

# Couple and Family Therapy: The Evolution of the Profession with Social Work at its Core

by  
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Historique de l'évolution de la thérapie du couple et de la famille au Canada et aux États-Unis. Historique de la formation des professionnels et de la législation.

History of marriage and family therapy in Canada and the United States. History of professional training and regulations.

The profession of Couple and Family Therapy has a long and distinctive history with its roots deep within the social work profession. The contribution of social work in shaping the profession is noteworthy, given that its commitment to the importance of "social context" is a key determinant in both understanding and treating individual distress. This core paradigm dates back to early social work practice with the charity movements of the late nineteenth century in Great Britain and the United States. Working with socially and emotionally disadvantaged families was considered a common social work method long before the ecological approach was introduced to family systems theory and practice. Despite social work's focus on the treatment of the "family as the primary unit of intervention", the profession has never been adequately acknowledged for its pivotal role in the development of family therapy

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(Gurman & Kniskern, 1981; Nichols & Schwartz, 2008). This article will trace the historical evolution of couple and family therapy, identifying the benchmarks of practice, knowledge and professional recognition within Canada and the United States. Social work's key leadership role in establishing professional recognition in Quebec, Canada is an important achievement for the profession.

## Historical Development of Family Therapy

Long before the early development of family therapy, Mary Richmond (1917) in her classic text, *Social Diagnosis*, prescribed treatment for the 'whole family' and warned against isolating family members from their natural context. "She recognized that families are not isolated wholes but exist in a particular social context, which interactively influences and is influenced by their functioning." (Bardill & Saunders, 1988: 319). Mary Richmond was an early "systems thinker and practitioner" who incorporated concepts of family cohesion and emotional bonding almost 50 years before these principles became integrated within mainstream psychiatry. Many of the early family therapy pioneers were social workers working alongside psychiatry in shaping the profession from its early foundational beginnings to the post-modern period. They are: Virginia Satir, Harry Aponte, Insoo Berg, Steve de Shaver, Jay Haley, Monica McGoldrick, Peggy Papp, Lynn Hoffman, Olga Silverstein, Froma Walsh, Steve de Shazer, Insoo Berg, and Michael White.

Prior to the advent of Family Therapy, the focus was on the individual rather than his family. While Sigmund Freud, the father of personality theory "chose to focus on individual and the intrapsychic, rather than the family dynamics, he was well aware of the interactional context within which symptoms evolved" (Becvar & Becvar, 2009: 41). His theoretical development of the family drama of the Oedipal conflict was central to his understanding of neurotic development. Freudian metapsychology, with its emphasis on the

analysis of transference, dominated the psychiatric community until the 1960s. However, it became apparent that individuals are social beings who do not live in isolation and are likely to be affected by the matrix of their interpersonal relationships. Attention shifted to examining the psychological problems of the individual in the context of the family system that transcended the separateness of these characteristics (Nichols & Schwartz, 2008). Major contributors to the field during this decade included anthropologists Gregory Bateson and Margaret Mead, mathematicians Norbert Wiener, John Von Neumann and Walter Pitts, as well as others from the fields of anatomy, engineering, psychology, sociology, neurophysiology, to name but a few (Becvar & Becvar, 2009). Family therapy flourished not only because it was proven to be clinically effective but also due to the acknowledgement of the interconnectedness of humanity (Nichols & Schwartz, 2008).

The origins of family therapy theory building date back to the 1930s and early 1940s, and involve a disparate group of theorists and researchers who were searching for a universal theory of living systems. This group of scientists and scholars developed what came to be known as "general systems theory" (GST), the first and perhaps most influential model in the field. General systems theory sought to integrate the science of cybernetics, concerned with organization, pattern and information processing combined with the biological sciences, which explored the family as a social organism composed of biological systems. During this period, the Austrian biologist Von Bertalanffy, was the "first to introduce the principles of general systems theory, which provides an organismic approach to understanding biological beings" (Becvar & Becvar, 2009; Glick, Berman, Clarkin & Rait, 2000: 12; Nichols & Schwartz, 2008). He developed general principles to explain biological processes that include considerable complexity and levels of organization in response to reductionistic traditions, which focused on cause-and-effect explanations for human phenomena. During the 1950s, mathematician Norbert Wiener introduced the integration of cybernetics (how feedback controls information-processing systems), which was used by Bateson to describe how

families become stuck in maladaptive, repetitive behavioural loops. These ideas represented a paradigm shift, a new approach viewing organization "wholeness" rather than reduction as a unifying principle. This shift from regarding the problem in isolation to a focus on the relevant wider family organization and its relationship to the problems presented occurred in the 1950s.

