

Collaborative Practice in Family Therapy

QUICK FACTS

- The Family Therapy Program (www.familytherapy.org) in Calgary has been around for over 30 years and provides an exemplary model of collaboration in family therapy.
- The best predictors of youth outcomes in family therapy were: (a) counselor interpersonal skills, (b) therapist direct influence skills, (c) youth willingness to participate in treatment, (d) parent willingness to participate in treatment, (e) youth participation in treatment, and (f) parent participation in treatment.⁹
- Emotion-Focused Family Therapy is a promising intervention for eating disorders. For parents it has been found to be related to improved parental self-efficacy and reduces fear regarding their involvement in supporting their child.²⁰

“The overall goal [of counseling] is to help family members become ‘systems experts’ who could know [their] family system so well that the family could readjust itself without the help of an expert.” – Dr. Murray Bowen, founder of Bowenian Family Therapy²⁵

The purpose of this article is to present the theory and research on collaborative approaches to family therapy. These approaches are aligned with a recovery-orientated model of mental health and family-centred care.¹ The recovery model shifts the focus of mental health care from symptom reduction to functioning, resilience, and adaption,² while family-centred care focuses on families as partners in mental health care.³ As family therapy is a broad and multidisciplinary field, this article highlights some of the promising principles and practices that align with these perspectives.

Family Therapy: History and Values

Family therapy began in the 1960s and developed in response to the limitations of the mental health practices at the time.⁴ It has a long history of advocating for principles that are aligned with a recovery-orientated and family-centred approach to mental health.^{1,4} In some of the key traditions in family therapy there is an emphasis on resiliency, strengths, and non-pathologizing care.¹ For instance, the narrative or post-modern approaches to family therapy focus on therapist-client collaboration and alternative ways to explore problems.^{1,2} Likewise, other family therapy models emphasize a contextualized understanding of families, meaning and purpose, and privileging family expertise.¹

Historically, there have been perspectives in psychology and family therapy that adopted a negative view of the family as a source of dysfunction or have overemphasized family resistance to change.⁵ Typically, these positions have focused on families as the cause for severe and persistent mental illnesses.⁶ In response to these views, alternative models that focus on family resilience have emerged and, as a whole, the field of family therapy has moved away from family and parent blaming towards a diathesis-stress model of mental illness.^{5,6,7}

Family therapy is effective. Families that receive treatment fare better than 71% of families in control groups.⁸ Particularly, it has been found to be effective for a number of psychological and behavioural issues in children and youth including: depression, anxiety, bipolar, self-harm, eating disorders, and conduct problems.⁸ However, these benefits may be linked with collaborative aspects in therapy. In a meta-analysis of 49 youth treatment studies using family therapy, researchers found that the best predictors of positive outcomes were the therapeutic relationship and buy-in from the youth and parents.⁹

Collaboration in Family Therapy: Privileging the Relationship

There is a movement in the family therapy field towards relational ethics.¹⁰ Relational ethics diverges from the more common rule-based approach to ethical practice.¹⁰ Though the rule-based approach is well-intentioned, it has its limitations as it may not be adaptive to the complexities and social context of mental health care.¹⁰ With relational ethics, explicit attention is placed on context, values, relationships, and power that is found in all relationships—it is a shift towards the idea that ethical decisions and actions take place in the context of relationships.^{10,11} Collaboration in family therapy is a key example of this form of ethics.¹²

From a family therapy perspective, collaboration can often be misunderstood or there may be a rhetoric about collaboration which does not match its actual practice.¹³ Furthermore, the implicit hierarchy in the therapist-client relationship may be problematic to the idea of collaboration.¹³ To address these concerns, Drs. Sutherland and Strong offer an alternative perspective, that within the therapeutic relationship the client also has influential power and is not powerless.¹⁵ From this perspective, collaboration “involves an ongoing and careful coordination of understandings, intentions and preferences” and is driven by evidence in the relationship that one party has strayed too far from the determined intentions and preferences of the working relationship.^{14,15} Essentially, clients can vote with their feet if the collaboratively determined goals in therapy are inconsistent or not met. Therapy, in this case, is driven by both the therapist and the client.

There are some family therapy models that do not necessarily align with a family-centered approach to therapy,¹⁶ though that does not mean that collaborative principles cannot be integrated into these respective practices. From a family-centred care model, principles of collaboration in family therapy involve:

- (a) striving for cultural curiosity and honoring family expertise,
- (b) believing in possibilities and eliciting resourcefulness,
- (c) working in partnership and in a way that fits with the family context, and
- (d) engaging in empowering practices and making services accountable to the people it serves.²

Therapeutic Models to Consider: Collaborative Family Therapy and Emotion-Focused Family Therapy

Collaborative Family Therapy and Emotion-Focused Family Therapy are two models for specific clinical circumstances that focus on working with families in manner that is aligned with family-centred care and the recovery model.

Collaborative Family Therapy for multistressed families

Collaborative Family Therapy is a model developed by Dr. William Madsen as an approach to work with families in difficult clinical situations, such as families facing significant crisis or have involvement with child protection. Dr. Madsen proposes that families are multi-stressed with their relationships with their problems, rather than being “multi-problem families” or “difficult families” themselves. The family is not the problem; the problem is the problem. He emphasizes how the clinician’s conceptual models (how they think) impacts their practice (how they act) when it comes to relating to and assessing families. Dr. Madsen promotes the idea that when working with multi-stressed families, it is vital to adopt a relational stance of working *with* the family as an appreciative ally and to understand the family’s vision and the obstacles that they are facing.¹⁷

Emotion-Focused Family Therapy for eating disorders

Emotion-Focused Family Therapy (EFFT) is a model of family therapy that is centred on working with attachment patterns within families to promote secure relational connections.¹⁸ The foundation of EFFT is based on attachment and emotion theory. Attachment theory highlights that secure emotional connection with significant others is adaptive and fosters optimal development and resilience, whereas an insecure connection is a source of distress.¹⁸ Emotion theory proposes that emotions are adaptive and processing it promotes efficacy to address future emotional challenges.¹⁹ From the perspective of EFFT eating disorders are attachment and emotionally-based, the eating disorder is seen as a way to manage or avoid stress and emotions which can be perpetuated by insecure relationships.^{18,19} The assumption of EFFT for addressing eating disorders is that families inherently have the capacity to heal and that their involvement plays a central role in addressing eating disorders in children and youth.²⁰ With EFFT the aim is to: (a) help parents support their child’s recovery, which includes refeeding and interruption of symptoms; and (b) supporting parents to be their child’s emotion coach and managing emotional blocks, which is grounded in developing a secure emotional connection.^{18,19}

Considerations and Implications

The history of family therapy originated as a response to the problematic practices and assumptions in mental health system at the time, much like family-centred care and the recovery movement. Ironically, as family therapists engage more with family-centred care and recovery-orientated models, they end up practicing family therapy in the way that it was originally envisioned.²¹ It is important to note that there are other family therapy models that share similar collaborative principles discussed in this article. Therapists, researchers, and families are encouraged to explore these approaches, some of these include: Dr. Harlene Anderson’s *Collaborative Therapy*²², Dr. Karl Tomm’s *Patterns in Interpersonal Interactions*²³, and Dr. David Paré’s *Collaborative Practice in Psychology and Therapy*²⁴.



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