Systemic therapy developed through working with families to resolve problems of relationships and of psychological disturbance. As its applications have expanded it has been found to have many benefits that go well beyond its effectiveness as a treatment. Research clearly demonstrates the potential benefits of family-inclusive systemic therapy and practice to family members and to the staff supporting them. These benefits include:

- **Improved outcomes**: helping children, young people, adults, couples and families struggling with a broad range of difficulties and circumstances. From relatively commonplace mental health and relational problems to extremely serious difficulties, reducing risk of problems affecting other family members, or cascading through generations, relationship networks and communities.

- A compilation of 20 meta-analyses concluded ‘marriage and family therapy [the US term for Family Therapy] is now an empirically supported therapy in the plain English sense of the phrase - it clearly works, both in general and for a variety of specific problems.’

- **Value for money, including dramatic reductions in health care use among previously ‘high utilisers’**. In a recently published large-scale US study, frequent health service users who participated in family inclusive therapy showed significant reductions of 68% for health screening visits, 38% for illness visits, 56% for laboratory/X-ray visits, and 78% for urgent care visits. In many cases the greatest reduction in use of health services was for the partner of the referred person.

- **Improved client engagement with other therapies and interventions** occur when they are combined with systemic family therapy in multi-disciplinary working.

- **Lower client drop out rates**. Comparison trials regularly show that clients are more likely to stay in family therapy until the end of treatment than is the case with other therapies, such as CBT.

- **Reductions in relapse and readmission**. Significant reductions are found to occur for people experiencing serious mental health and other difficulties.

- **Resolution of common problems in service delivery**. Seeing parents and children together bridges gaps between child and adult services. Systemically trained practitioners are skilled in co-ordinating and facilitating multi-disciplinary networks across health, social care, education and other sectors when this is what the family needs.

- **Higher job satisfaction, confidence, and reduced burn-out and staff turnover**. Such changes have been found among professionals working in demanding areas.

- **Practice skills and understandings supporting families and staff teams, multi-disciplinary working and ‘service user’ involvement, across sectors**.

Reference list overleaf
References

1. For overviews of research please see
   AFT (2009) Family Therapy in the UK www.aft.org.uk
   For a summary of NICE guidelines recommending family therapy and family interventions, see
   Summary of family interventions recommended and reviewed in NICE guidelines, www.aft.org.uk

   See also

   29, 547.

   Utilizers of Health Care. Contemporary Family Therapy. 30, 217-138

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   training for work with people with serious mental health problems NIMHE/Trent WDC

   Family Therapy, 28: 39-57;

9. See, for example,
   of Family Therapy. 29, 21-44.
   development in Somerset, U.K. Chapter 5 in: Families as Partners In Care: A Guidebook for Implementing Family
   Burbach, F. and Stanbridge, R. (2008) Training to develop family inclusive routine practice and specialist family
   services: a staff training programme in Somerset. Journal of Family Therapy. 31 1-17.

For information on systemic practice in social care see, for example, resources from Reclaiming Social Work,
London Borough of Hackney, including
For information on systemic practice in schools-based family interventions see, for example,