### **The Birth of Family Therapy**

The 1950s were identified as the founding decade of the profession, marked by the first consistent use of family therapy in modern psychotherapeutic practice. The birth of family therapy began with the Palo Alto Project (1952) where schizophrenia research (1940s-1950s) developed in an attempt to establish a link between family life and the development of schizophrenia. Three prominent theorists emerged during this period: Gregory Bateson (scientist: integrated animal research, learning theory, evolution, ecology applied to hospitalized patients), Jay Haley (conducted social and psychological analysis of fantasy) and John Weakland (chemical engineer interested in cultural anthropology) conducted research to understand and treat family communication processes considered causal in the development of schizophrenia (Nichols & Schwartz, 2008). They become known as the Palo Alto Group and developed the Communications Model, a theory of communication to understand pathological family communication processes, how destructive relationship patterns are maintained by self-regulating interactions of family members. Important theoretical models and ideas developed during this era: Don Jackson, a clinical psychiatrist developed the concept of family homeostasis and viewed symptoms as homeostatic regulators; Virginia Satir, a "charismatic healer" and social worker "par excellence" was one of the family therapy leaders of the first decade, whose clinical artistry and ability to connect to emotional processes distinguished her from the more cerebral approaches to clinical practice. She developed a brand of family therapy with a focus on communication processes and narrow family role constraints. Her book *Conjoint Family Therapy* (1964) contributed to the popularization of family therapy along with *Pragmatics of Communication* (Watzlawick,

Beavin & Jackson, 1976), which distinguished the Palo Alto group as the leading model of the 1960s. Concurrent with the developments in California, Theodore Lidz at Yale was studying the link between family conflict, instability and the development of psychopathology in children while Lyman Wynne's research at the National Institute of Mental Health (NIMH), Bethesda, Maryland attempted to demonstrate how communication "deviance" in the family can lead to thought disorder in schizophrenic patients. The outpouring of theoretical and clinical ideas during this era reflected an exciting period in theory building and clinical practice. While these concepts were profound and still serve an important role in understanding family systems, the focus on establishing the link between schizophrenia and family communication led the field astray. This theoretical leap between family processes and the etiology of schizophrenia produced damaging consequences for families who felt blamed by a generation of clinicians.

Alongside the development of family therapy in the United States, in Europe, the Child Guidance Movement began to shift its focus on the family as a means of understanding the child. Many of the early pioneers were psychiatrists who, influenced by social work, began to see the importance of understanding the family as the root to understanding the child. The most famous was John Bowlby (1949), the father of Attachment Theory, whose work in the Child Guidance Movement in England witnessed a shift from blaming parents to situating pathology within relationship interaction.

### The Golden Age of Family Therapy

During the 1970s family therapy came of age, as the concept of treating the family as a whole unit was followed by an increasing diversification of schools. From 1970 to 1985, pioneers established training centres across the United States, reflecting an outpouring of theory and practice building in the profession. Major models within the field include the models derived from General Systems Theory, Cognitive Behaviour Family Therapy, Psychodynamic Models, Intergenerational Models, Experiential Models and Post-modern approaches.

Psychodynamic approaches focus on the individuation of members from the family of origin

(i.e., internal separation of intellectual and emotional functioning) underscoring the importance of the intergenerational context of family life. Further, symptom formation is a process involving unresolved issues from previous generations that are being lived out in the present. Several models developed during this period were derived from individual therapy such as: experiential, psychoanalytic and behavioural family therapy. Experiential therapy has its roots in the existential/humanistic orientation of individual psychology and philosophy, focusing on the here-and-now experience. The systems orientation is derived more from the Gestalt psychology of Fritz Perls. The practice of experiential family therapy is led by Carl Whitaker and Virginia Satir, among others. Emphasis lies on personal growth rather than on altering dysfunctional interactions or removing symptoms. Growth may include autonomy and freedom of choice.

