

Looking at Family Therapies From Relationship Diagnosis to Managed Care

Handbook of Relational Diagnosis and Dysfunctional Family Patterns edited by Florence W. Kaslow, Ph.D.; New York City, John Wiley & Sons, 1996, 566 pages, \$55

Clinical Handbook of Couple Therapy edited by Neil S. Jacobson, Ph.D., and Alan S. Gurman, Ph.D.; New York City, Guilford Press, 1995, 510 pages, \$55

Inside Managed Care: Family Therapy in a Changing Environment by Jodi Aronson, Ph.D.; New York City, Brunner/Mazel Publishers, 1996, 144 pages, \$19.95 softcover

Narrative Solutions in Brief Therapy by Joseph B. Eron and Thomas W. Lund; New York City, Guilford Press, 1996, 288 pages, \$33

A Family Approach to Psychiatric Disorders by Richard A. Perlmutter, M.D.; Washington, D.C., American Psychiatric Press, 1996, 390 pages, \$49.95

William Vogel, Ph.D.

Florence Kaslow, a distinguished leader in the field of family and couples therapy, is editor of *Handbook of Relational Diagnosis and Dysfunctional Family Patterns*. The purpose of the book is to initiate work on an epistemology, theory, and common language that will lay the basis for a "generally accepted relational diagnostic scheme" to complement, or supplement, the scheme of individual diagnosis as represented by *DSM-IV*.

It is self-evident that the individual diagnostic system of *DSM-IV* cannot be employed to describe dysfunctional couples or family relationship patterns. John McIntyre, past-president of the American Psychiatric Association, suggests the importance of the current work in a prediction, cited on the dust jacket, that the biggest changes seen in *DSM-V* in a decade or so will be in the area of family or systems (relationship) diagnosis.

Nevertheless, the book's contributors have set themselves a Herculean task. There is no consensus among them about how the work they have undertaken should be accomplished or, indeed, whether it is desirable to

attempt it at all. (Kaslow points out that authors of two chapters take an "antilabeling/antidiagnosis stance.") The authors of *DSM-IV* were clearly much closer than are these authors to sharing a common philosophy and language: the *DSM-IV* group agreed, for working purposes, to focus on the individual; to describe individuals in the language of pathology (no "normal" person can be described in the language of *DSM-IV*); and to employ a medical model. The authors of this book share only the general conviction that relational issues must occupy a central place in treating problems that relate to the human condition.

The work consists of 34 chapters, the first and last of which are written by Kaslow. Part 1 of the book's three parts deals largely with theoretical and practical issues of concern to the clinical practitioner. The overall quality of the first part is good: the chapters are generally well written and thought provoking and focus on important issues.

Part 2, by far the largest section, deals with relational considerations that arise in the treatment of various dysfunctions such as personality disorders, affective disorders, anxiety disorders, and addictions. Surprisingly, major areas such as the functional and organic psychoses—for example, the schizoprenias and Alz-

heimer's disease—get little consideration, despite their major impact on the family.

The chapters in part 2 are uneven, ranging from pedestrian to good. They have no uniform format; some do little more than review the literature on family relationships as it pertains to a diagnostic category, and in others the authors try to reconceptualize the disorder in relational terms. Part 3 is a single chapter, Kaslow's well-written summary and integration.

Handbook of Relational Diagnosis and Dysfunctional Family Patterns is not for everyone: many chapters assume acquaintance with the theory and practice of couples and family relational therapy. However, the book is an important pioneering effort for the field, and for those who are concerned with relational treatment, it is necessary reading. It achieves its stated goal of providing a basis on which to begin the task of constructing a schema for relational diagnosis.

The editors of *Clinical Handbook of Couple Therapy*, Neil Jacobson and Alan Gurman, are noted practitioners of this modality. This volume updates and expands their earlier work, *Clinical Handbook of Marital Therapy*, published in 1986. It in no way denigrates the earlier book to describe the current volume as even better.

The chapters vary in quality from acceptable to excellent, with the great majority falling in the latter category. Jacobson and Gurman have encouraged contributors to use a common format so that each chapter follows essentially the same scheme. I like the up-to-date quality of the work and the editors' effort to include balanced discussion of timely issues—cross-cultural marriages, same-sex couples, infidelity, marital violence, and "facilitating healthy divorce," among many others.

