



# CONTEMPORARY FAMILIES

Translating Research Into Practice

EDITED BY  
**SCOTT BROWNING** AND  
**KAY PASLEY**



# CONTEMPORARY FAMILIES

Written for researchers, practitioners, and students in advanced courses, this book furthers our understanding of the complexity of contemporary families. Seven types of families are the focus of this book, based on the research available and the challenges they present for mental health professionals. The family forms discussed are:

- Adoption
- Foster care
- Interracial families
- Family members with special needs (with a focus on autism)
- Families with LGBTQ members
- Grandparent-headed families
- Family members with chronic medical conditions

The volume establishes an innovative format that fits the new age of evidence-based practice. Each chapter is written by a collaborative team of authors consisting of researchers and practitioners. The former address the prevalence and characteristics of the family form and then present the research findings most relevant to clinical practice; the latter use this as the foundation for their portion of the chapter, in which they discuss strategies for good therapeutic intervention, representing a true integration of science and practice. Readers learn about relevant research findings regarding each family described, as well as gain explicit instruction and case material for which to augment therapeutic efforts with these populations.

**Scott Browning** is Professor of Professional Psychology at Chestnut Hill College in Philadelphia. He is a noted authority on psychological treatment with stepfamilies and families on the spectrum.

**Kay Pasley** is the Norejane Hendrickson Professor Emerita and was Chair of Family and Child Sciences at Florida State University. She is a former Editor of *Family Relations*, and a recipient of the 2012 Felix Berardo Mentoring Award and whose research addresses remarriage, stepfamilies, and fathering after divorce.

“Finally, a book on contemporary families that goes beyond the myth that families still look like Duvall proposed in 1950s. Additionally, the book is a serious attempt to integrate research and practice, excellently written by clinical and research scholars. Equally valuable for both groups, the book is a must read for beginning and advanced family science and therapy students and scholars.”

—Volker Thomas, *PhD*, Professor and Coordinator,  
Director of Couple and Family Therapy  
Program, The University of Iowa

“Both novice and seasoned mental health workers will profit from this rich compendium of facts, opinions, and clinical wisdom. The clinical segments provide hands-on advice about how best to connect with different types of families and—even more important—how to avoid common pitfalls in working with them. Practitioners will find these suggestions applicable regardless of the particular “brand” of therapy they espouse. The editors have also made a concerted attempt—rare in the literature—to interleave research and clinical perspectives in a single volume. Thus, this book can serve as a primer, reminder, and reference tool for mental health workers whenever they are faced with members of these unique and fascinating populations.”

—Jay Efran, *PhD*, Professor Emeritus of  
Psychology, Temple University

“This volume takes on the critical task of bridging the deplorable disconnection between clinical practice and research. The editors, a leading family research scholar, and a noted authority on treatment of stepfamilies and of families on the spectrum, bring together seven researcher/therapist teams to focus on a number of diverse family forms. The resulting integration makes a unique and important contribution to both sides of the conversation and creates a long over-due and much-needed template for cross-discipline collaboration.”

—Patricia L. Papernow, *EdD*, author of *Surviving and Thriving in Stepfamily Relationships* and *Becoming a Stepfamily*; Psychologist; Clinical Instructor in Psychology at Harvard Medical School; Experts Council of the National Stepfamily Resource Center

“After a decade of reading political treatises bemoaning their separation, it is gratifying to see that the actual integration of research and practice has finally begun in earnest. The pairing of chapters on seven types of families is outstanding. This book illustrates a unique way for using research to inform any area of mental health practice.”

—Robert-Jay Green, *PhD*, Distinguished Professor Emeritus,  
Clinical Psychology PhD Program, California School of  
Professional Psychology, San Francisco

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Translating Research Into Practice

*Scott Browning and Kay Pasley*

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*Edited by*  
*Scott Browning*  
*Kay Pasley*



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This book is dedicated to five extraordinary women who raised contemporary families. Scott is so grateful to his mother, Jordice Browning, and wife, Joanne Ahearn. Kay dedicates this book to her maternal grandmother, Bea, her mother, Carolyn, and her sister, Linda.

