chosen to highlight some of the demonstrated efficacy of the behavioral aspect, which involves training parents in behavioral interventions for their children's anxiety or conduct disorders, or addressing issues of attention deficit/hyperactivity disorder, as well as other behavioral problems. These problems may involve addressing core symptoms of inattention, impulsivity, hyperactivity and even psychiatric conditions.

As noted earlier, methods of CBFT have been used in conjunction with other interventions, particularly in addressing the issue of schema and restructuring thought processes among family members who are in conflict [7]. Results of various studies that have been conducted indicate that CBFT interventions are very effective in improving family functioning (See [13] for review).

The CBFT approach has gained widespread adoption among family therapists throughout the globe, including in Russia. Practitioners have found the basic approach to be easily integrated with other modalities, and also to provide an effective mechanism for restructuring maladaptive thinking patterns and dysfunctional behaviors. The unique aspect of CBFT with Russian families as with many throughout the world, is that it clearly embraces issues of attachment and emotional regulation. It also offers a pragmatic approach which is often very appealing to Russians. CBFT is now featured in all of the primary family therapy textbooks used within university graduate school training programs, as well as in medical school residency curriculums.

It should also be noted that in some of the more recent surveys conducted among family therapists, clinicians have designated their primary treatment modality as being CBFT, while respondents who use other approaches have stated that they use cognitive-behavioral techniques in combination with other methods of treatment [25]. As a result, CBFT, in one form or the other, will likely continue to be one of the more espoused treatment modalities among family therapists worldwide

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