A valuable aspect of the book is the effort made to reach across theoretical and professional boundaries. Psychologists, social workers, psychiatrists, pastoral counselors, and couples and family therapists trained in points of view across the theoretical

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spectrum, from classical psychoanalytic to emotive, behavioral, and cognitive-behavioral, will all find the book valuable.

Most important, the work as a whole is intellectually stimulating and immensely readable. I was impressed with the various authors' success in avoiding the heavy, difficult-to-read, ponderous style that is too often the distinguishing characteristic of "handbooks." One may read any of the chapters through without feeling immersed in overreferenced, pedantic discourse. At the finish of nearly every chapter, I felt well informed and well rewarded for my effort.

More than most works of its type, *Clinical Handbook of Couple Therapy* will serve the needs of academicians and of clinical practitioners equally well. The discussions of the literature are generally up to date, and appropriately selective rather than needlessly exhaustive. The book is rich in incisive clinical examples. I feel strongly that it has earned a central place in the required reading of every mental health professional.

Inside Managed Care: Family Therapy in a Changing Environment is described in the foreword as "what family therapists need to negotiate the complex terrain of managed care . . . a good road map and clinical guide." According to author, Jodi Aronson, "One core theme that remains constant is the fact that Managed Care Organizations (MCOs) maintain the goal of trying to deliver quality care in

the least intrusive manner possible while controlling costs for all partners." The author is identified as the central regional care center director of MCC Behavioral Care, a wholly owned subsidiary of CIGNA Health Care.

The book is written from a managed care point of view, by one of its committed advocates. It makes declarations that would leave any clinician of my acquaintance incredulous. Here, for example, is the author's definition of medical necessity: "In outpatient cases when clear behavioral goals can be set and met, the care might be considered medically appropriate. However, if behavioral goals cannot be set and the care is taking on a supportive or hand-holding tone, then the care is not medically appropriate." I doubt that many clinicians whose practice involves, for example, cases of terminal illness or chronic schizophrenia would accept her rather dogmatic assertion that supportive psychotherapy is never "medically appropriate."

I have always been a supporter of managed care. On the whole, its impact has been positive, and it has encouraged healthy reformation of our industry. However, a presentation as partisan as Dr. Aronson's is not convincing. It is as if she believes that managed care organizations are good, period, and that they are never profit driven, or never less committed to maintaining quality patient care than they are to minimizing costs.

Those who want direction about how to get on well with managed care organizations will find it here. However, those who want to learn how to respond if a managed care organization is unreasonable or unresponsive to the demands of high-quality patient care must look elsewhere. Unfortunately, Dr. Aronson has missed a chance to write a much-needed, better-balanced guide that would have been a more valuable contribution.

In *Narrative Solutions in Brief Therapy*, Joseph Eron and Thomas Lund present their work on brief (family) therapy in an engaging, interesting, and well-written book. That said, it should be noted that almost all

family therapy, under whatever theoretical rubric, is usually quite "brief" when measured against traditional, insight-oriented individual therapies.

This book adds to a myriad of techniques and theoretical frameworks available to the family therapist. Unfortunately, the field of family therapy has provided little or nothing to aid us in deciding why we should choose one technique over the other or, indeed, why we should choose any family therapy technique over other treatments. Hazelrigg and associates (1), in a landmark paper published in 1987, found that out of 290 outcome studies of family therapy, only 20 met even the most minimal standards of adequate research design. They concluded that "family therapies appear to be only slightly more effective than alternative treatments." Further, at the time of that review, no empirical data existed to clearly support the efficacy of any family treatment technique over any other.

Unhappily, Eron and Lund present no hard, experimental data to indicate that their treatments are more effective than well-established alternatives, or more effective than no treatment at all. However, in all fairness, their very readable book is no different in that regard from the overwhelming majority of books or papers that present some novel, innovative family therapy technique or theoretical framework and offer only anecdotal or case history data to support the work.

The purpose of Richard Perlmutter's *A Family Approach to Psychiatric Disorders* is to provide a bridge for communication, interaction, and understanding between the practitioners of individual approaches and the practitioners of family approaches to psychiatric disorders. The chasm between these two orientations has historically been a vast one, with little or no commonality of language, philosophy, technique, or categories.

Perlmutter has taken *DSM-IV* as a starting point for the bridge. Each chapter is arranged around a *DSM-IV* category, such as adjustment disorders, mood disorders, or eating disorders. Each chapter follows a standard

In this section . . .

