

Experiences Delivering a Marital Intervention for Couples With Children With Autism Spectrum Disorder

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Previous researchers have indicated that parents of children with autism spectrum disorder (ASD) are vulnerable to relationship stress, lower marital satisfaction, and potential relationship dissolution. We describe the experiences of three couples who participated in a 10-week, in-home couples therapy intervention using Emotionally Focused Therapy (EFT). Each couple and their progress through the intervention are described using therapist and supervisor reflections, and qualitative evaluation interviews with the participants after termination. Based on the experiences of the couples, we conclude that couples would benefit from an in-home couples therapy intervention aimed to strengthen their relationships.

According to the latest statistics, about 1 in 88 children in the United States have autism spectrum disorder (ASD; Centers for Disease Control and Prevention [CDC], 2012). Children with ASD experience various levels of impairment in social interaction and communication, as well as problem behaviors such as repetitive behaviors and aggressive or self-injurious

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behaviors. Other symptoms can include rigid routines, and/or sensory processing difficulties (Higgins, Bailey, & Pearce, 2005).

Couple Relationship and ASD

For parents of children with ASD, researchers have discussed the increased threat of divorce. Risdal and Singer (2004) completed a review of the literature about parents of children with developmental disabilities and found that these parents have a divorce rate that is approximately 6% higher than the national average. More recently, Hartley et al. (2010) conducted a study of parents with children with ASD compared to parents with children without disabilities and found that the prevalence of divorce was significantly higher for couples with children with ASD.

While divorce is an indicator of relational outcomes, divorce rates fail to capture the full extent of ASD on couple relationships. Higgins et al. (2005) reported that caregivers of children with ASD experience lower levels of marital happiness, family adaptability, and family cohesion compared to a normative sample. Brobst, Clopton, and Hendrick (2009) compared parents of children with ASD to couples with children without developmental disabilities and found that parents of children with ASD experienced greater levels of parental stress, trouble with child behavior problems, and lower levels of total social support and relationship satisfaction with their spouses as compared to the parents in the control group.

An intervention is needed that will help parents strengthen their relationship and protect it against the many stressors that can potentially pull them apart. We propose that couples will benefit from an in-home couples therapy intervention aimed to strengthen their relationships. In the following sections we describe the experiences of three couples who went through a 10-week, in-home couples intervention using Emotionally Focused Therapy (EFT). To provide rich descriptions of the intervention process and outcomes, we will draw from therapist and supervisor reflections, and qualitative evaluation interviews with the participants after termination.

THERAPEUTIC TREATMENT OF COUPLES WITH CHILDREN WITH ASD

Emotionally Focused Therapy (EFT)

Developed by Johnson and Greenberg (1985), EFT is a relatively brief treatment—typically eight to 12 therapy sessions (Johnson, 2004). The goal is for therapists to help couples develop a secure attachment bond and for

partners to be able to turn toward each other during times of stress and uncertainty. A meta-analysis of EFT studies conducted by Johnson, Hunzley, Greenberg, and Schindler (1999) concluded that approximately 90% of treated couples rated themselves better than controls and 70% to 73% of couples continued to show improvement at follow-up. EFT is one of the few interventions for couples that sustains change over time. Overall, there is strong consensus in the literature that EFT is one of the most effective, if not most effective treatment for couples (Sexton, Alexander, & Mease, 2004; Sprenkle, 2002).

We chose to use EFT for couples with children with ASD because it has been shown to be an effective treatment for parents with chronically ill children, who face many of the same unpredictable stressors that affect parents with children with ASD (Gordon Walker, Johnson, Manion, & Cloutier, 1996). EFT effectively decreased marital distress for couples and two years later treatment effects were maintained (Cloutier, Manion, Gordon Walker, & Johnson, 2002). EFT can potentially help parents with children with ASD by helping them to more effectively engage and respond to each other's needs. When stress does occur, couples can approach the situation together, reinforcing the bond between them, rather than letting stress pull them apart.

The EFT intervention is comprised of nine treatment steps organized into three phases. The first phase is the assessment process, which also includes de-escalation and the discovery of problematic interactional cycles. At the end of the first phase couples should be able to stand together to face their interactional patterns. The second phase is for partners to form new bonds and ways to emotionally engage with each other. At the end of this phase, couples should appear to be more mutually accessible and responsive to each other and there should be attempts to confide and seek comfort from each other. Finally, the third phase is to help the couple integrate these changes into their daily lives. Therapists should review what the couple has done and help them to solidify the new interactional patterns. For more information on the specific treatment steps, please see the EFT treatment manual (Johnson & Denton, 2002).