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# CONTENTS

<i>Series Editor's Foreword, by Jon Carlson</i>	xiii
<i>Acknowledgments</i>	xv
<i>About the Editors</i>	xvii
<i>About the Contributors</i>	xviii
<b>1 Introduction</b>	<b>1</b>
SCOTT BROWNING AND KAY PASLEY	
<b>2 Adoptive Families</b>	<b>13</b>
Research on Adoptive Families and Their 21st-Century Challenges	14
ELLEN E. PINDERHUGHES, JESSICA A. K. MATTHEWS, AND XIAN ZHANG	
Understanding and Treating Adoptive Families	35
DAVID BRODZINSKY	
<b>3 Foster Families</b>	<b>53</b>
Research and Practice With Families in Foster Care	54
JILL DUERR BERRICK	
Families With Children in Foster Care: Clinical Considerations and Interventions	70
LENORE M. McWEY, ANDREW BENESH, AND ARMEDA STEVENSON WOJCIAK	
<b>4 Interracial Families</b>	<b>88</b>
Understanding and Treating Interracial Families	89
ANNAMARIA CSIZMADIA, LEIGH LESLIE, AND RONNIT NAZARIAN	

## CONTENTS

	Therapy With Interracial Families	108
	LEIGH LESLIE	
<b>5</b>	<b>Families With a Special Needs Child</b>	<b>126</b>
	Families of Children With Autism Spectrum Disorder: Experiences, Supports, and Considerations	127
	JULIANN J. WOODS AND JENNIFER A. BROWN	
	Families on the Spectrum: Clinical Implications	147
	SCOTT BROWNING	
<b>6</b>	<b>The LGBT Family</b>	<b>166</b>
	Queers Doing Family: Navigating Family in a Heteronormative World	167
	BRAD VAN EEDEN-MOOREFIELD AND KRISTEN BENSON	
	Affirmative Therapy With LGBTQ+ Families	196
	ERIKA L. GRAFSKY AND HOA N. NGUYEN	
	Working With Families of Lesbian, Gay, and Bisexual Adolescents	213
	JOSEPH A. MICUCCI	
<b>7</b>	<b>The Grandparent-Headed Family</b>	<b>229</b>
	Grandparents Rearing Grandchildren: A Culturally Variant Perspective	230
	TAMMY L. HENDERSON AND SANDRA J. BAILEY	
	Grandparents Raising Grandchildren: An Ecosystemic Structural Family Therapy (ESFT) Treatment Approach	248
	MARION LINDBLAD-GOLDBERG AND EDWARD A. IGLE	
<b>8</b>	<b>Families With Chronic Medical Issues</b>	<b>267</b>
	JOSEPH G. GRZYWACZ, SALLY EAGLETON, AND AMY TREAT	
	Therapy With Families With Chronic Medical Issues	286
	STEVE SIMMS AND LINDA A. HAWKINS	
<b>9</b>	<b>Collaboration of Research and Practice: A Realistic Goal</b>	<b>303</b>
	SCOTT BROWNING AND KAY PASLEY	
	<i>Index</i>	311

## SERIES EDITOR'S FOREWORD

*The bond that links your true family is not one of blood, but of respect and joy in each other's life. Rarely do members of one family grow up under the same roof.*

—Richard Bach in *Illusions*

Family therapy is a new profession, still in its infancy. The American Association of Marriage and Family Therapy (AAMFT) was founded in 1942; the Academy of Family Psychology in 1958; AFTA (American Family Therapy Academy) in 1977; and IAMFC (International Association of Marriage and Family Counselors) in 1989. Even licensing laws have been a recent phenomenon (since the 1980s), but now all 50 states have laws for the practice of couple and family therapy.

Originally the research in this field had been general in nature, proving that family therapy was an effective treatment modality. Recently, research has begun to study how to do effective couple and family therapy with today's diverse populations. Essentially this first wave of research showed that family therapy worked generally, but the realization was that no two families were alike and, therefore, research needed to become more focused. To paraphrase Gordon Paul's (1967) iconic question, "*What treatment, by whom, is most effective for this family with that specific problem, and under which set of circumstances?*"

*Modern Family* is a popular American television sitcom that debuted in 2009. The program has a "mockumentary style" that highlights the diversity in contemporary families for the general public. Scott Brown-ing and Kay Pasley and their collaborators have created a unique book that addresses/explores contemporary families for family therapists and therapists-in-training. They have created a dialogue that has been long needed by creating a clever format for a book. That is, they combined sound research with solid practice in one volume. Additionally the editors have ensured consilience by carefully including a variety of disciplines among the participant authors, including scholars from psychology, family therapy, social work, and family science. Their depiction of

contemporary families includes: adoptive, foster, stepfamilies, interracial, chronic medical issues, culturally variant, LGBTQ+, and grandparent-headed families.

This book, *Contemporary Families: Translating Research Into Practice*, celebrates both science and practice and how they inform one another in society. Drs. Browning and Pasley offer the reader an approachable model of integration by asking teams of researchers and mental health professionals to address certain contemporary family forms. Based upon the premise that research can serve as a foundation for better therapeutic interventions, this dialogue has bridged the gap and has truly created research-informed practice for work with today's families.

The bottom line is that this book comprises researchers and practitioners doing important work to assist those servicing contemporary families. I hope many readers benefit from their labor.