Cognitive behavioural family therapy differs from traditional family therapy in that it is a hybrid that draws from both the individual and the general systems theory/family systems tradition (Friedberg, Gorman & Beidel, 2008). Cognitive behaviour family therapy balances the emphasis on cognition and behaviour combined with a focus on patterns of family interaction. Family relationships, cognitions, emotions and behaviour are viewed as interconnected (Dattilio, 2001; Nichols & Schwartz, 2008). At the conceptual level, the model assumes that family dynamics are shaped by what is happening at the intra-psychic level within individual family members, as well as the rules that govern the family systems (Schwebel & Fine, 1992). Moreover, it is assumed that individuals acquire relationship schemas in their family of origin that operate outside of awareness (Schwebel & Fine, 1992). Early experiences form the foundation of these schemas; they are amendable to change through self-reflection and meta-cognition (Schwebel & Fine, 1992).

Three important systemic models developed during this period were Bowen, Structural and Strategic family systems therapy. Bowen family systems therapy developed at the Menninger Clinic in Topeka, Kansas under the leadership of psychiatrist Murray Bowen. He hypothesized that *emotional disturbance* is not an individual

pathology but rather a definable relationship pattern, following an evolutionary process with its origins deep within the history of the family. His transgenerational model tracked the transmission of emotional processes, specifically the level of fusion or undifferentiation across generations. Bowen's clear focus on intergenerational family themes and emotional processes within a systemic framework distinguished his method for the field. Bowen's interest in unresolved emotional family processes has recently found resurgence with its link to attachment theory and family therapy (Bowen, 1976).

Nathan Ackerman (New York), founder of the well-known Ackerman Institute, integrated psychoanalytic thinking into systemic family work. Ackerman trained with Nathan Epstein who introduced family therapy in Montreal, establishing the first training centre in the Department of Psychiatry at the Jewish General Hospital. Dr. Epstein continued to pursue his clinical ideas at McMaster University in Hamilton, Ontario developing a problem-centered approach (Epstein, Bishop & Baldarin, 1981).

Salvador Minuchin entered the field in 1969. While not one of the first group of family therapists, his influence on the profession has been the strongest and perhaps the most closely linked to the values of social work. Developed in collaboration with social worker Braulio Montalvo, his structural family theory and model of family therapy are the most widely used and practical of all modalities. Together with Rosman, they developed the first ecosystemic model, which explores family structure and organization within a community and social context. This model describes families as *having underlying organization*. It provides clear guidelines for diagnosis and treatment and made family therapeutic principles accessible to the frontline practitioner. Minuchin's implementation of the use of the one-way mirror and live clinical supervision revolutionized the field as clinicians were taught to master complex family processes through direct "live" instruction. His book *Families and Family Therapy* (1974) is the most popular ever written in the field. Strategic family therapy grew out of communication theory and the Bateson schizophrenia project. The pioneers were Jay Haley, John Weakland and Mara Selvini Palazzoli

(Italy) who developed a brief method with a focus on context and the possible function of patients' symptoms. They used directives to instruct patients to act in ways that were contrary to their maladaptive behaviour. These pioneers presented a model that shifted away from insight, understanding and the importance of history towards a model that focused on stimulating behavioural change through the interruption of maladaptive behavioural patterns (Nichols & Schwartz, 2008).

### **Feminist Critique of Family Therapy**

During the late 1980s, pioneering family systems models were challenged on both clinical and socio-cultural grounds. These models were widely critiqued by feminist theorists for their failure to recognize the importance of gender roles and gender identity, which include power differentials in their formulation of family functioning (Avis, 1988; Hare-Mustin, 1978; Goldner, 1985; Bograd, 1992; Goldner, Penn, Sheinberg, & Walker, 1990). Family therapy's failure to address abuse and violence within families and diversity of family forms left the field wide open to scrutiny. The development of post-modern practice with its focus on contextual understanding of gender differentials in families, the role of women, men, and how issues of gender, social and cultural locations, sexual orientation structure our family relationships.