In-Home Therapy

In-home family therapy has been used successfully with Head Start families (Thomas, McCollum, & Snyder, 1999), families with a child with cerebral palsy (Piggot, Patterson, & Hocking, 2002), and families with a child with a conduct disorder (Crane, Hillin, & Jakubowski, 2005). In-home therapy is particularly appropriate for families with children with ASD because of the additional stress and time constraints that they face (Brobst et al., 2009).

CASE EXAMPLES

The intervention with the three couples consisted of 10, weekly, one-hour sessions of EFT provided in-home by the first author. The first author is a licensed marriage and family therapist and specializes in the treatment of families who have children with disabilities. The second author, a licensed marriage and family therapist, provided weekly supervision to determine adherence to the EFT model and monitor ongoing issues related to treatment. Semi-structured qualitative interviews were completed within four weeks of the last session by the third author, a licensed clinical social worker who specializes in the treatment of individuals with ASD and their families. Interviews were guided by a series of broad evaluative questions such as, “Has participating in this project changed your relationship? If so, in what ways?” The interviewer then used open-ended prompts, clarifying questions, and furthering responses to elicit participants’ perceptions of the intervention. Free childcare was provided as part of the intervention by the fourth author who has experience working with children with special needs, simultaneously eliminating financial and access barriers. We envisioned that sensitivity to these issues would increase the likelihood of recruitment and retention.

Intervention: The Smith’s

Martin¹ was a 57-year-old Caucasian male, and Darlene, a 46-year-old Caucasian female. When the intervention started, they had been married 14 years and were eager to participate in the project. Martin was employed full time; Darlene did not work outside the home. The couple had a daughter, age 13, who did not have any developmental disabilities. Their son, age five, was diagnosed with autism, ADHD, and sensory difficulties. During the intervention, Martin often sat quietly while Darlene talked about their son and his pervasive needs. They always sat together on a couch, while their children played in the next room with the childcare provider.

The Smith’s readily identified a presenting concern at the beginning of treatment. When a conflict occurred in their marriage, Darlene would “freeze out” members of her family until she could calm herself down. This took anywhere from a few hours to a few days. This concerned Martin, as he preferred to talk about the conflict. Around the third session, Darlene was able to access some of the unacknowledged emotions that affected her when she and Martin engaged in relational conflict. She discussed how she did not like to talk to Martin about her feelings during an argument for fear that she would look “emotionally needy”. She brought up a time when she did share her feelings with Martin and he laughed at her. Once this interactional pattern was identified, the couple was encouraged to tell each other what they needed from one another. Darlene told Martin that she needs him to

take her concerns seriously, while Martin asked for Darlene to share with him what she was feeling. Following this emotional connection, the couple reported developing a new interaction cycle. Consequently, the amount of time that Darlene would “freeze” Martin out decreased, and Martin worked to show compassion for Darlene when she did open up. Towards the end of the intervention, the couple was solidifying their new interaction cycle to use when disagreements or stressful events happened.

REFLECTION OF THERAPIST

Darlene and Martin were motivated to find a more effective way to handle disagreements. I quickly noticed that Darlene often spoke for Martin, who initially did not seem to mind. I tried to bring Martin’s voice out throughout the intervention sessions, by asking him about his emotions during their cycles. When Martin described how Darlene’s response of freezing him out made him feel rejected, Darlene was able to see how her reactions affected her husband.

REFLECTION OF SUPERVISOR

Given that this was a research project designed to help couples who were parenting a child diagnosed with ASD, I was initially disappointed that the identified relational problem had nothing to do with parenting the child with ASD. However, I quickly reminded myself of the importance of *process* in couples therapy. Regardless of the *content* of what is being talked about, if you are working on the *process* of how they interact, it will have positive benefits across multiple content areas (Nichols & Schwartz, 2006). Once a key interaction cycle was identified, this case most closely followed the EFT treatment model and the couple was able to move through all three stages of EFT before the conclusion of the intervention (Johnson & Denton, 2002). As situations arise related to parenting their child with ASD they will have more confidence in their ability to turn toward each other.

