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THE EFFICACY OF FAMILY THERAPY ON ADOLESCENTS: A CASE STUDY OF MT PLEASANT LOW DENSITY SUBURB IN HARARE PROVINCE

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Abstract:

The study sought to establish the efficacy of family therapy on adolescents. A case study of Mt Pleasant Low Density Suburb of Harare Province. Representative sample consisted of thirty (30) participants who included both female and male adolescents, parents and other elder members of the community in the suburb, which could also influence policy formulation and implementation in the making of family therapy effective. A qualitative research case study design was employed to guide the methodology. Data was collected using the interview schedule guide and questionnaires. Qualitative data analysis with descriptive statistics was used in the presentation, interpretation and analysis of data. The results showed that family therapy was more effective amongst adolescents with regards to their development in life as morally acceptable people within their community. There was a finding that there was an uncomfortable history between family therapy and evidence based practice and the vast number of methodological concerns noted in the current literature reviews on the efficacy of family therapy on adolescents. Another key finding from the study revealed that family therapy was, and often, a significantly more effective treatment than no treatment, and specifically effective in the treatment of families with children and adolescents regardless of the context one will be coming from.

Key Words: Adolescent, Family Therapy, Gender & Community

Introduction:

The significance of providing family therapy/counselling to adolescents in the family, community and nation at large cannot be overemphasised in the Zimbabwean context. The advent of family therapy/counselling in Zimbabwe was to make children at the various levels of development in life be people who understand the significance of traditional value systems that builds someone to be a respected person in the community, family and nation. Family therapy in Zimbabwe, as well as elsewhere continues to be used as major vehicle to break the barriers to misconceptions about life. Though many questions have been raised by members of the public on the effectiveness of family therapy, there are also some challenges that adolescents have to endure in their development. This chapter will focus on the background to the study, statement of the problem, objectives of the study, research questions, significance to the study and limitations and delimitations to the study. This study will dwell much on the effectiveness (efficacy) of family therapy on adolescents: a case study of Mt Pleasant low density suburb.

Background to the Study:

An initial perusal of the research and theoretical literature informing the field of family therapy reveals an uncomfortable history between family therapy, research and evidence based practice. While there is a growing sense of "professional resignation" to the need for the development of a sound evidence base to demonstrate both efficacy and effectiveness, the family therapy literature is full of references to the immense

challenges faced by researchers in scientifically measuring the effectiveness of psychotherapeutic models and approaches. While these concerns are undoubtedly valid, more recent publications, such as Rivett (2008) and Messent (2008), essentially urge family therapists and researchers to get on with the task of developing a robust evidence base for family therapy. This research study aims to take on that challenge by providing a summary of the primary evidence base for family therapy practice with families of children and young people referred to child and adolescent mental health services within the various contexts in Zimbabwe. This study is one of a number of strategies being undertaken by the various non-government organisations for the development in Child and Adolescent Mental Health in determining the training needs for current and future family therapists working in child and adolescent mental health settings.

One of the primary challenges to any survey of the family therapy literature is agreeing on a definition of what constitutes family therapy. This task is compounded somewhat by a dramatic increase in recent times in the range of approaches which describe different aspects of working with families in child and adolescent mental health settings (such as family advocacy, family inclusion, and family centred care) many of which are not, nor claim to be, family therapy - and the vast number of approaches and techniques that do claim to be family therapy. The British Association of Family Therapy defines family therapy as "a distinctive psychological therapy for individuals and support networks, which aims to maximize family strengths and resilience to help people to overcome problems experienced by individual family members or the family as a whole."

Developing a comprehensive schema of all the approaches and techniques which constitute family therapy is a task that is outside the scope of this study. Asen (2002a) and Cottrell and Boston (2002) provide a comprehensive appraisal of the approaches which fall under the heading of "systemic family therapy". Systemic family therapy refers to a diverse set of approaches that are essentially linked by a contextual element – that is, "seeing and treating people in context" (Asen, 2002a, p.230). Cottrell and Boston (2002) expand their definition of "classical" systemic family therapies to include therapies that draw on "systemic, cybernetic, narrative and constructivist/constructionist theories" (p. 573).

