CHAPTER 28

Theories and Techniques of Marital and Family Therapy

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Historical Overview

Histories of the intertwined fields of marriage and family therapy have appeared during the past 2 decades (e.g., Broderick & Schrader, 1991; Guerin, 1976; F. Kaslow, 1982, 1987; Thomas, 1992). Elaborating upon an earlier version of this material (F. Kaslow, 1987), this chapter concentrates on developments in the past decade, a time during which the convergence of the marital and family therapy fields has been accepted.

Trends

A number of trends have emerged during the past decade that have altered the field of marital and family therapy (Broderick & Schrader, 1991; F. Kaslow, 1990; N. Kaslow & Celano, 1993).

Organizations. The 1980s witnessed the growth in membership of the two major organizations, the American Association for Marriage and Family Therapy (AAMFT) and the American Family Therapy Academy (AFTA). Both organizations develop and disseminate standards of practice, offer continuing education opportunities, and support the implementation of research and the development of effective intervention strategies. AAMFT also is involved in licensure and promulgating codes of ethics regarding families, accreditation of training programs, and public policy. The American Association of Sex Educators, Counselors, and Therapists (AASECT), American Orthopsychiatric Association (AOA/Ortho), the National Association of Social Workers (NASW), and National Council of Family Relations (NCFR) offer family therapy-oriented presentations at conferences and publish related articles in their journals. The Group for the Advancement of Psychiatry (GAP) Task Force on the Family, which publishes monographs and articles on family diagnosis and treatment, keeps the psychiatric profession informed about salient issues in family therapy and family psychiatry. The Academy of Psychologists in Marital, Family, and Sex Therapy reconstituted itself and became the Division of Family Psychology in the American Psychological Association (APA) in 1985 (Division 43). This division includes family psychologists who identify themselves as scientists and practitioners.

Ethical Guidelines. The establishment, teaching, and enforcement of ethical guidelines for the practice of family therapy (e.g., AAMFT, 1988) and family research (N. Kaslow & Gurman, 1985) have been a major priority (for review see Patten, Barnett, & Houlihan, 1991). One overriding and unique concern refers to how to handle confidentiality when the therapist or researcher has contact with family subsystems and receives information (e.g., affairs, financial data, medical status) not consciously known to all family members. A corollary trend is the increased consistency between ethical guidelines and legal mandates for reporting such behaviors as abuse of minors, or imminent risk in a family member of...
suicide or homicide. This latter trend has precipitated controversy in the field regarding identified patient status in the case of suicidality and homicidality and culpability in instances of abuse. To pure systems theorists, these problems reflect family dysfunction and the idea that there is a perpetrator, a victim, or a psychiatrically disabled family member is antithetical to a systems perspective. Conversely, to therapists who are nonpurists, the idea that the dysfunctional behavior (e.g., parent-child incest) may need to be addressed in both individual members and the transactional system is logical and even essential (e.g., Trepper & Barrett, 1989).

Licensure and Certification Laws. The number of states that have licensure or certification laws has increased. This emanates from an effort to ensure consumer protection through enhancing the recognition of marriage and family therapy as a distinct mental health specialty whose practitioners are eligible for insurance reimbursement. This emphasis on ethics, law, and licensure/certification also augments the level of accountability of members of the profession.

Gender-Sensitive Paradigms. Feminist family therapists underscore the power imbalances between men and women and highlight gender differences in various domains of functioning, with particular attention to marital, parent-child, and larger family relationships (e.g., Goodrich, Rampage, Ellman, & Halstead, 1988; Luepnitz, 1988; McGoldrick, Anderson, & Walsh, 1989; Walters, Carter, Papp, & Silverstein, 1988). Feminist family therapy seeks to modify the social conditions contributing to the maintenance of gender-prescribed behaviors and to alter the social structures that perpetuate an oppressive and hierarchical society to the detriment of women's well-being. They posit that emphasizing egalitarian relationships between men and women enables individuals to reach their fullest potential with regard to power and intimacy and to enjoy the multiplicity of roles they play. The Journal of Feminist Family Therapy gives voice to these issues.

More recently, the men's movement has mushroomed (e.g., Meth & Pasick, 1990; Pittman, 1993). Overriding concerns have been to validate a multitude of images and behaviors of male figures and to support men in valuing feelings and relationships with their partners, children, and family of origin, particularly their fathers. The pursuits of work and money, in competitive and power-driven ways, have been deemphasized.

The advent of these two movements has caused upheaval and controversy. This has prompted a reevaluation of family therapy tenets and the creation of gender-sensitive paradigms of assessment and intervention.

Diversity. There has been increased recognition of ethnic, racial, religious, and socioeconomic diversity. Thus, family therapists now more readily take into account and treat respectfully the myriad traditions and values represented in families (e.g., Boyd-Franklin, 1989; McGoldrick, Pearce, & Giordano, 1982). This reflects an increased acceptance of cultural diversity and multiculturalism.

Multiplicity of Family Forms. As the composition of families in American society has become more varied, clinicians have expanded their repertoire for dealing with the multiplicity of family forms. Major family types include single-parent families, partners living together, married heterosexual and gay and lesbian couples, married couples with children, three- and four-generation families living together, divorced binuclear families, remarried and step families, foster and adoptive families, and groups of individuals living together as a family unit (e.g., Carl, 1990; F. Kaslow & Schwartz, 1987; Sager et al., 1983; Schwartz & Kaslow, 1977; Visher & Visher, 1987; Wallerstein & Kelly, 1980). Within any of these family types, there can be members from different racial, religious, and ethnic backgrounds.

Internationalization of the Field. Another trend has been the internationalization of the field (e.g., F. Kaslow, 1982). This phenomena has been expressed in the formation of the International Family Therapy Association (IFTA) and the International Academy of Family Psychologists. There has been a proliferation of journals in many countries and languages. Family therapists throughout the world look to leading teachers, theoreticians, and practitioners from such countries as the United States, Australia, Belgium, Canada, England, Germany, Israel, Italy, and Norway.

Family Assessment Devices. The past 2 decades have witnessed the development of increasing numbers of family assessment devices, including self-report measures, observational coding schemas for family interaction, and projective techniques (e.g., Markman & Notarius, 1987). Self-report measures assess overall marital and family adjustment, marital communication and intimacy, quality of family life, and family life-cycle events.

Direct observational methods for coding interaction patterns have become more sophisticated, complex, scientifically validated, and frequently employed. Many coding schemas evaluate interpersonal dimensions that differentiate healthy and dysfunctional families: dominance, affect, communication, information exchange, conflict and support/validation (Markman & Notarius, 1987). One commonly used microanalytic coding schema, the Family Interaction Coding System (Patterson, Ray, Shaw, & Cobb, 1969), sequentially analyzes aversive and prosocial behaviors in family transactions to ascertain the family’s level of coerciveness. The Marital Interaction Coding System (Hops, Wills, Patterson, & Weiss, 1972), which recently has been revised...