QUALITATIVE POST-INTERVENTION INTERVIEW

During the interview, Martin and Darlene were complimentary of the intervention. Specifically, they noted that having an outside perspective on their relationship helped them to see each other in new ways. The therapist’s questions drew out communication patterns that they had not been aware of. Also, the therapist provided both partners with a language to describe their relationship styles. For example, as Darlene described, “I think it definitely made me realize, when we came up with that term “freezing

out”. . . I’m like, wow, I really do do that and it really bugs the crap – excuse my language – out of him.”

Both partners noted that their relationship had improved in at least two ways. First, they developed more effective ways of communicating within their relational context. For example, Darlene began to articulate the issues that upset her, rather than “freezing out” Martin. Second, Martin and Darlene both came to a fuller understanding of the others’ lived experience. For example, Martin learned that Darlene’s fear of appearing “emotionally needy” made it difficult for her to ask for help from others.

The couple also described several elements of the intervention that were helpful. They appreciated the sessions when the therapist gave them concrete tasks to complete for the following week. They felt that this helped them to implement session content into their daily lives. They also reported appreciation for the therapist’s unbiased and empathic stance toward them. As Martin said, “I liked that we could feel completely. . . not feel like she was judging, she wasn’t judging us or didn’t think anything I said was off the wall”. In addition, they were grateful that the intervention was held in their home. Finally, both partners felt that the length of the sessions, about one hour per session, was ideal. When asked how the intervention could be improved, Darlene said she would like it to last for more than 10 sessions.

Intervention: The Gregory’s

Ken and Melissa were both 42 years old and Caucasian. When the intervention started, they had been married 16 years. Ken was working full time, while Melissa was attending school and working part-time. The couple’s son, age nine, was diagnosed with Asperger’s Syndrome. They also had a six year-old daughter who did not have any developmental disabilities. All of the intervention sessions were held at the kitchen table and instead of sitting side-by-side, the couple faced each other at the table. It was quickly apparent, as evidenced by the limited days and times that the couple had for the sessions, that the family had very little free time. Both parents and children were involved in numerous extra-curricular activities and the family spent a lot of time maintaining their farm. While it appeared as though the couple co-parented effectively, it became evident that there was significant marital strain due to a lack of communication.

During the initial sessions, Melissa described how Ken would typically not engage in conversation with her when they were alone. She complained that he was quiet and withdrawn. Melissa, feeling abandoned by her partner during these times, would pursue Ken to the point when he would react negatively. The couple reported a lot of yelling, and rarely any physical affection or intimacy. In many ways, the couple’s problem was the classic pursuer/distancer cycle. However, it was important to understand the

meaning behind why each of them reacted as they did during times of conflict and EFT was helpful in doing this.

About half way through the intervention, Ken discussed feeling inadequate as a husband due to trouble providing financially for his family. His lack of self-confidence affected how he felt as a man, a husband, and a father to his children. He did not know what to do to help himself and his self-confidence so he admitted to shutting down when Melissa would try to talk with him about their relationship. This made Melissa realize that her ways of communicating with Ken were not effective and she asked to learn new ways of engaging with Ken. The couple spent several sessions learning about and exploring new ways of being responsive to each other. When the intervention sessions concluded, the couple was ending phase two and entering phase three of the EFT intervention—getting more comfortable with the new interaction cycle.

REFLECTION OF THERAPIST

Ken and Melissa had many stressors and reported frequent arguments. The couple spent the first few sessions discussing recent conflicts, and I was able to help them identify their negative interaction cycle within these conflicts. It took time to move the couple into phase two of EFT, where they could identify the emotional needs underlying their negative interaction cycle. Identifying and discussing the raw emotions that drove unhelpful interactions were significant for the couple. At the end of the 10 sessions, the couple was just starting to solidify new interactional patterns. I believe that additional therapy sessions to help the couple continue to learn to resolve conflict while being emotionally responsive to the other person would have been a benefit to this couple.