Major approaches that are clustered under the systemic "umbrella" include Structural, Strategic, Milansystemic, Narrative, Psycho educational and Behavioural (Asen, 2002a) with Cottrell and Boston (2002) adding Brief Solution Focused Therapy and Psychoanalytic to the contemporary mix. In addition to defining and describing each of the approaches, both Asen (2002a) and Cottrell and Boston (2002) present a review of the evidence base for systemic therapy. From meta-analyses and controlled trials primarily published in the 1990's, Asen (2002a p. 232-233) concluded that systemic therapy is more effective alone, or alongside other treatments, in a wide range of different conditions and presentations. These included conduct problems in children, drug and alcohol use in adolescents and adults, marital distress, childhood asthma, children with enuresis and soiling, children with oppositional survey problems, eating disorders, psychotic illnesses and mood disorders. Cottrell and Boston (2002) are more critical in their review of the evidence, citing numerous methodological issues with the evidence base. They are therefore more cautious in being definitive about the efficacy or effectiveness of family therapy – however they do present a review of the evidence base for systemic family therapy with children with conduct and attention disorders; substance misuse; eating disorders; depression; and chronic physical conditions. Asen's

(2002a) review also cautions therapists to avoid one "brand of therapy" without consideration of the patient's condition, their work context, and the intended outcomes of therapy.

The above scenario has prompted the researcher to embark on a similar study in Zimbabwe with the aim of determining the efficacy or effectiveness of family therapy on adolescents in Zimbabwe: A case study of Mt Pleasant low density suburb. Traditionally family therapy has been perceived as the cornerstone to the development of children with morals that are best acceptable within families, communities and nation at large. In other words, these adolescents have grown to be leaders in their own families, communities and nation where they have provided guidance to their fellow peers.

Statement of the Problem:

Is family therapy effective on adolescents?

Conceptual Framework:

The term family therapy can be misleading. 'Family' is open to many interpretations, if not attacks, because it is frequently read as implying a two-parent, heterosexual couples with two children, with the woman primarily the 'homemaker' and the man the 'breadwinner', with occasional backup from the grandparents. Such a picture would seem to marginalise or exclude other family forms, such as childless couples, single parents with children, gay or lesbian couples and unattached elderly persons. However, the reality is that family therapists treat many different forms of committed relationships and friendships. As to the term therapy, it tends to imply the presence of illness or dysfunction, located in the family rather than one of its individual members, and may thus be quite unacceptable to families who often believe that it is the patient and not them whom require help. Being at the receiving end of family therapy can have strong connotations of blame. Practitioners/ family therapists/ professional counsellors therefore increasingly use the term systemic therapy, which is also more informative because some of the work often involves the wider system. The systemic approach is essentially a contextual approach – seeing and treating people in context.

The first systematic work carried out with families' dates back to the 1950s when Bateson and his team studied the patterns of schizophrenic transaction and communication. It was then postulated that the family of the patient with schizophrenia was shaping his/her thought processes through the often bizarre communication requirements imposed (Bateson *et al*, 1956). The team also observed that if the 'identified patient' improved, the family could become destabilised, seemingly resisting or blocking the clinical improvement of the patient – as if they needed the patient to remain unwell. The family was seen as a system with homeostatic tendencies and a variety of properties, such as hierarchies, boundaries, overt and covert conflicts between specific members, and coalitions. The various parts of the system, the family members, were seen as behaving according to a set of explicit and implicit rules that govern interpersonal behaviours and communications (Watzlawick *et al*, 1967). Family systems therapy was invented to challenge and disrupt unhelpful interaction patterns and dysfunctional communications, allowing new ways of relating to emerge. Over the past five decades a whole range of systemic approaches have been developed.

Purpose of the Study:

The study seeks to investigate the efficacy of family therapy on adolescents.

Research Questions:

The study was guided by the following research questions:

- What is the effectiveness of family therapy on adolescents?

- How effective is family therapy on adolescents from various cultural backgrounds (context)?
- What support systems are available to adolescents in the family, community and nation at large?
- Do you think that family therapy is relevant to adolescents?

The Concept of Family Therapy:

"The essence of life is the progression of such changes as growth, self-duplication, and synthesis of complex relationships." (Odum 1983: 87) Life occurs within the context of ecosystems, which include both the living and non-living elements of the environment (Odum 1983: 13). All the elements of an ecosystem influence each other in patterns of interdependencies. An ecosystemic post-modernist, deconstructionist view, presupposes that there is no one culture, no one worldview or reality, and no one 'correct' model of psychology. It is particularly important to understand this point in the South African context, where so many cultural and ethnic groups live side by side in an ever-changing ecology of ideas.