*If we knew what it was we were doing, it would not be called  
research, would it?*

—Albert Einstein

Jon Carlson, Psy.D., Ed.D.  
Lake Geneva, Wisconsin  
Series Editor

## Reference

Paul, G.L. (1967). Strategy of outcome research in psychotherapy. *Journal of Consulting Psychology*, 31, 109–118.

# ACKNOWLEDGMENTS

We began this project because we are strong proponents of the integration of research and practice, believing that both could benefit from more collaboration. In fact, since 1987 when we first began our professional relationship, we have had an ongoing dialogue about the role of research in informing practice and vice versa. Although we have both spent our careers in the academy, one of us primarily trains therapists (Scott) and is a practicing clinical psychologist, and the other (Kay) primarily trains future researchers; both of us are engaged in graduate education and are scholars in our own right.

The authors of the work you will find within the pages of this volume were carefully selected and then invited to participate in this unusual project. They are known for their expertise as research scholars and/or clinical scholars; they are psychologists, marriage and family therapists, social workers, and family scientists. Some were known to us as colleagues and professional friends whose work we admired greatly, and others we brazenly sought out because we “knew” of their expertise, and we wanted their voices included here. This diverse group of experts took on the challenge to work collaboratively to bridge the gap between science and practice.

Without reservation we are indebted to them for providing us with content that we believe is sorely needed by mental health professionals—meaningful findings from the research that are useful to mental health professionals working with contemporary families. However, without the expertise of our clinical scholars who translate science into practice via suggested approaches and strategies for intervention, the research findings are less meaningful. We are indebted to the authors whose work appears here for the quality of the content and their attempt to bridge the gap between research and practice through their shared effort. The strength of this volume is evident in the collection of writing and demonstrates that building a bridge through dialogue is possible.

We are also indebted to Jon Carlson, who heard the idea for the book and encouraged us to submit a prospectus. Jon has been a leader in the field for years, and his support has been invaluable. Also, to Mark



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Stanton who took time out of an extremely busy schedule to read the book and offer a forward. And to Robert-Jay Green and Jay Efran, you both sharpen our thinking.

We are grateful to the wonderful support we received from Routledge Press. In particular, Marta Moldvai expressed great interest in the idea of a book that is trying to reconcile research and practice. As with most edited volumes, situations tend to shift the deadline, and both Marta Moldvai and Elizabeth Lotto have been understanding and consistently conveyed an eagerness to make this book an important volume.

Christine Wojnicz came aboard as a graduate assistant in the final stages and was instrumental to bringing the many pieces of the book together. To those who read sections of this book along the way, Amy, John, Dena, Allie, and Paul, thank you.

Scott wishes to express gratitude for being part of a great family. Joanne is a brilliant screenwriter and her editing brings heart and precision. Being a member of a family on the spectrum has given me the gift of getting to happily stroll through Holland. Thank you, Joanne and Owen, for your love and editing.

Kay wishes to express much appreciation to Scott for his enduring friendship and inviting her to join the opportunity for continued collaboration on a topic dear to our hearts.

Our hope is that mental health professionals will use the information to better serve the many families reflected in these pages.

## ABOUT THE EDITORS

**Scott Browning** is a professor in the Department of Professional Psychology at Chestnut Hill College in Philadelphia. He is a noted authority on psychological treatment with stepfamilies and families on the spectrum. As a scholar, teacher, and clinician, Scott has explored the intricacies of treating contemporary families, and has provided advanced training in the treatment of these diverse families to clinicians and graduate students both nationally and abroad. He is the author of numerous chapters and articles on the topics of: stepfamilies, empathy, co-dependency, Strategic Family Therapy, and family therapy training practices. Scott is a diplomate in Couple and Family Psychology and part of the clinical training team of the National Stepfamily Resource Center.

**Kay Pasley** was the Norejane Hendrickson Professor and Chair of Family and Child Sciences at Florida State University. She has published numerous research articles, book chapters, edited volumes, and publications for the general public. Since 1977, much of her work focused on understanding the challenges of stepfamily life, including a focus on fathering after divorce and remarriage/repartnering. She is a former editor of *Family Relations*, a Fellow of the National Council on Family Relations, and a recipient of the 2012 Felix Berardo Mentoring Award. In addition, Kay serves on numerous editorial boards and is part of the clinical training team associated with the National Stepfamily Resource Center.

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# INTRODUCTION

*Scott Browning and Kay Pasley*

When deciding to collaborate on this project, we set out with a specific goal to create a dialogue between two groups of professionals: those who primarily engage in research and those who primarily engage in therapy. Those who study families and those who train therapists and/or provide therapy acknowledge that researchers and mental health professionals have generally done a poor job establishing and fostering ongoing dialogue. Research on family issues is most useful when it changes mistaken beliefs, provides new insights and understanding, or can be practically applied. On the other hand, mental health professionals need research to create benchmarks so family situations are understood within their broader context. In addition, outcome research can show the effectiveness of certain therapeutic interventions. In other words, clinical intervention without research findings that offer a point of reference is seen as suspect. In practice, researchers link their findings with basic clinical insights to establish that practical implications can emerge from their work, whereas mental health professionals pursue credibility by citing relevant research in the field.

