Beyond the Patient: Couple and Family Therapy for Individual Problems

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We introduce the *Journal of Clinical Psychology: In Session* issue on couple and family therapies for adult psychological problems and health-compromising behaviors. The 8 articles, each with an extensive case study, represent different theoretical orientations (cognitive-behavioral, psychoeducational, systemic-strategic, experiential) and address problems with depression, anxiety, severe mental illness, substance use disorders, and dysfunctional coping with chronic illness. We identify points of consensus and divergence among the different therapies and consider implications for training psychotherapists.
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There have been exciting innovations in couple and family treatments for many of the nation's most common or intractable mental health and behavioral health problems. For this issue of the *Journal of Clinical Psychology: In Session* we brought together eight articles that have in common the use of couple and family therapies for adult psychological and health disorders, including anxiety, depression, bipolar disorder, schizophrenia comorbid with substance use, alcohol abuse, and dysfunctional coping with significant chronic illness. Each article features an extensive case illustrating the authors' treatment approach. The focus of these treatments is not on marital distress as the primary outcome, but on amelioration of behavioral and emotional problems within a couple or family context. However, improved relationships are an important by-product or mechanism of these treatments.

The treatments described in this journal issue build upon current approaches to couple and family therapy but extend these to new contexts. All of the issue's authors share a commitment to practice based on empirical research. The extent of the evidence basis for the different treatments varies from pilot data to multiple randomized controlled trials. Treatments only tested in pilot studies rest upon the empirical foundation of a substantial body of studies on the relationship of couple/family interactions to the disorders and their course in treatment.

The psychological treatments in this issue represent a range of theoretical orientations. Some are based upon cognitive-behavioral couple therapy (CBT), and others draw upon the early success of behavioral or psychoeducational family therapy for people with schizophrenia, with extensions to anxiety disorders (Brown-Bowers, Fredman, Wanklyn, & Monson, 2012; Chambless, 2012), depression (Whisman & Beach, 2012), severe mental illness comorbid with substance use (Gottlieb, Mueser, & Glynn, 2012; Miklowitz, 2012), and alcohol use disorders (McCrady, 2012). Other articles represent emotionally focused couple therapy (EFT; an experiential approach; Greenman & Johnson, 2012) and systemic-strategic therapy based on interrupting problem-maintaining interaction patterns (Rohrbaugh, Kogan, & Shoham, 2012).

The theoretical divisions, however, are not as clear as they might first appear. Virtually all of the treatments integrate and adapt methods that originated in diverse theoretical perspectives. McCrady's (2012) behavioral couple therapy for reducing substance abuse incorporates motivational interviewing, cognitive restructuring, and systemic methods. Miklowitz (2012) brings

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elements of structural-systemic family therapy into his treatment of an adolescent suffering from bipolar disorder and drug abuse, while Chambless (2012) incorporates components of EFT into communication training with patients with anxiety disorders and their families.

The three articles on treatment of anxiety disorders represent a particularly good opportunity for comparing different treatments: Greenman and Johnson (2012) treat a couple in which the wife has posttraumatic stress disorder (PTSD) with EFT; Brown-Bowers and colleagues (2012) apply their conjoint CBT to PTSD; and Chambless (2012) depicts treatment of two cases – one with generalized anxiety disorder and one with obsessive-compulsive disorder comorbid with PTSD – with a CBT couple intervention designed to be used concurrently with individual CBT for the anxiety disorder(s). The reader will certainly find conceptual and practical differences among the three treatments but also, we believe, a healthy convergence in what works and what the research supports.

In addition, Miklowitz (2012) and Rohrbaugh et al. (2012) each treat a couple/family in whom one member has bipolar disorder, but their approaches differ. The treatment described by Rohrbaugh et al. (2012) is the most theoretically and procedurally distinct, in that the authors focus almost exclusively on changing interactional patterns, rather than attributes of individuals, and invoke the concept of a multiclinician team to do so.

The treatments described and illustrated in this issue reflect the authors' differing beliefs about how to conceptualize the presenting problems and the best ways to treat them. Certainly all authors approach the presenting problem in the context of the couple or family. However, for some authors, there is an identified patient who has a disorder, and the couple or family is included in the treatment for two reasons: (a) The couple or familial interactions are believed to play a role in exacerbating the disorder, and/or (b) the spouse or family is viewed as a source of potential support for change. In such cases, conjoint therapy is often combined with other treatments directed at the disorder, for example, pharmacotherapy for bipolar disorder or schizophrenia or CBT for an anxiety disorder. For other authors, treating the couple or family difficulties is sufficient to resolve the presenting problem, for example, couple's CBT for depression or EFT for PTSD. For still others authors the problem is not held by an individual; rather, the couple or family interaction itself is the focus and locus of change. All three of these change perspectives are represented in this issue, even as all of the treatments involve couples and families.

Patients spend many more hours of the week with their spouses and families than with their psychotherapists, and it only makes good sense to work with the systems within which they are embedded. However, in our view, it is also the case that couple and family treatment is more difficult than individual psychotherapy, and perhaps this is one reason that so many psychotherapists eschew this format. Nearly all psychotherapists (98%) conduct individual psychotherapy, but only 49% see couples and only 34% see families (Norcross & Karpiak, 2012). Moreover, the logistics of meeting with two or more people are simply more complicated than meeting with a single individual. The strategic team consultation (Rohrbaugh et al., 2012) is yet more difficult to implement because it requires careful strategic framing and the participation of more than one clinician. Thus, in the long run we suspect that couples and family therapies will be adopted when they have proven more effective than alternative approaches, add significantly to the results of individual or group treatment, or work for patients who do not benefit from other therapies. Such evidence already exists for some but not all of the treatments described in this issue, as will be described in each article.

A further barrier to the use of these couple and family treatments is lack of training. For example, students in clinical psychology programs are unlikely to be trained in these therapies. According to a 2003 survey of clinical psychology training directors in the United States and Canada (Woody, Weisz, & McLean, 2005), doctoral programs often provided the opportunity for training in emotion-focused therapy for marital distress, but a minority provided any supervised training in CBT for marital distress or family psychoeducation for schizophrenia despite the substantial research evidence for them. During their internships, only a minority of students ($< 25\%$) obtained supervised experience in these therapies, which are the basis for most of the treatments described in this issue. Given the difficulty that psychotherapists have in affording and obtaining supervised training in new treatments once out of their graduate program (Stewart,

Chambless, & Baron, 2012), such findings emphasize the importance of increasing graduate students' exposure to these approaches as well as the development of cost-effective methods of disseminating efficacious treatments to psychotherapists already in practice. Additionally, the culture of community mental health centers needs to change to recognize that treatments that focus on patients in their family context can be just as or more effective or cost-effective as individual therapies for the same conditions (e.g., Rea et al., 2003). This is especially the case when more than one member of a family suffers from a psychiatric or health disorder, as represented by several of the articles herein.

In sum, we are pleased to introduce the following articles that describe, apply, and illustrate research-supported couple and family therapies for adult psychological and health problems. Our overarching goal for this *Journal of Clinical Psychology: In Session* issue is to stimulate further interest in continued development of these cutting edge practices and their implementation. These treatments have the potential to advance our understanding and amelioration of many of the nation's most intractable behavioral ailments.

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