### **The Post-Modern Era**

The post-modernization of family therapy has led to the re-examination of therapeutic positioning, how people construct their subjective reality and whether distinct theoretical models serve the same usefulness in the field. The focus on diversity, pluralism, and the search for meaning has pushed some leading therapists to reject systems thinking in favour of the narrative metaphor. There has been an attempt to redress the field of restricted thinking and oppressive influences on family theory and practice. Today, the boundaries between models are blurred with fewer therapists identifying exclusively with one particular school. The 1980s also witnessed a return of psychoanalytic family therapy. This revival "reflected changes within psychoanalysis and a focus on more relationship-oriented object relations



theory and self psychology. It also reflected dissatisfaction with the mechanistic aspects of the cybernetic model" (Nichols & Schwartz, 2008: 237). Over the past several decades, renewed interest has been directed towards Bowlby's early attachment model as a useful construct for understanding the vicissitudes of human relating.

The development of the profession in Europe is beyond the scope of this review. Developments in Italy, France, Belgium and Switzerland coexisted alongside the United States and Canada (for a review of development of family therapy within the European context, refer to Prud'Homme, 1999).

### **Return to Research**

Research in the field of family therapy outcome has grown enormously since the mid-1970s. Presently, there are hundreds of randomized clinical studies in both family and couple therapy. Meta-analytic studies have concluded that family therapy generally demonstrates superior effects in comparison to alternative treatments (Shadish et al., 1997; Shadish, Ragsdale, Glaser and Montgomery, 1995). Clinical research is now moving in the direction of integrated evidence-based practice models with an accent on the importance of the therapeutic alliance as a predictor of psychotherapeutic outcome across theoretical models (Knobloch-Fedders, Pinsof, & Mann, 2007, Knobloch-Fedders, Pinsof, & Mann, 2004). While the history of Couple and Family Therapy has been to emphasize the distinctness of models rather than common ingredients, there is growing evidence supporting the overlapping commonalities of change mechanisms across models. Meta-analytic evidence provides support for few meaningful differences across models of Couple and Family Therapy (Sprenkle & Blow, 2004; Shadish & Baldwin, 2003). The above provides a summarized overview of the field development (for a full review of the historical development of family therapy, refer to Becvar & Becvar, 2009; Nichols & Schwartz, 2008).

### **Defining the Profession**

Couple and family therapy is believed to have emerged from many separate streams and professional developments, including social work, child guidance, social psychiatry, family

life education, and the field of marriage counselling (Sturkie & Bergen, 2001). Up until the 1950s, psychotherapy was practiced primarily by physicians and limited to psychoanalytical theory (Piercy, Sprenkle, & Wetchler, 1996).

Over time, the marriage counselling and family life education fields began to merge conceptually and organizationally. Leaders in the family systems movement were often psychiatrists and their collaborators who had become disenchanting with traditional psychiatric theories and treatment methods. Because of their medical training, these persons treated more significant psychosocial problems and their approaches were clearly regarded as therapy. During this era, family therapy was primarily conceived of as a method of treatment that focused on the "family unit". The limited definitions that existed at the time were primarily intended to help distinguish this new approach from the other methods and treatment orientations that dominated the psychotherapy field. This era also marked the beginning of the golden age of guruism in the field and the term "family therapy" soon came to have myriad connotations depending on the particular nature of the writers' conceptual allegiances (Sturkie & Bergen, 2001). The growing presence of many "schools" of family therapy, along with their multidisciplinary origins and identifications, confounded early efforts for definitional simplicity and clarity.

In 1963, almost a decade after the family therapy movement began, California passed its first licensure law for marriage, family and child counsellors. Over the next two decades, seven other states would pass similar legislation (Sturkie & Bergen, 2001). Currently all fifty (50) states and the District of Columbia recognize and regulate marriage and family therapists as independent mental health care providers. Today, the marital and family therapy degree is widely established in the United States and has become a separate and licensed profession. Psychology, social work and counselling psychology are developing active subspecialties in family therapy as the field of psychiatry has shifted in the direction of biological treatment of psychiatric disorders, overshadowing the development of new effective psychotherapies within the field of psychiatry. Over time, the

innovative approaches to treatment that had encouraged the emergence of family therapy and its major schools also helped marginalize it in the mental field as a whole. The development of diverse, legal definitions for marital and family counselling emerged (Sturkie & Bergen, 2001). Early definitions focused on the primacy of the legal family unit.