One might speculate as to why researchers and mental health professionals do not have more robust, useful interactions. Professional organizations and activities may be partly responsible for such missed opportunities. For example, conferences are considered the flagship meetings that bring together professionals in the field for education about the most recent advances, and they are generally aimed at one population or another. The annual convention for members of the American Psychological Association (APA) is largely dedicated to those who identify primarily as psychologists in the academy and/or engage in psychological research. Only 8 of the 55 divisions of APA attend to the needs of mental health professionals (e.g., Division 12, Clinical Psychology, Division 29, Psychotherapy), and Division 43, Family Psychology, is the lone division with a stated goal of bridging science and practice. The flagship organization for family researchers is the National Council for Family Relations (NCFR). This organization is largely dedicated to those from multiple disciplines who share a common focus on family-related research, policy,



and practice. Members primarily include those associated with the academy, and those who are practicing professionals associated in agencies and organizations that provide services to families, including a variety of mental health professionals. These conferences are understandably research centered, and although there is a recognition of therapeutic issues (e.g., APA's Division 29 or NCFR's Family Therapy Section), research presentations define these meetings. On the clinical side, the annual conference of the American Association of Marriage and Family Therapy (AAMFT) is dominated by clinically relevant workshops and presentations with a clear deference to any "hard science" support of intervention. The American Family Therapy Academy (AFTA) attempted, without success, to create a merger between research and practice in small regional meetings, but the annual conference remains almost entirely oriented toward clinical practice.

Such organizations and their conferences serve their membership needs appropriately, so our comments are not meant to be disparaging of them per se. In all truth, we recognized that professionals are not clamoring for integration of research and mental health work. We also recognized that effective marketing dictates a great deal about the audience that attends a conference or the activities and materials in which professional organizations engage. Therefore, such organizations, out of necessity, need to present offerings that speak to the majority of their membership.

The call for integration of research and mental health practice is long standing. The well-known Boulder Conference in 1949 was an early attempt by the field of clinical psychology to suggest a new training model that would endorse both science/research and its application to the training of clinical psychologists. Although the scientist-practitioner model offered the hope of integration of research and clinical practice, many institutions remained aligned with one end of this spectrum; some programs emphasize research, and some emphasize hands-on clinical work (Stricker & Trierweiler, 2006). Nevertheless, individuals such as David Barlow (1981) and George Stricker (1995) suggested solutions to address the scientist-practitioner split. For instance, Barlow (1981) believed that adhering to Cronbach's (1975) "intensive local observation" approach with individual clients would lessen the scientist-practitioner gap by ensuring that research informed clinical practice. Likewise, Stricker (1995) described an ideal model for clinical practice, *the local clinical scientist model*, as including an emphasis on integration between research and clinical practice, while also emphasizing a mental health professional's ability to conduct her or his own research within the current clinical settings of work. Thus, Barlow's and Stricker's approaches offered a way for mental health professionals to lessen the gap between science and practice.

Some attempts of integration were also initiated by researchers, but were more targeted. An example of these efforts was the Wingspread

Conference on Remarried Families in 1987, wherein researchers and practitioners, many of whom were noted mental health professionals specializing in work with stepfamilies, were invited attendees. The goal of the conference was to develop strategies for linking research and practice to best meet the needs of the growing population of stepfamilies in America. This meeting led to several follow-up meetings of researchers and practitioners at NCFR's annual conference where these target groups came together for meaningful discussions. Another example are the calls for integration by specific journals, such as *Family Process*, *Couple and Family Psychology: Research and Practice*, and *Journal of Couple & Relationship Therapy*, with the aim of publishing articles on theory/practice that will inform future research, as well as research articles that will contribute to meaningful theory and practice. The stated mission of *Couple and Family Psychology* is to "provide a mechanism to promote the integration of the science and practice of family psychology." As useful as it is for mental health professionals to be familiar with the research literature, the gap between science and practice is large. Beutler, Williams, Wakefield, and Entwistle (1995) estimated that only 28% of mental health professionals read the research literature. We believe that if practitioners wish to avoid being pressured to adopt manualized treatments, they would be well served to become steeped in the research findings regarding the populations they treat.

The belief in the importance of integrating research and practice is a belief shared by many scholars who primarily identify as either researchers or mental health professionals, and we have been strong advocates for and participants in this integration for many years. However, we wonder why so little actual interaction exists, because when either group creates a model based on integration, the results are exciting and well-received by others in their respective fields. Examples of successful models in the 21st century include Emotionally Focused Therapy (Greenberg & Johnson, 1988), Gottman's (1999) Sound Marital House based on his observational studies at the marriage clinic, Functional Family Therapy (Alexander & Parsons, 1982), and Multisystemic Family Therapy (Henggeler et al., 1993; Henggeler et al., 1999; Henggeler et al., 1986). These models have all integrated research seamlessly into their therapeutic approach.