If a critique is to be meaningful, it should be informed, and should take into account the ecology of the conceptual framework that is being subject to criticism and should be "consistent with the assumptions of that framework" (Becvar & Becvar 1998: 221). An attempt will be made therefore to enter into the ecology or framework of the Milan approach to family therapy in order to write this critique. However, consistent with a ecosystemic perspective, it should be born in mind that the underlying propositions of the culture in which one has been socialised have a fundamental influence on one's view of reality, on one's thought processes, perceptions and intellectual functioning. In other words, in order to write a truly meaningful critical evaluation of the Milan approach to family therapy, it is not possible to stand outside the theory and merely observe (as in the black box metaphor) (Becvar & Becvar 1998: 63). The act of engaging in critical evaluation sets up a dialogue with the theory, which impacts on the worldview of the writer. The process of interpretation of the theory in order to subject it to critical analysis impacts on the theory – the theory as interpreted is not necessarily the theory as intended by the originators of that theory. The way that the reality of the theory is observed partly determines what is seen and how that reality is understood (Zohar 1991: 28).

Honderich (1995:13) says that there is currently a "distinct vacuum in interpretative theory… critical as well as philosophical, 'continental' as well as 'analytic' – across the entire range of western debate." The Milan group contended that there is a "tyranny of linguistics" (Becvar & Becvar 1998: 239), which traps therapists and clients into linear ways of thinking. This writer sees the work of the Milan group as a dialogue or rather 'multilogue' that attempts to break free of the received view of the Western logical-positivist tradition, and traditional depth psychology. This writer sees the systemic approach of the Milan group as confronting the 'tyranny of linguistics' and the 'discursive vacuum'.

"The Milan approach to family therapy has been called systemic in the tradition of Bateson's circular epistemology." (Becvar & Becvar 1998: 239) For Bateson (1971: 243) systems are units that incorporate feedback mechanisms; and by virtue of feedback, these units (systems) can process information. Such systems can be ecological, social, and individual. Individuals are contextually located. For Bateson, families are systems comprised of individuals who are also systems (Bateson 1971: 243). Most important for Bateson was the shift in focus from traditional linear thinking and the traditional perception of the individual mind to a way of understanding the

mind as part of a circuit. This means that the concept of mind is considered within the context of all relevant completed circuits (Bateson 1971: 244). In this manner Bateson resolves the dichotomy between mind and body, as for him mind, body, action and the objects (or people) which are acted upon are all part of a circuit of mental activity. This means that for Bateson, behaviour that in the traditional paradigms is considered to be pathological or abnormal and intrapsychic, is in the circular paradigm, interpersonal and relational (Becvar & Becvar 1998: 22). The focus in Bateson's paradigm has shifted from the inner workings of the individual mind to the consideration of relationships in context (Becvar & Becvar 1998: 22).

Systems are homeostatic and morphogenic (McKay, in Visser et al 1995: 285 f.); they strive simultaneously for balance and change. Macy (1991) suggests that systems are autonomous. Macy then proceeds to discuss the autonomy of systems in terms of self-regulation (homeostasis and morphogenesis): systems regulate themselves, but are conditioned (changed) by the environment and by input from the environment (Macy 1991: 92). The Milan group saw the world in terms of patterns of relationships and information, rather than in terms of matter and energy (Becvar & Becvar 1998: 240). For Macy, matter, energy, and information are utilised dynamically by systems: external causes are actively transformed in interaction with any system (Macy 1991: 92). Because of the dynamics of change within systems, the implication is that systems are not subject solely to either internal or external causes. This perspective is consistent with Bateson's view that people's behaviour and thought processes must be seen in terms of the total context of the relationship between people, actions, thoughts and external objects or people in relationship. The Milan group saw that families came to therapy with a paradoxical request: families wanted the stability of an unchanged system, but also wanted the problem member of the family to be cured (Becvar & Becvar 1998: 240). However, the Milan group saw the problem as being rooted in the family rather than in the individual. Consistent with a systems theoretical perspective, and consistent with Bateson's circular or recursive patterns, the group believed that it was not possible to change the patterns of behaviour and communication in one part of the system (the identified patient) without affecting the family system as a whole (Becvar & Becvar 1998: 240)

Family Problem Solving:

Family problem solving has its origins in models of problem solving, which have been used by workers in the human services for many years. This model has been utilised by social workers, psychologists, family support workers and family therapists working with clients in a wide array of settings including child welfare, youth justice, mental health, drug treatment, school welfare, community and hospitals. Typically, the family problem solving model is an eight-step approach, specifically designed for client/s to understand the nature and purpose of the intervention and the roles of the worker and each family member. Briefly, the model encompasses role clarification, problem survey, problem ranking, problem exploration, setting goals, developing a contract, developing tasks/strategies and an on-going review process (Trotter, 2010). There has been some research on the effectiveness of this approach with families. Wade et al (2006) undertook a study with families where a young person (aged 5 to 16 years) was recovering from traumatic brain injury. Sixteen families were given family problem solving and sixteen control group families received no treatment. The experimental group were offered seven bi-weekly core sessions with family members followed by four individualised sessions using the problem solving model. They used the acronym ABCDE to describe the steps in the model - Aim, Brainstorm, Choose, Do it, Evaluate.