With the progression to the twenty-first century, we have seen the emergence of more inclusive definitions of family life that transcend strict adherence to legal and biological definitions of family structure. The heterogeneity and diversity of the post-modern family include multiple forms and structures; dual career couples; cohabitating couples; gay and lesbian couples that coexist with traditional family structures. Today, the term “family” is used generically to refer to all people identified by clients as part of their “family system”. This would include fictive kin and relationships of choice.

With this broadened understanding of family, “Family therapy might be thought of as any type of psychosocial intervention using a conceptual framework that gives primary emphasis to the family system and aim to affect the entire family structure” (Glick, Berman, Clarkin & Rait, 2000). Couple and family therapy is a specialized form of psychotherapy for individual, couple and family distress that places its focus on family communication, interactional problems, and conflict between members. The goal is to develop more satisfying ways of living for all members of the family system and improve functioning of the family as a whole.

### **The Development of Couple and Family Therapy in Quebec**

Couple and family therapy has a long tradition in Quebec. The field began with the development of couple counselling, introduced in 1956 by psychiatrist Baruch Silverman through the establishment of the Marriage Counselling Centre of Montreal. This centre along with Family Life Education became integrated into the Mental Hygiene Institute under psychiatrist Alistair MacLeod. During the 1960s and early 1970s, social worker Dorothy Barrier worked closely with Emily Mudd of the Marriage

Council of Philadelphia as part of a handful of early pioneers responsible for the founding of the American Association of Marriage Counselors. Under her leadership, the Marriage Counselling Centre became accredited through the American Association of Marriage Counselors, the precursor to the present AAMFT.

Alongside the development of marriage counseling, Nathan B. Epstein introduced family therapy in Montreal in 1960 and developed the first training program in Canada through the Department of Psychiatry of the Jewish General Hospital. Many of the early pioneers conducted their initial family therapy research through the Department of Psychiatry at the Jewish General Hospital: Dr. Nathan Epstein, Dr. Herta Guttman and Dr. Leo Chagoya developed the Family Category Schema, one of the early family process research measures. The Jewish General has a long interdisciplinary tradition with social work clinicians working alongside psychiatrists and psychologists. Key social work leaders at the Jewish General: Bernadette Laroche, Shirley Braverman, Janet Sutherland and Sherrie Poplack to name a few, trained generations of clinicians on the application of systemic methods in collaboration with psychiatrist Ronald Feldman and psychologist Lilianne Spector. Their commitment to develop live supervisory methods, the use of the reflecting team, family sculpting and strategic intervention distinguish them in the field. The Couple and Family Therapy Training Program at the Jewish General Hospital continues this tradition, integrating research into family therapy practice. Alongside developments at the Jewish General, the McGill School of Social Work has a similar tradition of teaching in the area of family practice. Over the years, noted faculty such as Myer Katz, Dorothy Freeman, Shirley Steele, Shirley Braverman, Diane Riechertz, Judy Magill, Annette Werk, Carol Cumming-Speirs, Diana Shannon and Sharon Bond have served as role models for a generation of social work practitioners. The School of Social Work has been at the forefront of the development of innovative programs for diverse family forms with a commitment to helping those individuals marginalized within family structures. McGill University has recently submitted a proposal for the creation of