Commonly, however, practice and research remain separate domains that are fraught with uncertainty about how to merge. All too often, research is blamed for not expanding its inclusion criteria to adequately represent "real world populations," and mental health professionals are perceived as working by instinct rather than relying on research.

We were fortunate to be members of the Board of Directors of the Stepfamily Association of America (SAA) during its heyday from the mid-1980s through to the organization's unfortunate demise in 2001. The organization was unique and stands as an excellent example of the integration of research and practice. It was conceived by an academic

psychologist and a practicing psychiatrist, Emily and John Visser, who believed such integration was truly useful, and they provided much valued leadership toward such efforts in the first decade of the organization's existence. In the opinion of Emily and John Visser (personal communication, July 29, 1989), if such an organization was to accomplish great things, it needed to appeal equally to mental health professionals and those who worked with stepfamilies, researchers, and, most interestingly, the lay population. SAA was successful in achieving this goal through creating three organizational arms focusing on research, clinical practice, and meeting the needs of stepfamilies. Each arm of the organization had board members dedicated to these interests and developing strategies to best serve members with this interest. The researchers were respected and well represented in the organization. Kay Pasley was a steady presence on the board, and she invited the top scholars in the country who studied stepfamilies to become active participants in SAA. Given the challenges of studying stepfamilies, the possibility of plentiful samples for their research was appealing, and appreciative researchers actually tried to provide relevant information that was desperately needed by both the mental health professionals and the lay population. Thus, "Research Updates" appeared regularly in the SAA newsletter, summarizing research findings on a specific topic that would be of interest to both groups (e.g., "Is remarriage good for mothers and their children?" [2001], "Participation in household labor: Are adolescents in stepfamilies different from teens in other family forms?" [2000]).

Mental health professionals joined SAA with a recognition of (a) the growing clinical demand for those with treatment expertise with stepfamilies and (b) the lack of a therapeutic model as standard practice in working with these more complicated family forms. Like the research arm, the clinical division was also deeply respected and created a training series that continues today under the auspices of the National Stepfamily Resource Center ([www.stepfamilies.info](http://www.stepfamilies.info)). The goal of the training series was to provide education for mental health professionals on treatment specific to stepfamilies. Importantly, this training team included both researchers and mental health professionals, again demonstrating the commitment of SAA to their integration.

In addition to giving recognition to both researchers and mental health professionals, SAA recognized the importance of the lay population, many of whom, by their own admission, struggled with issues inherent in transitioning and adjusting to stepfamily life. At one time, SAA had 1,032 membership chapters around the country and overseas. These chapters scheduled regular meetings and succeeded at helping stepfamily participants feel supported in a community that fully understood them. The genius of SAA was that each arm grew to depend on the others; although some competition regarding the direction of the organization occurred, board members found that it was far more useful to see how the various

interests could be combined to serve each interest and, importantly, the actual stepfamilies whose welfare they cared deeply about.

It is from this unique environment that we began to converse about research and therapy. Lacking any desire to change either party, these discussions resulted in a fuller, more nuanced, understanding of stepfamilies. Certainly on occasions, the conversations would be designed to answer some issue that puzzled researchers or clinical scholars, but most importantly, we began to read each other's work, publish together, and present together. It became clear that this dialogic method of cross germination was particularly useful to students who were learning how to treat stepfamilies. Although we believe that researchers may "need" therapists less than therapists "need" researchers, a mutual admiration flourished and expanded to include more scholars from these two general fields of interest and expertise. Responsible mental health professionals use research findings to support the validity of their work. Unfortunately, researchers are less apt to reach out to mental health professionals for their perspective. However, we strongly believe that researchers can learn a great deal about families from mental health professionals to refine their research questions and identify more meaningful questions to pursue that assure more relevance to practice than is typical.

Robert-Jay Green (personal communication, May 12, 2014) suggests that graduate education has not kept up the tradition of truly merging research and practice, and we agree. As such, this volume stems from our inherent belief that the integration of research and practice makes for both better research and practice. Here, we offer the reader an approachable model of integration in which we asked teams of researchers and mental health professionals to address certain contemporary family forms. Because we believe strongly that research can serve as a foundation for better therapeutic intervention, we asked these teams to work together in preparing their contributions to the volume. For example, we encouraged researchers to set the stage by addressing the prevalence and characteristics of these family forms and then to present research findings that were likely to be most relevant to clinical practice. Because few researchers are equally skilled in clinical practice, the engaged dialogue was essential to meeting our goal of research-informed practice. The mental health scholars then used the research as the foundation for their portion of the chapter, but they also drew from other sources in discussing strategies for good therapeutic intervention.

