

Family therapy and related approach comparison

Masoumeh Nadiri

Department of family counseling, Islamic Azad university North Tehran, Iran

Abstract: This study aims to provide and family therapy theories. In this type of treatment, education, prevention and treatment to help the family, covers the whole family. To solve the problem of the family or a member of the family system is of concern and the efforts of the causes and factors problems within the family and in relationships with each member to be examined. This method of treatment is based on a systems approach and believes that the time to fix a problem can be achieved that used each member of the force and eliminate stressors. The method used in this study, the inductive – analogy method. The main theoretical approaches in the field of family therapy include: Hybrid treatment eclectic "1", family therapy combined / integrated holistic "2", family therapy experiments, behavioral and cognitive-behavioral therapeutics family, family therapy building, the family-therapeutics strategic, systemic and focused on solutions and etc.

Keywords: family therapy, treatment of short-term strategy

INTRODUCTION

The family as a social unit, seemingly small, of the main pillars of any society is key institutions. In fact, every family must build society and the focus of preserving the traditions and customs of strong values and respect for and basis of strengthening the relations of stable social relationships, the origin of the emergence of human emotions and the heart of the sincerest relations between people and develop ideas and ethics and foster ideas and ethics and excellence of the human soul to be seen. The family as an emotional unit - the heart of social development, healing, transformation and change, damage and complications that the bed is flourishing and the suppression of relations between its members. As a result, a significant impact on the balance of mental, emotional, and social and community focus as the smallest implies acceptance of social roles and conformity with social norms. The basic foundation of the social structure as well as families and communities that health or lack of health and consistency the collapse of its society (Repetti et al., 2002, Skeer et al., 2009).

Families play an essential role in normal or abnormal its members (Sweezy et al., 2004); family members as a group, complex interactions with each other and as may be inconsistent behavior through relationships false child with one parent or both they are shaped by the environment it is likely that the whole family (Mousavi, 2004). So much so that some experts question the importance of psychological and family therapists believe that the best criterion can be based on the quality of the ethical, social and psychological assessed and carefully placed, the network of family members and family of the laws governing the environment and climate (Moos and Moos, 1986). On this basis, today the family as a social system and communication is defined that health of its members and consequently the health of the community, the family is an appropriate reflection of the performance.

The effectiveness or ineffectiveness of the person in family is related to performance. This is in a family that has a disease or disorder behaviors such as substance abuse, are recognizable (Burz, 2003). On the other hand, Santi Esteban et al. (1997), say, family factors can be both risk factors and protective factors and resilient, especially in families who are exposed to stressful environmental pressures. When the family acts in a way of adjusting can be supportive and facilitating, but when it works is inefficient and in a manner inconsistent acts cannot be support their members, especially children against environmental stressors such as peers, antisocial, access to drug and crime neighborhoods. "Impaired functioning of the family" can be a risk factor in the onset of substance abuse children. High-risk families with conflict, violence and relationships that is cold, non-supportive and exclusion can be determined. These families can cause damage to provides the grounds for developing psychosocial problems such as substance abuse and confusion and (Reptti et al., 2002, Skeer et al., 2009). Reptti et al (2002) argue that family turbulent atmosphere plays a key role in the growth of problems related to alcohol and substance abuse in adolescents. The atmosphere also leads to sadness and depression disturbed families of children-that depression is associated with a tendency to drug use (Hoffman and Sorben, 2002). Family cohesion with drug abuse of parents and children is associated (Beige Tebir et al., 2006; Tafa and Bayoko, 2009). Children who not feel close to their parents are more likely to engage drug (Hoffman and Sorben, 2002).

Conflict is features of disturbed families (Dakof et al., 2001), lack of control and poor parental monitoring the behavior and activities of children in families with children abusers are found (Ledoux et al., 2002; Mousavi, 2003). Disciplinary rules is inappropriate and control is undesirable control. Correlation in these families, the poor and the conflict between the parents, and the parents of young addicts and significantly higher than normal (Mousavi, 2003). Studies have shown that having family with studying and cultural and

sports activities is negatively related to drug use and delinquent behavior. Poor family communication and family conflict known risk factor for onset of drug use (Gao et al., 2002). In family-based interventions, these components are targeted.