REFLECTIONS OF SUPERVISOR

As a supervisor, I was convinced that EFT could be useful to the Gregory's. However, getting them past the content of their fights was difficult. The difficult start-up process resulted in a parallel process, through which the therapist and supervisor experienced similar levels of frustration. Knowing that we only had a limited amount of time, both the therapist and myself wanted therapy to "go faster". This is a common mistake in therapy – starting in a different place than the client. In terms of the stages of change model, Ken was in the precontemplation stage (Prochaska & DiClemente, 1992), meaning that he was not yet thinking about change. Melissa was in the contemplation stage, as evidenced by her making the contact to participate in the research project. The therapist and the supervisor wanted them to be in the action stage. Given this, it is no surprise that the beginning of

therapy went slowly. The therapist was able to get phase two of the EFT model—facilitating the emergence of new solutions to old problems. As the therapist stated above, I too believe that more sessions would have been helpful for the couple to continue to solidify the changes they had been making.

QUALITATIVE POST-INTERVENTION INTERVIEW

The Gregory's described the main result of the intervention as helping them to overcome the "ruts" in their relationship that they had been unable to change by themselves. As Ken reported, "We were falling into ruts and repeating the same cycles and arguments in an issue. . ." Both partners described a pattern of unproductive arguments that would often result in conflict and hurt feelings. They were also concerned that their fighting was having an adverse affect on their children. The couple reported that the therapist helped them to identify these patterns (Ken's withdrawal and Melissa's aggressiveness) and helped them develop new ways of approaching each other. For example, Ken noted that they were better able to isolate the problem at hand, rather than drawing past issues into present discussions. Melissa affirmed this by saying, "It helped us stop doing things that were destructive, like being too defensive."

Both Ken and Melissa reported that they felt that the sessions helped them to remain accountable and to be aware of each other's efforts to change. Knowing they were working toward the same goals helped to re-build trust in their relationship and reduce fighting. As Melissa noted, "It kind of helped build our trust back. . . even though if we were still arguing, you could recognize that we were both trying." Both partners believed that the intervention helped their children as well as their relationship. The clearest example of this was their report that as their interactions became less conflicted, they became more effective at planning their children's days and weeks. They both felt that these changes in their relationship resulted in fewer meltdowns and behavior problems at school and at home. Finally, both partners felt that the in-home format was essential. As Melissa said, "Coming to the house was the biggest thing. Like I mentioned, Ken wasn't going [to therapy], so when Julie showed up, and we sat down, I mean that was the start of something very different then we had ever done – so that was huge."

Intervention: The Peterson's

Edward was a 33-year-old Caucasian male and Bethany was a 29-year-old Caucasian female. When the intervention started, they had been married four years. Edward worked the night shift and Bethany was a full-time student. The couple had a son, age six, who did not have any developmental disabilities. Their youngest son, age three, was diagnosed with autism. Bethany

had been recently diagnosed with Asperger's Syndrome herself and was working with a therapist to learn new social skills. She was also taking anti-depressants for depression.

Bethany reported that she was lonely in her marriage. Edward was home during the day, but because he worked nights, he usually slept all day. He would sometimes play with the children before he went to work again, but participated minimally in the running of the household. Edward admitted that he was a little unsure about participating in therapy, but seemed to relax as the weeks progressed. During the intervention sessions, the couple did not sit together; Edward sat on the couch while Bethany sat in a reclining chair. The couple reported that they did not fight that often. They stated that they needed the most help with parenting and working together as a team to run the household.

It was quickly evident that the stressors of day-to-day living needed to be addressed as part of the intervention. The therapist helped the couple make short-term and long-term goals in order to work more effectively as a parental unit. This included discussing specific parenting strategies to use with their sons. These changes helped Bethany to feel less alone with the pressures of parenting and running the household and more emotionally supported by Edward.

REFLECTIONS OF THERAPIST

Possibly due to Bethany's Asperger's, the social and communication skills of this couple were somewhat stilted. Through our initial discussions, I quickly realized that practicing basic communication skills in order to increase the daily functioning of this family was imperative. Consequently, the therapy included psychoeducation and parent training, while being guided by the principles of EFT. The couple reported that this is what they needed and they found the sessions to be quite helpful.

REFLECTIONS OF SUPERVISOR

This case presented the most difficulty in the provision of the EFT intervention due to the more basic needs of the couple. As a supervisor I wanted to keep the EFT lens while also providing what the couple would benefit from the most. Within the first few sessions, the therapist started questioning the appropriateness of using EFT with this couple. While initially they were not as able to work on cycles of interaction in their relationship, the behavioral interventions that focused on basic parenting and relationship skills helped them to feel more connected and understood by the other. This was noted by the therapist and by their self-report in the post intervention interview.