Due to this intended integration of research and clinical practice, we encourage readers with primarily clinical interests to first review the relevant research about a particular family form rather than skipping directly to the clinical portion of each chapter. We also encourage readers with primarily research interests to continue to read the clinical portion of the chapter as a means to better understand what future research questions might be most useful to pursue. Only in this way will

readers with a particular interest be better informed and see the inherent value that we see in continuing a dialogue across fields. Moreover, the underlying premise of this book is that the process of knowing the extant research will create a deeper therapeutic understanding, which, by definition, creates the foundation of evidence-based practice. We have intentionally requested that the research scholars follow a more traditional format in writing and that the clinical scholars follow a more narrative style.

Unique to this project, the teams of research and mental health authors were asked to engage in conversations with each other. They spoke on the phone and through email, traded articles, and shared PowerPoint presentations, all with the goal of building a relationship (a) around shared interest in a particular family form and (b) that could benefit each person who engages in this intellectual process. In essence, authors were encouraged to permit their thinking to evolve as the outcome of this sharing. In much the same way, our hope is that you, the reader, find a natural and useful link between research and practice as you read about the various contemporary families that are the focus of this volume. Regardless of their professional identities, students and professionals who study families, engage in clinical training, or provide therapy to such families will find this volume to be a strong tool for expanding their understanding of the challenges that these families face.

### **Why These Seven Family Forms?**

When the family forms were selected, one of the reviewers of the initial proposal questioned their selection, given that the variation of families in contemporary society is greater than these seven. Our decision was based on the fact that a substantial body of research and clinical literature has been dedicated to these families, and they were not considered to be “typical” families. Here, we included families with: an adopted member, a child with autism, a chronically ill member, a lesbian/gay/bisexual member, an interracial member(s), a foster child(ren), and families headed by a grandparent. Many of these families also represent more than a small minority. In fact, one of these family forms is quite numerous in the population (i.e., families with a chronically ill member); yet, many would consider these families a hidden population. Although the research presented here provides an informative benchmark about families in general, the families represented in this volume face unique challenges that are not addressed in much of the literature on families. The unique experience of these family forms creates a burden for the members (and the mental health professionals trying to assist them), as they are often unsure whether the normative data applies to them and can prove to be useful. Therefore, when research specifically highlights a nontypical population, this information takes on greater importance.

Some of the family forms chosen for inclusion are well defined (e.g., adoptive families), and other forms (e.g., interracial families) are exceptionally varied. In cases where the family form has much within-group diversity, authors were asked to recognize their “universal” issues. For example, rather than concentrating on two or three specific ethnic or racial groups, the chapter on interracial families addressed the overarching experience of combining people from different ethnic or racial backgrounds into a family. Similarly, families with an autistic child vary greatly. Although the phenomenon of parenting a child or adult with autism has many commonalities, the sheer range of functioning on the spectrum makes such a category of families quite diverse.

In addition, we recognized that the family forms included here are not mutually exclusive. For example, a gay or lesbian couple may represent two different racial/ethnic groups and may have children, making the current family also an interracial family. Similarly, an intergenerational family where the grandparent is raising a grandchild may also be interracial (e.g., White grandmother and biracial grandchild). As such, readers are encouraged to consider such within-group variations and look for additional insight that might come from other chapters in this volume.

### **A Goal of Creating an Evidence-Based Practice**

Examining the effect of the evidence-based practice (EBP) movement on the field of psychotherapy highlights both useful and harmful aspects. Those finding fault with this movement argue that brief treatment manuals emphasized within the EBP criteria often lack external validity or generalizability for the treatment of clients in the real world. In particular, the rigid nature of EBP outcome studies, often conducted with a specific population while controlling for extraneous variables, makes it difficult to generalize the results to the real-world population of clients in therapy with varying degrees of comorbidity and symptom severity, and who are often from different ethnic or cultural groups (Sue et al., 2006; Westen, Novotry, & Thompson-Brenner, 2004). In addition, the EBP movement has created a sense of insecurity throughout the field, leaving mental health professionals searching for supported methods, rather than trusting their own clinical skills. On the other hand, those seeing EBP positively speak to the importance of establishing that therapy is effective and that some psychological concerns are best treated in a particular manner. Overall, however, the field has matured, and there is a clear recognition that the most helpful position is to be comfortable with some useful supported approach, while combining these interventions with a thorough understanding of the person or family being treated.