a Master's program in Couple and Family Therapy (CFT), in the School of Social Work, in partnership with the Department of Psychiatry at the Sir Mortimer B. Davis - Jewish General Hospital. The Master's program in CFT is designed as a comprehensive two-year clinical degree that combines the academic excellence of McGill University, a major research institution, with the clinical expertise of the Department of Psychiatry at the Jewish General Hospital. In keeping with the tradition of a multidisciplinary approach in Couple and Family Therapy, the proposed program will draw from multiple disciplines in its curriculum, including such fields as Social Work, Social and Transcultural Psychiatry, Psychology and Counselling Psychology. McGill University is at a unique advantage as it has established links with renowned scholars in these fields. Furthermore, the fact that the program will be offered in partnership with the Jewish General Hospital's Department of Psychiatry will allow for the possibility of research development and sharing of academic expertise. This program will build on the tradition of inter-disciplinary training in family therapy with student recruitment from a multi-disciplinary background including social work, counselling psychology, clinical psychology, nursing, and medicine. Family-centered practice has traditionally been a cornerstone of professional social work in North America. Over the years, several training centres in Quebec developed by social work practitioners and scholars have secured a solid foundation for the profession. During the 1970s, Gérard Duceppe and Jacqueline Prud'homme developed a training program inspired by an integration of Virginia Satir's experiential model and a combination of systemic modalities. Generations of clinicians in Quebec were trained under their inspirational leadership. Social work's strong presence in shaping the profession is evidenced by the work of Maurice Moreau on the ecosystemic model and Claude Brodeur and colleagues' development of the network approach (Prud'homme, 1999). Geniève Hone and Julien Mercure from the tradition of pastoral counselling provided training through the Pastoral Institute of Saint-Paul University Ottawa, Canada.

The majority of post-graduate training programs in Montreal were developed under the leadership of social work educators and clinicians. At present, there are three postgraduate Couple and Family Therapy training programs in Montreal accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association of Marriage and Family Therapy (AAMFT), the professional standard for family therapists in North America. Sharon Bond is the Director the Postgraduate Certificate Program in Couple and Family Therapy (CFTP) and the *Programme de certificat post-universitaire en thérapie de couple et de la famille*, both offered under the auspices of the Department of Psychiatry at the Jewish General Hospital, a teaching hospital affiliated to McGill University. Joan Keebler is the Director of the Post-Master's Training Program in Marital and Family Therapy offered in English by the Argyle Institute of Human Relations, a non-profit charitable organization established in 1982 to provide counselling and psychotherapy services and be a post-degree training facility for mental health professionals.

Several other private centres also provide marriage and family therapy training in French in Quebec. While these programs are not accredited by external bodies, completion of the programs can give access to the couple and family therapy permit issued by the OPTSQ. The *Programme de formation à la psychothérapie analytique individuelle, conjugale et familiale* is a three-year program offered by the Institut Montréalais de Psychothérapie Analytique under the leadership of social worker and psychoanalyst Carole Hamel and psychologist and psychoanalyst Serge Arpin. The *Centre d'étude, de recherche et de formation en intervention systémique* (CERFIS) under the leadership of social workers Madeleine Laferrière and Jean-Luc Lacroix and couple and family therapist Michel Lemieux provides a three-year systemically focused couple and family training program.

At present, there exist no university programs to meet the training needs of professionals in Couple and Family Therapy as defined by the Quebec Government. McGill offers the following related programs: Counselling Psychology, Clinical Psychology, Educational Psychology,

Social Work, to list a few. No Quebec university currently offers a Master's in Couple and Family Therapy.

### Canada and the United States

In Canada, there are two Master's level programs providing specialized studies in couple and family therapy accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the AAMFT. The M.Sc. in Couple and Family Therapy offered by Department of Family Relations and Applied Nutrition at the University of Guelph is an uninterrupted 24-month program combining academic courses, research, and clinical training. The Master's degree in Marriage and Family therapy offered by the University of Winnipeg is an associate program of the Faculty of Theology (which provides registration and record-keeping) using the Aurora Family Therapy Centre (located on the University of Winnipeg campus) as a major clinical practice centre. It is a clinical degree with no research component and "is designed for social workers, school psychologists, pastoral workers and others who want a quality education in this area."

An integrated Social Work and Family Studies program is offered at the University of British Columbia. The School of Social Work and Family Studies at U.B.C. offers two separate degrees: the M.S.W. and M.A. (Master of Social Work; Master of Arts in Family Studies). There is an administrative integration of these two degrees under the aegis of the School, which is in the Faculty of Arts, but no curriculum integration exists at this time (i.e., joint courses).