Family-based interventions have grown dramatically in the past three decades (Schaefer, 2008) and several studies have shown the efficacy of these interventions (Kumpfer et al., 2003; Waldron & Turner, 2008). Evidence-based approaches to family therapy for families with a member who is addicted, especially teenagers used short-term strategic family therapy model (BSFT) (Szapocznik et al., 2003). The short-term family-based interventions, structural and strategic as a synthesis and a model of problem-oriented and practical offers (Robbins et al., 2010; Robins et al., 2002; Horigian et al., 2005; Yang and Long 1997; Szapocznik et al., 2003) which is suitable for families with a abuser members / drug dependent (Kaufman and Yushuka, 2005).

BSFT focuses specifically on repetitive patterns of family interactions, interactions that meet the needs of the family and its members fails, take the challenge. So belief is that family relation play a pivotal role in changing behavioral problems stems and are therefore primary target for intervention (Robbins et al., 2002; Robins et al., 2009; Robins et al., 2010).

Like other family-based interventions in BSFT addiction and substance abuse treatment, unlike traditional family structure is seen. As long as the structure of the interactions of a family that revolves around addiction has taken shape does not change little hope of survival treatment cannot be family system against any change and balancing strength and makes returning to addiction (Kaufman and Yoshioka, 2005). In BSFT family therapy unit. Abusers as one of the systems is considered a family unit. A person who has in fact distress syndrome reflects the family system family interactions with the system the focus is family therapy (Jankeh and Hagdorn, 2006; Kaufman and Yoshioka, 2005).

Many researches have short-term beneficial strategic family therapy (Bsft), have including: Robbins et al. (2009), the usefulness of short-term strategic family therapy (Bsft) with conventional therapy (TAU) have compared. The results are compared with TAU BSFT effectiveness in reducing drug use, communication difficulties, high-risk behavior and improve family functioning and positive social behavior are revealed. Another study with 102 Spanish adolescents (11-6), who had behavioral problems by Szapocznik et al (1989) was performed. Samples in one of the three conditions of structural family therapy, individual therapy and group dynamics were matched controls. The first interesting finding was that although BSFT psychoanalytic treatment was effective enough and both more effective treatment than the control group counterparts in reducing behavioral and emotional problems, but showed they have different effects on family functioning at 1year follow-up after treatment. In follow-up, data showed significant improvements in family functioning (such as structure, conflict resolution and conformity) in families that were treated by BSFT. Joaning et al (1992), confirmed the study for structural and strategic family therapy. The study sample included 134 families with adolescent substance abusers aged 11 to 20 years. The samples were tested in three situations. A structural-strategic family therapy, group therapy group received training on substances and other groups. The comparison showed that the structural-strategic family therapy group who received the drug showed a higher rate of abstinence. In addition, results showed that BSFT approach in engaging families in treatment has been beneficial. Santi Esteban et al.(2003) examined the effectiveness of BSFT on drug use adolescent. In this study, 79 adolescents and their families were randomly assigned to two groups. The first group received BSFT treatment and the second group received group treatment. The results showed that BSFT significantly more effective than the control group in reducing the consumption of marijuana, but there is no difference between the two groups in alcohol consumption. Subsequent analysis showed that among the alternatives in the 75% treatment of BSFT and showed reliable recovery and had 25% deteriorated. In the 14% control group reliable recovery were seen as improved and 43% showed deterioration in the marijuana consumption.

Major gap in the psychological treatment of drug treatment is the lack of attention to the family as a treatment unit. As studies show, Bsft family therapy, improve communication, reduce conflict, increase compliance, reduce recurrence and so on families with teenage drug was beneficial. This research effectiveness BSFT on improvement of family atmosphere with a drug dependence and prevention of relapse is examined primarily efficient treatment and benefit the specialists treating addictions and family therapist, and in the next help to reduce demand and improving the mental health of families and the community.

Current society has its problems, family and relationships of the family members is equally important that new field has emerged called family therapy. Curative and family therapist, identify problems, relationships between members of a family, the role and duties of family members eventually change the structure of the family, using existing techniques and expertise. Several families suffer problems such as marital discord, a problem associated with teenage children, drop children's education, marriage, children, a parent drug addiction, behavioral problems in young children, parents or children or other ethical problems. Marital discord is one of the problems that the family may suffer from it. This branch of the family therapy, called couples therapy. This paper will attempt to engage the views of family therapy.