Consistently, research confirms that the therapeutic alliance is the action most critical to clinical success (Norcross, 2001; Norcross & Wampold,

2011). However, it is difficult to form an alliance if one lacks a solid familiarity with the normal behavior patterns linked to various family cultures. Having a clear picture of normative patterns allows the therapist to both comfort the client with reality testing and be alert to patterns that seem unusual. There is still some debate as to whether the primary curative factor is purely alliance (Zilcha-Mano, Dinger, McCarthy, & Barber, 2013), but clearly the therapeutic alliance remains the single greatest influence on clinical outcome that is within the control of the therapist. Members of the contemporary family forms reflected in this volume will exhibit appropriate cultural mistrust, and the therapist must be able to quickly determine if she or he understands enough about the family form to convey cultural competence. Thus, this volume can serve as one tool in the ongoing effort to increase multicultural competence and, in so doing, clinical success.

Although mental health professionals commonly recognize that building an alliance is the most crucial factor in effective therapy, the burden of mimicking the medical model has stunted much clinical practice. The medical model proposes that problems are based on a disease, and diagnosis and treatment are designed to eradicate the disease. Over time, therapists both revered and challenged the medical model (Laing, 1971). The medical model is exceptionally useful in medicine, which deals with medication, treatments, and surgery, all of which generally benefit from a specific protocol. The conundrum is such that society often values a physical solution over a psychological solution; however, mental health professionals who wish to be afforded respect as health care professionals often recognize that dealing with psychological issues cannot be made parallel to the physical realm. Psychotherapy is a unique process, because by definition, mental health is concerned with improved relationships and interactions. Unlike medicine, psychotherapy deals with concepts rather than mechanics. Surgeons speak about the analogy between their work and the work of car mechanics. Brent Slife (2004) expanded on this position by forwarding the notion that materialism (what matters and is valued, is matter) explains why an increasing emphasis on the biology of disorders is overshadowing psychotherapy.

We would be remiss if we failed to acknowledge that the Bio-Psychosocial model has become completely embraced within many health related fields; however, such recognition has not altered daily practice in many cases. Most mental health professionals value a thorough medical history at intake. Too often, however, systemic factors are not given the attention afforded either the physical data or the features examined to make a DSM diagnosis.

What must be understood is that good therapy remains good therapy. The general or average effects of psychotherapy are widely accepted to be significant and large (Chorpita et al., 2011; Smith, Glass, & Miller, 1980; Wampold, 2001). Further, research has established that these large effects of psychotherapy are more influenced by patient and therapist context

than by particular models or specific diagnoses (Beutler, 2009; Wampold, 2001). In fact, APA created the Recognition of Psychotherapy Effectiveness in August of 2012, and in this document stated that, “In contrast to large differences in outcome between those treated with psychotherapy and those not treated, different forms of psychotherapy typically produce relatively similar outcomes” (p. 10).

Our intent in this volume is to provide readers with the best information to offer an EBP that can be used to work with these seven family forms. The comprehensive review of the relevant research on each of the seven family forms satisfies the criterion for evidence-based practice of being aware of the research literature for the population in treatment. Clearly, knowledge of relevant research findings, combined with clinical expertise (as presented in the clinical sections of the accompanying chapters) and an understanding of the client’s condition, is the foundation for responsible and professional practice. Due to the variety of nuances in practice with families, such that what works well with one family may not be as effective with another family with similar challenges, therapeutic practice is highly variable and cannot rely consistently on the findings from randomly controlled studies. Therefore, mental health professionals need to understand what generally works in therapy and link this knowledge to achieve a thorough understanding of the client in treatment. For example, if a family comes for treatment, and this family consists of a Cuban man and a French woman who have two adopted children from Guatemala, there exists no clinical approach specific to this family. However, there is a body of related research and clinical expertise. This body of related research would include some of the fundamental issues concerned with adoption, particularly interracial adoption, and interracial families, and such information could serve to normalize some family issues.

In addition, the family may benefit from the therapist’s knowledge of the steps of Functional Family Therapy, such as in Multisystemic Family Therapy, Ecosystemic Structural Family Therapy, Attachment Based Family Therapy (e.g., Sexton, 2011; Sexton, Robbins, Holliman, Mease, & Mayorgan, 2003), which allows for the orderly structuring of useful family therapy interventions within an overarching theoretical philosophy. Incorporating recognized treatment models that have emerged since the 1990s and have been identified as evidence-based can be helpful. All of the models incorporate some traditional systemic concepts with a signature intervention and a series of steps or stages. They do not represent a quantum leap in practice, but they are consistently useful in general. However, it is in Common Factors (conditions present in all effective psychotherapy) where therapists can find practices which will invariably result in skilled treatment that can be conceptualized as evidence-based. The 2012 APA Resolution provides the therapist with the peace of mind to accept, wholeheartedly, one’s own well-practiced model. The model



must be conceptually sound, build upon the accepted common factors, and include some method of assessing treatment and making adjustments when necessary.