Sessions focused on general goals as well as goals relating directly to the brain injury, based on the evidence that brain injury impacts on multiple issues for family members. This study found positive results for the use of family problem solving with families with a young person (aged 5 to 16 years) recovering from brain injury. The young people in the treated families subsequently showed significant reductions in levels of behaviour problems, depression and anxiety.

A meta-analysis of thirteen randomised studies of the use of problem solving therapy (PST) for depression concluded that there is no doubt that PST can be an effective treatment for depression, although they also suggest that more research is needed to determine when and in what circumstances it is most effective (Cuijpers, van Straten, and Warmerda, 2007). They defined PST as: [A] 'psychological intervention in which the following elements had to be included: definition of personal problems, generation of multiple solutions to each problem, selection of the best solution, the working out of a systematic plan for this solution, and evaluation as to whether the solution has resolved the problem.' (Cuijpers et al., 2007:10) In addition, family problem solving models have been shown to be effective with depressed older adults in methadone maintenance treatment (see Rosen, Morse and Reynolds, 2011). Those undertaking the study have argued that PST is particularly suitable for this group, as it is less cognitively demanding than other therapies. Family problem solving models also appear to be effective in reducing suicidal behavior and depression, as demonstrated in a study with young people in Sri Lanka (Perera & Kathriarachchi, 2011). In another study, a twelve-session family problem solving intervention was offered to families recruited from a head start program in Canada (Drummond, Fleming, McDonald & Kysela, 2005). They used a model based on three steps: 'evaluate options', 'can anyone help' and 'agree and notice the difference'. They found improvements in the length of time that children in the experimental group engaged in play therapy and further co-operation within the parent / child relationship was also evident. Problem solving also proved to be effective in an Australian study by Trotter (2010) of thirty-one families, most of which had been referred for family work by juvenile justice or child protection agencies. Seventy four percent of the family members reported that they were getting along much better following the family counselling, with only one person saying that things were worse.

Methodology:

There are two broad categories of research paradigms in the research field. These two categories are qualitative and quantitative methodologies. In this study, the researcher used the qualitative paradigm which fits in well with the study to be conducted. The research design under this paradigm that will be used is the case study, where only one region will be the major focus. Every research needs a plan or design. According to Borg and Gall (2000), careful consideration must be taken in choosing an approach and whether that approach is in line with objectives and purpose of the study. Borg and Gall (2000) therefore described research design as a process of planning and organizing the components that comprise of the study. They concluded that a research design is a plan of action. Thus, the nature of the research problem determines the nature of the research design and paradigm to be used.

The case study design was selected in order to experience characteristics' for example behaviour, opinions, beliefs and knowledge of a particular individual's situation or group. Sturman (1997) defines a case study as a generic for the investigation of an individual, group or phenomena, while Sternhouse (1985) also defined a case study method as involving ' collection and recording of data about a case

or cases and the preparation of a report or the presentation of the case'. The case study method has also advantages that the researcher felt was essential to the study. These advantages included the fact that a case study is strong in reality and therefore likely to appeal to research practitioners in their work (Nunan, 1997). A case study can represent a multiplicity of viewpoints, and can offer support to alternative interpretations that are relevant to the research study topic. In the case of this study, the researcher had the opportunity to hear varied viewpoints with regards to the efficacy of family therapy on adolescents. There are also some authorities such as Adelman et al, 1976 who alluded to the fact that case studies may contribute towards the democratization of decision making. The research design can be divided into fixed and flexible research designs (Robson, 1993). Others have referred to this distinction as 'quantitative research designs' and 'qualitative research designs,' respectively. In fixed designs, the design of current study is fixed before the main stage of data collection takes place. Fixed designs are normally theory driven, otherwise it's impossible to know in advance which variables need to be controlled and measured. Often, these variables are measured quantitatively. Flexible designs allow for more freedom during the data collection process. One reason for using a flexible research design can be that the variable of interest is not quantitatively measurable, such as culture. Thus, the overall decision by the researcher to use the qualitative methodology aided by the case study design.