In Calgary, couple and family therapy has been guided by the scholarly teachings of psychiatrist Karl Tomm, whose interpretation of the Milan systemic approach and development of expanded systemic therapy methods (such as "interviewing the internalized other") have had a strong influence on the field. Through the field of nursing, Lorraine Wright and Maureen Leahey's work on illness, belief systems and family systems has been a major contribution to medical family therapy.

In the United States, there are approximately 60 universities offering Master's degrees in Family Therapy. There are several Master's

degree programs that have gained wide recognition for their contribution to clinical practice and evidence-based research.

### Historical Development of Professional Regulations

Alongside the professional developments in the United States, in November 2001, the Quebec Government recognized couple and family therapy as a profession with reserved title, regulated under the Professional Code. As of that date, couple and family therapists were integrated into the *Ordre professionnel des travailleurs sociaux du Québec (OPTSQ)* and a series of professional regulations and government legislation has evolved from this professional recognition. The integration of the profession has prompted Social Work program administrators at Quebec universities to discuss the new decree and the development of proposals for new Master's programs. McGill's School of Social Work has addressed Quebec's need for a Master's program in Couple and Family Therapy seriously and taken up the initiative with great interest. Laval University recently established a planning committee to explore the development of a doctoral degree in Couple and Family Therapy. On May 29, 2009, the McGill School of Social Work submitted a proposal for the creation of a Master of Science, Applied, in Couple and Family Therapy to CREPUQ's *Commission d'évaluation des projets de programmes (CEP)* for evaluation. This is the first step in the external evaluation/approval process for this complete dossier. Once the program has passed CEP's scrutiny and received a favourable "Avis", it will be submitted to the MELS (Ministre de l'Éducation, du Loisir et du Sport) for approval. The curriculum developed for the Master's program in Couple and Family Therapy is guided by provincial standards for the practice of Couple and Family Therapy in Quebec developed by the OPTSQ (*Référentiel des compétences des thérapeutes conjugaux et familiaux*, 2005; *Normes pour l'exercice de la profession de thérapeute conjugal et familial*, 2006 et *Référentiel de la formation des thérapeutes conjugaux et familiaux*, 2007) and the Commission on Accreditation for Marriage and Family Therapy Education of America Association for Marriage and Family Therapy.



The recent adoption of Bill 21 (Act to amend the Professional Code and other legislative provisions in the field of mental health and human relations) provides the delineation of professional activities for marriage and family therapists in the Province of Quebec.

*Section 37 of the Code*

*ii. if practicing the profession of marriage and family therapist: assess relationship dynamics of couples and families, determine a treatment and intervention plan, and restore and improve a couple's or family's lines of communication with a view of fostering better relations among spouses or family members in interaction with their environment;*

The current status of marriage and family therapy is in the process of being established in Quebec. The *Comité de la pratique de la thérapie conjugale et familiale* (OPTSQ), the administrative body overseeing the profession of couple and family therapy, has been working diligently to establish provincial standards for the practice of Couple and Family Therapy in Quebec. On June 18, 2009, with the adoption of Bill 46, the name of the Professional Order was officially changed to "*Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec*". Quebec maintains two professional associations: Quebec Association for Marriage and Family Therapy (QAMFT) (a regional division of the AAMFT) and *Association des psychothérapeutes conjugaux et familiaux du Québec* (APCFQ). In the United States, it is recognized both as its own profession (as evidenced by the existing bodies of knowledge, academic and clinical training programs, accreditation and credentialing processes and governmental recognition at the state and federal levels) and as one form of speciality treatment used by many different professionals (Sturkie & Bergen, 2001). Family Therapy today is not a treatment method in the usual sense; there is no generally agreed upon set of procedures followed by practitioners who consider themselves family therapists. While there exists a diversity of treatment models, the field of family therapy is generating a body of treatment outcome research demonstrating positive results for certain family problems ranging from schizophrenia to childhood problems. These research projects are growing in number and becoming more sophisticated in design and execution.