Integration: History, Vocabulary, Claiming theory

Since 1970, we saw good news in the treatment of marriage and families. Often claim psychoanalytic schools, opposed health systems and family patterns of behavior with any attempt to approach coherent and comprehensive approach to choice. Haley (1987) is the most formidable opponents of holistic approach, he believes that a comprehensive approach fans is not necessarily unable or unwilling to understand the nature of unparalleled family therapy. Fortunately, this period of transition is good news in family therapy. And the expectation that family therapy can be raised only at the heart of family therapy is a special pattern continues to weaken. (Lebow 1987) Although the nature of philosophical ethics, family intervention and how efficiently it is still there among family therapists.

In the 1990s, 'schools' that are mutually exclusive and are seen less current trend is towards integration. (Goldenberg 1934) The question now is how insights of theories and different approaches can be merged together and systematic to offer theory more comprehensive and more useful as a guide to therapy with families today. Integration is a treatment philosophy where therapists compose elements of the theory and treatment process with integrated intelligence as possible. The theory of integration, build a model that is more useful understanding of efficient therapist and her ability to intervene in order to change the system to maximize the family special. Integration therapist treatment after appropriate treatment based on references or even couple orientation in the planning and methods of therapeutic intervention.

Integration of content resources in family therapy literature describes at least four specific ways:

1. The combination of individual therapy and family therapy
2. Open a shit particular treatment is a combination of various schools of family therapy.
- 3-creation of TTM.
4. Matching the patterns of family therapy or work with the family ways of integrating the concepts of different patterns of family therapy (Kaufman and Yushioka, 2005).

All relationships of couples and families may be the basis of three cross-determined building. This meta-building is essentially a combination of concepts and principles and approaches, more schools are marriage and family therapy.

The three constructions are

Boundaries or acquisition, power or control, intimacy (Duhertif, Kulanjlu, Green and Hoffman (1985), Fish and Fish 1986), traditional behavioral couple therapy, combination therapy is based on the exchange behavior.

After a "functional analysis" that indicated how spouses in a relationship affects to each other, they were taught together create the changes wish to strengthen. Anyone who has been married for a long time can tell you what is low in this approach. Treatment in this based may change, but a successful relationship requires a certain amount of acceptance of differences and disappointments.

Some things in an unhappy marriage may need to change to improve communication, but some things about our life partners, are part of this collection, and couples who have survived communication failures learn to accept these things. It is acceptance element. That Jakobson and Christensen have added to their approach to couple therapy. (Robbins et al., 2010). Unlike traditional education and behavioral therapy, couple therapy emphasizes a combination of sympathy, the same characteristics that therapists want to couples learn and teach to each other. To create an interactive atmosphere, the approach begins with a process called formation that aims to help couples. To stop blaming and accept the opening act and personality changes. Formulation, has three components of a basic conflict that is denoted a process of polarization that destructive pattern describes their interaction and bilateral trap is the bottleneck that the couple keep break the cycle of polarization when the problem occurs.

Common topics of couples' problems are:

1. Conflicts of near and far
2. The desire to control the reluctance to accept responsibility
3. disagreement about sex (Skeer et al., 2009).

While the wives know these differences indicate the shortcomings and problems that must be solved on the opposite side, Jakobson and Christensen encourage couples to see some differences are to avoid this type of admission can break that cycle when an ongoing effort to change one form to another as well as the formulation stage continues, the wives began to realize that they are not victims of each other, but victims of role models, both of which have fallen into the trap of it.

Strategies for change are two major components of behavioral couple therapy:

1. exchange behavior
2. Communication skills training behavioral intervention and exposure therapy

Hybrid treatment - eclectic "1"

Family therapy as a new branch of psychology emerged in the second half of the twentieth century. Family therapy movement largely influenced by systems theory, extending psychoanalytic treatment in the field of family, birth of a child guidance centers and marital counseling and group therapy took place. The attitudes,

norms and anomalies person in the family context analysis, perceived and treated. Hybrid eclectic treatments, treatments that are due to converge and integrate various psychotherapeutic approaches have been developed. An eclectic combination therapy in three different areas were defined: the theoretical integration, technical integration and common factors. In the theoretical solidarity, integration and combination of two or several therapy approach is considered. In theoretical integration does not pay much attention to theoretical perspectives tries to various interventions and treatments, and the best interest of clients choose them according to specific problems. Approach of common factors, identify elements and features of various intervention strategies and infrastructure and examine them. Some of the common factors of relation therapy, is expectation and hope, and the characteristics of the therapist, despite the fact that all these three areas with other converged hybrid and eclectic family therapy tries to element common factors to maximize and algorithms for strategies intervention and offers the same unified theory into leading cause (Kaufman and Yushioka, 2005).