Study Population:

Nunan (1997) defines a population as all cases, situations, or individuals who share one or more characteristics. According to Neuman (2000) population in statistics includes all members of a defined group that we are studying or collecting information on for data driven decisions. Thus the population for the research study entailed a total of two hundred and ten (210) participants which consisted of both parents and adolescents from Mt Pleasant low density suburb.

Sampling Procedure and Sample:

Purposive sampling technique was used to select the research participants who are parents and adolescents residing in Mt Pleasant low density suburb of Harare Metropolitan Province. Purposive sampling was used in the study because of it being a type of non-probability sampling technique which focuses on the participants that are being investigated based on the judgment of the researcher. Purposive sampling also enabled the researcher to focus specifically on those characteristics of the population that are of interest, which will best enable the researcher to answer the stated research questions in chapter one. The sample being studied might not be representative of the whole population, but for researchers pursuing qualitative methodology, this is not considered to be a weakness. Rather, it is a choice, the purpose of which varies depending on the type of purposive sampling technique being used. The fact that purposive sampling has different goals to attain, they also provide researchers with the justification to make generalizations from the selected sample that is being studied, whether such generalizations are theoretical, analytic and logical in nature (Kombo and Tromp, 2006).

The sample population of the study included twenty (20) adolescents and ten (10) parents from Mt Pleasant suburb. This will give us a total of thirty (30) participants. All the respondents had completed their ZJC, O-Level and A-level and some had post secondary education. These participants were used in the gathering of data to establish the efficacy of family therapy on adolescents within Mt Pleasant low density suburb in Harare Metropolitan Province.

Instrumentation:

The interview schedule and the questionnaire were used.

Results:

- Uncomfortable history between family therapy and evidence based practice and the vast number of methodological concerns noted in the current literature reviews on the efficacy of family therapy on adolescents.
- Family therapy is, often, a significantly more effective treatment than no treatment, and specifically effective in the treatment of families with children and adolescents
- Challenges faced by adolescents due to the fact that there is no one to give them guidance in terms of life expectations as both parents are always busy with their work schedules. These challenges included lack of support systems that are adequate to adolescents within families, communities and nation at large, etc.

Discussion:

The discussion follows the study that was carried out by the researcher in Mt Pleasant low density suburb of Harare Metropolitan Province entitled 'The Efficacy of Family Therapy on Adolescents. A Case Study of Mt Pleasant low density suburb of Harare Metropolitan Province'. A total of thirty (30) respondents took part in the study. Research results on the efficacy of family therapy on adolescents revealed that whilst adolescents are blamed for their behaviours in the family, community and nation at large, it was also noted that parents, communities and families also contribute to adolescent's bad behaviours developing. There is clear evidence that whilst family therapy has been in existence, it has not been effectively used to assist in the development of adolescents with behaviours that are morally upright.

This situation has also left room for some people to negatively lambast adolescents as people who lack responsibilities and care for other members of the family, community and nation at large. Adolescents are now being perceived as a group of people who have failed in the development of their families, community and nation in terms of the economic, social and political spheres of the country. The research study made use of interview guides and questionnaires to collect data from the respondents who included adolescents and parents from the community of Mt Pleasant. Varied responses were extrapolated from those involved and they all expressed divergent views on questions that had been posed to them by the researcher.

Conclusion:

The research results have shown there are challenges faced by adolescents due to the fact that there is no one to give them guidance in terms of life expectations as both parents are always busy with their work schedules. These challenges included lack of support systems that are adequate to adolescents within families, communities and nation at large, etc. The research study also unrevealed the uncomfortable history between family therapy and evidence based practice and the vast number of methodological concerns noted in the current literature reviews on the efficacy of family therapy on adolescents. The lack of research studies that compares and contrasts different family therapy techniques in the various contexts. Family therapy is, often, a significantly more effective treatment than no treatment, and specifically effective in the treatment of families with children and adolescents with externalizing disorders (including attention disorders, conduct and behavioural disorders, substance misuse disorders);

Recommendations:

- Promotion of national training programmes in Family Therapy which recognise the unique cultural context in which family therapists working in Zimbabwe practice, ranging from short orientation courses to comprehensive training courses with a practicum component.
- A workshop/ seminar for all key stakeholders in family therapy to promote collaboration and learning opportunities when dealing with adolescents.
- Working with tertiary education providers to develop and promote family therapy courses at post graduate level that targets adolescents in particular.
- Professional development of family therapy leaders including mentoring and supervision.

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