QUALITATIVE POST-INTERVENTION INTERVIEW

Edward and Bethany began the evaluation interview by describing their increased sense of “oneness” as a result of the intervention. As Bethany noted, “I think it makes us feel like we’re like together. I don’t know how to explain that. We’re like one more.” Both partners were able to articulate specific ways in which the other had changed. Edward observed that Bethany listened to him more attentively and remembered what he said more often. Bethany observed that Edward spoke “more nicely” to her and showed greater interest in her opinions and thoughts. This led her to feel more comfortable and safe. Both partners reported an increased ability to resolve conflicts between them. In addition, both partners felt that these changes caused them to be more unified as a parenting team, less stressed, and more appreciative of each other as spouses.

When asked about which elements of the intervention were helpful, Edward and Bethany responded that the therapist’s efforts to normalize their experience, remain unbiased during sessions, and provide concrete tasks to complete each week were particularly helpful. When asked how the intervention could be improved, both partners requested a greater emphasis on parenting techniques. Edward and Bethany also noted the importance of having the intervention in their home.

DISCUSSION

Participant Perceptions of Intervention

We originally proposed that couples would benefit from an in-home couples therapy intervention aimed to strengthen their relationships, and even though all of the stages of EFT were not completed in the 10 sessions we had allotted, it appears that couples were able to benefit from their experiences with the therapist. The Smith’s reported that they became aware of their communication patterns and the therapist helped them to develop new patterns of communication that were more productive. The Gregory’s discovered their “ruts” in their relationship and the therapist helped them to be more compassionate towards each other’s emotions. Finally, the Peterson’s became more unified as a couple and as a parenting team. The participants seemed to appreciate that the intervention was held in their home and that childcare was provided for the children. All three couples stated that they would not have participated if the intervention had been held in a clinic. They discussed how their busy schedules and social stigma around going to a clinic would have deterred them from participating. Feedback on how the intervention could be improved was similar from each of the couples: they would have liked the intervention to include more than 10 sessions.

Implications for Practice

EFT may be an effective intervention modality for couples who have children with ASD. In particular, EFT can be used to help couples identify negative interaction patterns during times of stress or disagreement. A focus on emotions may help those couples move beyond negative interaction cycles and place their responses within a more emotionally supportive frame. Based on this intervention project, we offer the following suggestions to other therapists who work with couples who have children with ASD.

- Going through the first stage of EFT, de-escalation and the discovery of problematic interactional cycles, was not an easy process for the three couples who participated in our intervention. However, it set the foundation for future sessions and the course of treatment. Therapists should have patience and take time to work with couples to thoroughly explore dyadic communication, identify problematic patterns, and seek to discover aspects that each couple wishes to improve.
- The presenting communication patterns of the couples were diverse – ranging from a lack of communication to conflictual communication. Therapists should try to abandon any preconceived ideas about how couples with children with ASD communicate and explore individual communication patterns with each couple who seeks therapy.
- Not all of the issues that the couples presented had to do with parenting a child with ASD. Therapists should not assume that the child with ASD is the primary reason for couple distress and should normalize appropriate couple experiences.
- As described above, an EFT intervention may require more than 10 sessions for some couples and require flexibility in its application based on the specific needs of the couple.
- Results from the current experiences suggest that for some couples, the therapist may need to focus on behavioral management strategies in addition to EFT.
- Finally, all three couples mentioned that having the therapist come to their home with a childcare provider was a significant factor in their participation in therapy. Therapists should consider moving away from a clinic-based model due to increased financial and time constraints and the additional barrier of finding childcare for these families.

Future Research

Much more research in the area of marital interventions for couples with children with ASD is needed. With only three couples, it is not possible to adequately comment on the feasibility or effectiveness of EFT. Rather, we

describe our experiences to help inform future research studies in this area. We found that support for couples with children with ASD is an important, and oftentimes missing, component to the overall intervention with these families. Ideally, a prevention model would help couples handle relational stress before they got to a clinical level of distress. Lastly, the provision of services needs to be mindful of the unique barriers that these families face and may require moving away from the traditional in office model.

NOTE

1. All names have been changed to protect the identities of the participants.

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