Combined family therapy / integrated prospective "2"

Therapy designed to integrate different types of information systems set point levels. Such as nonverbal communication methods, concepts understood by the people's styles processing and important images of the past, present and future. This holistic approach in family therapy is based on the idea that the family has in the systematic and para-systematic at the same time. This method of treatment is based on the systems approach and believes that the time can be achieved to fix a problem that used every member of the force and eliminate stressors. Family history of professional therapy and family therapy is a relatively new profession and its official appearance returns to 1940, 1950 and 1960. In 1938, the National Council on family relations began to work. In 1948, the first work on marital therapy by "Blamtil Man" was released and the families of schizophrenics by "Laymn" took place.

Between 1950 and 1959, "Nathan Ackerman" approach to psychoanalysis to work with the household and "Bateson" the study of communication patterns in the family began and "Karl Witte," held the first conference on family therapy in thirty Iceland Georgia. The first edition was published in 1961 in family therapy and family therapy grid in 1976 and Family Therapy Association (AFTA) in 1977, began work (Robbins et al., 2010).

During 1980 and 1989 the research methods common in family therapy, family therapy and new leadership emerged, many of whom were women. From 1990 onwards, membership growth was impressive specialists in family therapy associations. Family therapeutics focused on comprehensive solutions and overall position of deeper psychology between treatment techniques. Various theories of family therapy theoretical approaches in the field of family therapy include family therapy, psychoanalysis, family therapy experiences, family, cognitive behavioral therapy, structuring family therapy, strategic family therapy and family therapy - focused solution (Skeer et al., 2009).

Family therapy based on psychoanalytic key stakeholders, Nathan Ackerman, Williamson, Laymen Wayne and Theodore Kids that their treatment is rooted in Freud's theory. In this way the unconscious processes are linked to each family and is believed to be the unconscious forces that have caused injury. The role of therapist is as a teacher or a parent or experienced interpreter. Treatment techniques include dream analysis, transfer, face, life history, focusing on strengths.

Experiments family therapy

Major theorists Virginia citrate, Karl Witte Kor, Fered Duhel ... who believe family problems, stems in feelings of oppression, stiffness and lack of flexibility, lack of awareness, emotional death and excessive use of defense mechanisms. In this approach, a family therapist tries increase flexibility, intimacy, self-esteem, potential for experience in the family and used the techniques of sculpture, scenery, family, humor, interviews with dolls, family, art therapy, family, play, rebuild the family (Kaufman and Yushioka, 2005).

Behavioral and cognitive-behavioral family therapeutics

Major theorists are William Masters, Virginia Johnson, Joseph Wolpe , Bandura and so on. Based on the theories of cognitive and behavioral therapy suggests that behavior through outcomes retained or deleted. Inappropriate behavior can be corrected. As irrational cognitions and behaviors can be modified, and thus orthogonality will change a couple or family. Therapist plays the role of a teacher specializing reinforcing appropriate behavior. In this approach, the strengthening of negative therapeutic techniques, generalizing, extinguish, the economy token economy, mental escape, rational coping statements, role models and systems are used.

Structural Family Therapy

Salvador Minochin, Montalou, Fishman, Rozman and theorists of the way of family therapy that involves family functioning and family structure, under system and know borders. Therapists depict maps of the family in mind and try to implement the construction of family and actually work as a theater director. treatment techniques include: reconstruction, interpolation, sharpening messages, borders and ... (Robbins et al., 2010).

Strategic, systemic and solutions-focused family therapeutics

The three model-oriented and short-term approach procedures, which are all indebted to the work of Milton Erickson and of their common heritage. The purpose, procedures, and techniques used in the same three approaches and techniques such as open expression, trimmed the interpretation of determined hard work, relying on the process of ring questioning, focusing on hypothetical solutions, determine the formalities. . used.

Of strategic theorists Ji-Hee Lee, Richard Fish and of systemic theorists Bosklu, Karl Tom and of theorists focused on solutions Davis and Imsuberg can be named.