## **Looking Forward: Social Work at the Forefront**

This article provides an overview of the development of family therapy from its early social work inceptions at the turn of the century in Great Britain to the proliferation of the field across Canada, the United States and Europe. The historical evolution of the field is traced through the origins of systems theory building across disciplines representing a paradigm shift from the earlier individualistic approaches to human and family distress. The development of the profession of Couple and Family Therapy is marked by the increasing diversification of schools of family therapy across the United States and Canada, and the development of professional regulations. An overview is provided of the historical process of professional regulation across the United States and Canada with specific focus on the evolution of the profession in Quebec.

As we move forward into the twenty-first century, couple and family therapy skills will be increasingly required for community, health and mental health practice. Families are presenting with an array of complex social, psychological, physical and mental health problems, such as poverty, single-parent households, diverse family structures, health-related concerns such as chronic medical illness, serious mental disorders, depression and anxiety, childhood disorders. These necessitate clinicians with a broad understanding of family life and mental health disorders, and a clinical ability to offer effective services. Family-based interventions are recognized as some of the most effective for several disorders, most notably childhood behavioural problems, adolescent drug abuse and delinquency (Rowe & Liddle, 2003; Liddle, Dakof, Parker, Diamond, Barrett & Tejada, 2001; Liddle, Rowe, Dakof, & Lyke, 1998). Well-controlled studies have documented their effectiveness for almost every type of disorder and relational problem in children, adolescents and adults (Pinsoff & Lebow, 2005). Treatment modalities such as cognitive behavioural family therapy, family psychoeducation for families with psychotic disorders (Falloon, Boyd & McGill, 1998) and multimodal treatments for serious disorders such as schizophrenia, substance abuse, anorexia and autism are considered the best practice methods for

these populations. Therapies that target the emotional life of the family such as emotionally focused therapy (Greenberg, Ford, Alden & Johnson, 1993) and integrative modalities that combine elements of multiple approaches have been identified as highly effective for a range of social and psychological problems. Structural modalities that target non-compliant families (Stantisben et al. 1996; Szapocznik et al., 1988) have been identified as effective for multi-stressed families. In view of the present mental health reform in Quebec, with the envisioned transfer of “front-line practitioners” to community practice, clinicians will be required to demonstrate a wide range of practice competence with specialized skills for treating complex couple and family systems. With the pressure on today’s health and social service networks, skilled and autonomous practitioners are an essential requirement for front-line practice. The development of a university-based Master’s level program in Couple and Family Therapy will give its graduates cutting-edge training in the family-based approaches outlined above, thus providing a highly desirable skill set for employers of both present and future health and social service care providers. In 2001, when couple and family therapy received official recognition as a profession with reserved title, the legislation’s intent was to develop a master’s level university program within five years of its implementation. As over seven years have passed since that date, the development of this university degree program is considered the logical next step. Since the date of this integration, the profession has secured a solid place on the professional landscape. With the adoption of Bill 46, the name of the professional order has been officially changed to *Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec*. This legal recognition identifies Social Work as “The Professional Home of Couple and Family Therapy”. A retrospective of our long tradition identifies social work at the forefront of professional development since its early beginnings. The establishment of a professional recognition combined with the development of a strong professional presence through the consolidation of university-based programs in Couple and Family Therapy within Quebec distinguishes this province as a leader in the field.

### Descripteurs :

Thérapie familiale - Histoire // Thérapie conjugale - Québec (Province) - Histoire // Thérapie de couple - Étude et enseignement (Universitaire) - Québec (Province) // Thérapie familiale - Étude et enseignement (Universitaire) - Québec (Province) // Thérapie familiale - Étude et enseignement (Universitaire) - Canada // Thérapie familiale - Étude et enseignement (Universitaire) - États-Unis // Thérapie familiale - Programmes d'études // Thérapie de couple - Législation - Québec (Province)

Family therapy - History // Marital psychotherapy - Quebec (Province) - History // Marital psychotherapy - Social service - Study and teaching - Quebec (Province) // Family therapy - Study and teaching - Quebec (Province) // Family therapy - Study and teaching - Canada // Family therapy - Study and teaching - United States // Family therapy programs // Couple therapy - Regulations - Quebec (Province)

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