Reviews of several books on family and couples therapy lead this month's book reviews section. Following are three reviews on research-related topics (also see *Taking Issue*, on efficacy versus effectiveness research, page 1107). Other reviewers comment on books on a range of topics, including community psychiatry, treatment of depression among children or adults, and support groups.

organization, starting with a "perspective on the disorder" in which Perlmutter discusses "aspects of the disorder that relate specifically to family considerations." He then discusses the relationship of the "clinical family system" to that particular disorder, with reference to the effects of the disorder on the family, family maintenance of the symptoms, the function of the symptoms within the family, and the adverse consequences of change for the family. He proceeds to the development and progression of the disorder, in terms of family history, and concludes with a discussion of individual and family treatment modalities.

Perlmutter achieves his purpose.

The book is readable and remarkably jargon free. Practitioners of individual therapies will find it helpful in understanding the work of family therapists and in recognizing how they might better integrate their work with that of family practitioners, to their patients' gain. Family therapists will similarly benefit in understanding how to better communicate and integrate their work with that of their colleagues who practice individual therapies.

Reference

1. Hazelrigg MD, Cooper HM, Borduin CM: Evaluating the effectiveness of family therapies: an integrative review and analysis. *Psychological Bulletin* 101:428-442, 1987

The Couple and Family in Managed Care: Assessment, Evaluation, and Treatment

by Dennis Bagarozzi, Ph.D.; New York City, Brunner/Mazel Publishers, 1996, 176 pages, \$21.95 softcover

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Effective and efficient mental health treatment in a managed care setting demands specificity. Accurate diagnosis, identification of narrow and measurable treatment goals, and application of focal treatments are crucial if clinicians hope to provide a useful service.

The Couple and Family in Managed Care provides a blueprint for treatment from the point of entry into the system to posttermination follow-up. Its author, Dennis Bagarozzi, Ph.D., is a psychologist in private practice who specializes in the care of troubled couples and families. He is also the director of a company that assists organizations, including managed mental health care organizations, in evaluating the outcomes of their programs.

The principal focus of this book is on the assessment process, in particular how the careful selection of mar-

ital and family assessment instruments can streamline the therapeutic endeavor. Although the use of such questionnaires may be familiar territory to psychologists and other clinicians trained in behavioral or cognitive-behavioral approaches, it is terra incognita for most practitioners. Dr. Bagarozzi explains the rationale for using such techniques, describes a number of assessment tools that are well suited to clinical practice in managed care environments, and shows how the collected data can assist in the definition and refinement of a treatment focus.

The first three chapters of the book take the reader from the initial interview, often with an individual client, to the inclusion of the spouse, other family members, or both and the use of clinical interview and assessment instruments to arrive at a diagnosis and treatment plan. According to the author, most managed mental health care organizations view marital and family therapy as adjunctive to individual treatment and strictly limit the number of joint

visits or "collateral contacts." The clinician must be prepared to demonstrate the need for this intervention and then maximize its impact, as a typical allotment would be three to five visits.

The author's model assumes that providers of short-term family treatment have had training in the areas of brief, problem-focused therapies for marital and family issues as well as structural, strategic, and functional approaches to family therapy. This volume does not discuss these treatments in detail, but rather uses clinical cases to highlight the therapeutic strategies that are most useful in a managed care context.

Ample case materials are presented to illustrate the author's approach. Dr. Bagarozzi's goal is to "demonstrate how concise and pragmatic assessments can be completed in a relatively short time with a limited number of collateral contacts." The case studies are varied and include a demonstration of the complementary processes of individual diagnosis and systems evaluation and a description of how assessment tools are used to refine the treatment process. Couples in crisis, couples who are undergoing a developmental transition, and nuclear and intergenerational family systems are represented.

The issue of accountability for quality of care is addressed in the final chapter. This responsibility is ideally shared by employers, managed care companies, and clinicians who all have a stake in promoting high standards of service. Of particular interest to clinicians is the assessment of therapeutic outcome. Some basic parameters of outcome research are discussed, and a model follow-up questionnaire is provided.

Clinicians who are trying to adjust to the realities of managed care will find this a useful volume. Without sufficient awareness, therapists can become entangled in complicated ethical and legal dilemmas. Dr. Bagarozzi's emphasis on precision, from start to finish, is a value that can be embraced by payer, provider, and patient alike.

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