Families need family therapy

Families benefits of the process of family therapy include: families of addicts or the mentally ill, as well as families with members suffering from physical disorders that somehow the family functioning is affected, families, divorced, remarried and died a member, families with economic, cultural problems and ... families with problem often indirectly, for example, the problems of child abuse, distress, mental one member or decision-making and help to solve shallower problems needs experts advice and psychology and who are found during counseling a person to pay attention to the role of the family in trouble shaped and therapist approach in terms of the recovery process continues (Skeer et al., 2009).

Behavioral intervention and confrontation in couple therapy

Couple therapy unified the different techniques related to marital therapy that facilitates achieving the goals of therapy are treated in couple therapy is not a new phenomenon unified its history dates back to 30 years ago (Gorman, 1978). In a comparative analysis of comprehensive treatment of marital stress on much of intercourse with a meta-analysis bias, which to a large degree after the mixed marriage is organized, and the concept of nature imbalance marital through unity and deny aspects of their work is the fundamental objective of unified in couple therapy. In opposition to aspects of their marital relationship and spouses in their consciousness creates obstacles. These aspects are a barrier to knowledge because of anxiety (Freud, 1909) himself admits almost 100 years ago most people were only the anxiety caused by exposure to anxiety that had been identified. The confront could be completed in couple therapy through the incomparable anti-avoidance behavioral therapy, anxiety disorder and phobia. confront therapy may consider the variety of cognitive and physical anxiety and hints that exposure therapy is to extract the constituent objects (Barlow, 2002) also reveal behavioral avoidance.

At the same time therapists need to keep in mind that avoiding all sexual behavior is not unreasonable or implied. Couples marriage helpless as chronic behavior therapy is almost always the tools that what should really be called aversive consequences. Exchange process helps couples behavioral training to increase good behavior. It is recommended to couples to their hopes and wishes to express particular behavior. So "You should be more aware of my needs" can become "ask me what happen when I am sad ". A typical arrangement is that the sides are willing partner to ask three things that do not list. While the couple are clearly disturbing their words, implicitly ways to influence each other to learn through positive reinforcement. Another way is that each couple to ask about the other things they may wish that he do, think, and then it's done observation that what's going to happen (Kaufman and Yushioka, 2005).

Communication Skills Training can be done either in groups as well as couples. Tutorials include instruction, model-making, role playing, structured exercises, running and practicing their behavior and feedback. Couples are trained to ask themselves as specifically and with positive words express, instead of complaining and grumbling to each other directly react to criticism, rather than the past, the present and the future to talk to each other without jumping the talk listen to the other party, and punishment to minimize negative sentences and questions that are more of an ultimatum refrain. Integrated couple therapy (2) couple Therapy integration (unified), therapeutic approach to communication problems, interpersonal and intrapersonal factors couples who are considering simultaneously. Even though the integrated treatment (the unity), is a therapeutic approach to communication problems couples that interpersonal and intrapersonal factors are considered simultaneously. Although (ICT) was not designed originally for the time limit, the therapeutic value of the implicit model, the focus of action and common techniques leads to provide communication for a short experience. (ICT) based on the theory of general system of family and adult growth theory, attachment theory has been created to do. But it is also affected by the influence of social learning theory (behavioral therapy) and object relations theory. (ICT) the last three decades, developing and improving the outcome of interest. Developing is a series of talks experimental research in family therapy in the treatment. Cognitive rewards in couple therapy is desirable in some ways and models of unified ICT is similar to isolation (Skeer et al., 2009).

Object relations of family therapy

The combination of psychological theory and treatment of family dynamics object interface. It also is an attempt by psychoanalysis for the application of the theory of psychoanalysis in the family to the rediscovery of the system is done in the belief that business insight for change is necessary, family therapists using a thematic approach, that help to each member of the family to the lack of awareness of family in personal level be experienced. Theoretically, this experience leads to interpretations that may be more effective because family members communicate with each other, establish a more complete understanding of the experience that feeling. Couple Therapy object relations approach that emphasizes the role of the unconscious in marital conflict (Robbins et al., 2010). This approach is based on the theories of psychoanalysis, Freud linear thinking, attitude process genetic theory arose system. This approach is performance first approach, combined with the processes of the unconscious and the marital interaction.