The therapeutic alliance is made stronger when one is aware of the culture of the client. The example provided earlier represents multiple cultures (ethnic-interracial, adoption), and the adults represent both Cuban and French heritages. An appreciation of ethnic culture is usually important, and treatment should incorporate this reality as a clinical foundation. Different perspectives (formed by French and Cuban cultures) are likely, but not necessarily, an area of clinical importance. However, some deeper understanding of common concerns for interracial couples and of frequent concerns in adoptive homes creates a mutual language which serves the alliance and goal setting. All the while, an awareness of normative research and clinical theory can provide the therapist with a template that can be personalized to the family in therapy.

Interestingly, when one reviews the exact definition of evidence-based practice as defined by the APA, it is clear that the information provided within this volume satisfies many of these criteria. The Task Force commissioned to examine this issue stated that evidence-based practice is “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Task Force on EBP, 2006, p. 273). Therefore, this volume establishes the groundwork for researchers and mental health professionals to fulfill the long-held challenge of integration and supported clinical practice.

### A Final Comment

Beyond the integration of research and practice noted here, the strength of this volume lies in the outstanding contributions made by the teams of notable research and clinical scholars who agreed to take on this challenge. We are truly indebted to their dedication and commitment to working as collaborative teams with a shared vision of using research to inform practice while simultaneously clarifying questions of clinical relevance for research. We believe that the product is better because of their collaboration. Our hope is that this volume can serve as a model for continued dialogue across disciplines to best meet the challenges of today's diverse family forms.

### References

- Alexander, J., & Parsons, B. V. (1982). *Functional family therapy*. Monterey, CA: Brooks/Cole.
- APA Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychotherapy. *American Psychologist*, 61, 271–285.

- Barlow, D.H. (1981). On the relation of clinical research to clinical practice: Current issues, new directions. *Journal of Consulting and Clinical Psychology*, 49, 147–155.
- Beutler, L.E. (2009). Making science matter in clinical practice: Redefining psychotherapy. *Clinical Psychology: Science and Practice*, 16, 301–317.
- Beutler, L.E., Williams, R.E., Wakefield, P.J., & Entwistle, S.R. (1995). Bridging scientist-practitioner perspectives in clinical psychology. *American Psychologist*, 50, 984–994.
- Chorpita, B.F., Daleiden, E.L., Ebesutani, C., Young, J., Becker, K.D., Nakamura, B.J., . . . Starace, N. (2011). Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. *Clinical Psychology: Science and Practice*, 18, 154–172.
- Cronbach, L.J. (1975). Beyond the two disciplines of scientific psychology. *American Psychologist*, 30, 116–127.
- Gottman, J. (1999). *The marriage clinic: A scientifically based marital therapy*. New York, NY: W.W. Norton.
- Greenberg, L.S., & Johnson, S.M. (1988). *Emotionally focused therapy for couples*. New York, NY: Guilford Press.
- Henggeler, S.W., Melton, G.B., Smith, L.A., Schoenwald, S.K., & Hanley, J.H. (1993). Family preservation using multisystemic treatment: Long-term follow-up to a clinical trial with serious juvenile offenders. *Journal of Child and Family Studies*, 2, 283–293.
- Henggeler, S.W., Pickrel, S.G., & Brandino, M.J. (1999). Multisystemic treatment of substance abusing and dependent delinquents: Outcomes, treatment fidelity, and transportability. *Mental Health Services Research*, 1, 171–184.
- Henggeler, S.W., Rodick, J.D., Borduin, C.M., Hanson, C.L., Watson, S.M., & Urey, J.R. (1986). Multisystemic treatment of juvenile offenders: Effects on adolescent behavior and family interactions. *Developmental Psychology*, 22, 132–141.
- Laing, R.D. (1971). *The politics of the family and other essays*. New York, NY: Routledge.
- Norcross, J.C. (2001). Purposes, processes, and products of the task force on empirically supported therapy relationships. *Psychotherapy: Theory, Research, Practice, Training*, 38, 345–356.
- Norcross, J.C., & Wampold, B.E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy*, 48, 98–102.
- Sexton, T. (2011). *Functional family therapy in clinical practice: An evidence-based treatment model for working with troubled adolescents*. New York, NY: Routledge.
- Sexton, T.L., Robbins, M.S., Hollimon, A.S., Mease, A.L., & Mayorga, C.C. (2003). Efficacy, effectiveness, and change mechanisms in couple and family therapy. In T.L. Sexton, G.R. Weeks, & M.S. Robbins (Eds.), *Handbook of family therapy* (pp. 229–261). New York, NY: Brunner-Routledge.
- Slife, B. (2004). Theoretical challenges to therapy practice and research: The constraint of naturalism. In A. Bergin & S. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (5th ed., pp. 44–83). New York, NY: John Wiley & Sons.
- Smith, M., Glass, G.V., & Miller, T.I. (1980). *The benefits of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.