The inter-generational approach to resources and emphasized the centrality of relationships. It is believed that relations between the couple, not only affected their unique character, but in the larger system of family relationships with children, parents and community groups also are involved. The approach stresses on the relationship between the couple and their interactions with their parents and role of each partner in the relationship. Object relations therapy techniques couple therapy, based on the relationship of couples parallel to interactively transfer and cross-transfer is carried out. The therapist more than understanding their personal use with a different focus on the history objectively couples, the sex between them, the dreams, the relationship between problems and events (couples were able to correlate they are not) to settle conflicts between them (Yoshioka and Kaufman, 2005).

SUMMARY AND CONCLUSION

According to the theories of family therapist can be said to create a clear and transparent structure, the family system as a whole and among subsystems as well as increase parental supervision and control of the activities of the children was beneficial. Since the target pattern of BSFT change of Interactions between incompatible to compatible interaction was used to change certain practices this pattern is also due to the short problem-oriented is that those problems directly associated with the consumption of the target. The findings of this study had been identified the patterns of problem drug use child and helped to plan treatment. Re-frame negative moods, feelings of anger and blame cause changes in behavior and cognitive perspective of family members feel toward one another. This change reduces the conflict of opinions, members approaching and finding effective solutions to the problem of the family. Reconstruction of power and leadership in the family hierarchy and redefine the boundaries and break the intergenerational coalitions and strengthen alliances generation was improved cohesion and improve the family, parents also strengthen unity and power, the ability to control and monitor the activities of children increased. The researchers expect the following changes in the patterns of interaction and cooperation given the emotional and the changing roles and responsibilities and increase the independence of the system and clearly expressed feelings but this not happen. According to the pattern of change in one aspect of BSFT cause changes in other aspects or facilitate to changes and it is anticipated that new patterns of behavior after the family learned to master new patterns of interaction and generalized to other behaviors need to have time.

REFERENCES

- Beavers, W. R. (2003). *Functional and Dysfunctional Families*. In G. P. Sholevar, & L. D. Schwoeri (Eds.), *Textbook of family and couples therapy* (35-54). Washington Dc: American Psychiatric publishing Inc.
- Bijttebier, P; Goethahals, E; & Ansoms, S. (2006). Parental Prinking as a risk factor for children`s maladjustment: The mediating role of family environment. *Psychology of Addictive Behaviors*, 20 (2):126-130.
- Dakof, G. A; Tejada, M; & Liddel, H. A. (2001). Predictors of engagement in adolescent drug abuse treatment. *American Academy of Child & Adolescent Psychiatry*. 40 (3): 274-281.
- Guo, J; Hill, K; Hawkins, D; Catalano, R; & Abbot, R. (2002). A developmental analysis of socio-demographic family, and peer effect on adolescent illicit drug initiation. *American Academy of Child & Adolescent Psychiatry*, 41 (7): 838-845.
- Haffmann, J. P; & Cerbone, F. G. (2002). Parental substance use disorder and the risk of adolescent drug abuse: An event history analysis. *Drug Alcohol Depend*, 66 (3):255-64.
- Horigian, V.E; Suares-Morales, L; Robbins, M. S; Zarate, M; Mayorga, C. M; Mitrani, V.B, Zapocznik, J. (2005). Brief strategic family therapy for adolescents with behavior problems. In J. L. Lebow (Eds), *Handbook of clinical family therapy* (73-101). Hoboken, New Jersey: Jon willy & Sons.
- Joaning, H; Thomas, F; Quinn, W; & Mullen, R. (1992). Threating adolescent drug abuse: A comparison of family systems therapy, group therapy, and family drug education. *Journal of Marital and Family Therapy*, 18: 345-356.

- Junke, G. A.; & Hagedorn, W. B. (2006). *Counseling addicted families: an integrated assessment and treatment model*. Routledge: Taylor & francis group.
- Kaufman, E & Yoshioka.M. (2005). *Substance abuse treatment and family therapy: A treatment improvement protocol (TIP 39)*. Rockvill, MD. 20857.
- Kumpfer, K. L; Alvarado, R; Whiteside, H. O. (2003). Family-based intervention for substance use and misuse prevention. *Prevention Substance Use & Misuse*, 38, (11-13):1759-1789.
- Ledoux, S; Miller, P; Choquet, M; Plant, M. (2002). Family structure, parent-child relationships, and alcohol and other drug use among teenagers in France and United Kingdom. q. 37 (1): 52-60.
- Liddle.H & Rowe (1996). *Family measures in drug abuse prevention research* .NIDA.
- Miller, p. m. (2009). *Evidence- Based addiction treatment*. Academic press in.
- Moos, R. H; & Moos, B. S. (1986). *Family Environment Scale Manual*. 2nd Ed. Palo Alto.CA: Consulting Psychologists Press.
- Mousavi, Ashraf Sadat. (2003). The quantitative / qualitative performance among young families. *Women's Studies*, 1 (3): 60-88.
- Mousavi, Ashrafosadat. (2004). *Functional family therapy with systemic approach*. Tehran: Al-Zahra University press; second edition.
- Repetti, R. L; Taylor, Sh. E; & Seeman. T. E. (2002). Risky families: family social environment and the mental and physical health of offspring. *Psychological Bulletin*, 128 (2): 330-360.
- Robbins, M. S; Alonso, E; Horigian, V. E; Bachrach, K; Burlew, K; Carrion, I. S; Hodgkins, C.C; Miller, M; Schindler. E; VanDeMark, N; Henderson, N; & Szapocznik, J. (2010). Transporting clinical research to community settings: designing and conducting a multisite trial of brief strategic family therapy. *Addiction Science & Clinical Practice*,
- Robbins, M. S; Bachrach, K; & Szapocznik, J. (2002). Bridging the research-practice gap in adolescent substance abuse treatment: the case of brief strategic family therapy. *Journal of Substance Abuse Treatment*, 23: 123-132.
- Robbins, M. S; Szapocznik, J; Horigian.E; Feaster, D; Puccinilli, M; Jacobs, P; Burlew, k; Werstlien, R; Bachrach, K; & Brigham, G. (2009). Brief strategic family therapy for adolescent drug abuser: A multisite effectiveness study. *Contemporary Clinical Trials*, 30:269-278.
- Santisteban, D. A; Coatsworth, J. D; Prez-vidal, A; Kurtines, W. M; Schwartz, S. J; & Szapocznik, J. (2003). The efficacy of brief strategic family therapy in modifying adolescent behavior problem and substance use. *Journal Of Psychology*,17:121-133.
- Santisteban, D. A; Coatsworth, J. D; Prez-vidal, A; Mitrani, V; Jean-Gilles, M; & Szapocznik, J. (1997). Brief structural/strategic family therapy with African American and Hispanic high-risk youth. *Journal of Community Psychology*, 25 (5): 453-471.
- Schafer, G. (2008). Multiple family group therapy in a drug an alcohol rehabilitation center: resident experiences. *Australian & New Zealand Journal of Family therapy*, 29 (2): 88-96.
- Skeer, M; McCornick, M; Normal, S. T; Buka, S. L; & Gilman, S. E. (2009). A Prospective study of familial conflict psychological stress and the development of substance use disorders in adolescence. *Drug and Alcohol Dependence*, 104 (1-2):65-72.
- Soyes, V; Tatrai; H; Broekaert, E; & Bracke, R. (2004). The implementation of cintexual therapy in the therapeutic community for substance abuser: a case study. *Journal of Family Therapy*, 26: 286-305.
- Szapocznik, J; & Williams, R. (2000). Brief strategic family therapy: Twenty- five years if interplay among theory, research and practice in adolescent behavior problem and drug abuse. *Clinical Child and Psychology Review*, 3 (2): 117-134.
- Szapocznik, J; Hervis, O. E; & Schwartz, S. (2003). *Brief strategic family therapy for adolescent drug abuse (NIH Publication No. 03-4751)*. NIDA Therapy Manuals for Drug Addiction. Rockville, MD: National Institute on Drug Abuse.
- Szapocznik, J; Perez-vidal, A; Brickman, A; Foote, F. H; Santisteban, D; Hervis, O. E. (1988). Engaging adolescent drug abuser and their families into treatment: A strategic-structural system approach. *Journal of Consulting and Clinical Psychology*, 56: 552-557.
- Tafa, M; & Baiocco, R. (2009). Addictive behavior and family functioning during adolescence. *The American journal of family therapy*, 37 (5): 388.
- Waldron, H. B; & Turner, C. W. (2008). Evidence-based psychosocial treatment for adolescent substance abuse. *Journal of Clinical Child & Adolescent Psychology*, 37 (1):, 238-261.
- Young, M; & Long, L. (1997). *Counselling and therapy for couples*. Brook: Cole publishing Company.