

Practice Notes

Applying family life cycle concepts in psychological practice with children and young people

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Abstract

Family life cycle models offer a framework for understanding family development and defining ‘normative’ transitions within this developmental progression. As such, family life cycle models have the potential to inform clinical practice: by allowing case presentations to be contextualised in terms of broader systemic and temporal processes, and possible disruptions to expected transitions. This article critically considers how family life cycle models, and the notion of normative transition, might be used to support psychological understanding and intervention when working clinically with children and young people. Models of normative development and transition may be helpfully integrated with broader psychological models to inform idiographic case formulation, and thereby influence practice. Although normative models can be used indicatively, care should be taken not to use these models prescriptively.

Introduction

This paper considers the extent to which notions of normal transitions in the family life cycle, and possible disruptions to these processes, can provide a useful basis for understanding and intervening with children and young people who present to psychological services. The article begins by (1) defining concepts of normal transitions in the family life cycle, before (2) considering how these may be useful in providing a basis for understanding and intervention, and proceeding to (3) discuss limitations to the extent of this utility.

Referrals to child psychology or mental health services might locate psychological difficulties within the presenting child or young person, but application of the family life cycle model promotes a more systemic perspective. From this view, psychological difficulties may be understood in terms of family, rather than individual, development. This perspective is reflected in discussion below, and represents a potential strength of using the family life cycle model. Henceforth, ‘child’ will be used to refer to both children and young people under the age of 18 (i.e., those eligible for NHS child/adolescent mental health services), following the United Nations definition (UN General Assembly, 1989).

Family life cycle models and normative transitions

Since the 1930s, the family life cycle has been promoted as a framework for understanding family development (Norton, 1983; Murphy & Staples, 1979). Researchers across a number of disciplines (psychology, sociology, economics, and demography) have sought to define common stages through which families proceed. These stages have been defined by prevalent and predictable events that change the status and internal dynamics of a family (such as the birth of a child or a child leaving home) but researchers have not consistently agreed about which events mark key transition points (Nock, 1981). Additionally, social changes over time mean that family life events may not be stable in their prevalence or predictability (George, 1993), which has implications for the utility of static models of normal life cycle transitions (discussed further under 'limitations').

The normative family life cycle defined by Hill and Duvall in the 1960s has formed a basis for subsequent life cycle conceptualisation (Erickson, 1998) and reconceptualisation (Bures, 2009; reflecting the aforementioned lack of consensus and social changes). The original nine-stage Hill-Duvall model (as cited by Barnhill & Longo, 1978) is reproduced in Table 1. Each stage involves different family tasks and roles/relations between family members, highlighting the shifting challenges faced by families over the normative lifespan; examples of these transitional demands are given in Table 1. Transitions that do not directly involve children may still affect a child in the interpersonal context of multigenerational family systems (for example, a grandparent transitioning into retirement). More recently, family researchers have added stages representing separation and repartnering (reflecting modern trends in Western European families; Dallos & Vetere, 2009).

Successful developmental progress principally depends on the family completing tasks from the previous stage and anticipatory beliefs and feelings about the subsequent stage (Carter & McGoldrick, 1989). Transitions have been conceptualised as periods of elevated risk for individuals within a family system (Smolak & Levine, 1996) in that they require reorganisation of core family-structures and involve changes in normative stressors (further to any concurrent non-normative stressors). From the perspective of working with children in psychological services, the risk is that transitions may upset a family's ability to meet the referred child's developmental needs. Potential implications for the psychological functioning of children within transitioning families (with relevance to understanding presenting difficulties) will be considered in the next section.

Transitions as a basis for understanding presenting psychological difficulties

This section examines how concepts of normal family life cycle transitions (and disruptions to these processes) can usefully inform understanding of psychological difficulties (presenting in referred children); a subsequent section elaborates the *extent to which* transitions are useful in this regard (considering limitations).

Barnhill and Longo (1978) argued that transitions are useful for understanding clinical presentations because of their wide applicability (the concept of a normative family life cycle posits that most families will negotiate the same transitions), and accumulated clinical experience suggesting that problems often emerge at transition-points (empirical evidence for this is reviewed later in this section). They further suggest that, where transition is not a primary factor in difficulties, life cycle stage may still interact with difficulties. To see how transition concepts could be usefully informative it is necessary to examine theoretical and empirical links between transitions and psychological presentation. However, potential links might be somewhat difficult to discern. Although problems may present as psychological difficulties in an individual child, any effect of transitions could be indirect (Carr, 2006): mediated by effects on other family members and broader family functioning. Indeed, conceptualising transitions in terms of family development orientates practitioners to consider change within the context of multigenerational family systems, recognising

relational and distributed consequences of transition. For example, marital transitions may indirectly affect a child's presentation through parent-child relationships (Hetherington et al., 1998). Even at the level of the individual there will likely be intermediate processes between transitions and psychological difficulty: clearly there are individual differences in response to the same transitions (Luthar et al., 2000).

Table 1: *Stages of the family life cycle (Hill-Duvall model) and associated transitional tasks*

Stage		Example transitional tasks for parents (P) and children (C)
1. Establishment	(newly married, childless)	P: Commitment to new family and breaking away from family of origin
2. New parents	(infant)	P: Developing new parent roles (shift from spousal roles); role transitions for broader family (e.g., parents now grandparents)
3. Preschool family	(child 3-6, possible younger siblings)	P: Accepting the new individual personality of first born child, in addition to dependency of any new-born C: Accepting any siblings (may occur at other stages)
4. School-age family	(oldest child 6-12)	P: Introducing the child to extrafamilial institutions; dealing with child's adjustment and new environmental feedback C: Establishing independent extrafamilial relationships
5. Family with adolescent	(oldest age 12-16)	P: Accepting adolescence C: Developing sexual identity and integrating with peer group culture
6. Family with young adult	(oldest age 16-20)	P: Allowing independent and adult strivings to emerge C: Experimenting with independence and lessening family ties
7. Family as launching centre	(from departure of first to last child)	P: Accepting independent adult role of children; coping with possible caregiving and loss with respect to older generation C: Individuation and new family life cycle
8. Post-parental family	(after children have left home)	P: Letting go of children and redefining marriage, potential new role as grandparents C: Leaving home; potential new role as parent
9. Ageing family	(after retirement)	P: Accepting retirement and old age C: Planning to care for ageing parents, in addition to own children

The family life cycle model may be a useful adjunct to psychological models for theoretical understanding and clinical case formulation. Indeed, the explanatory power of family lifecycle transitions may only emerge with such use. The family lifecycle model was developed as an interdisciplinary descriptive and organising framework; consequently, to elucidate psychological presentation, concepts of transition should be applied in terms of models accounting for psychological processes.

Given that transitions demand change and reorganisation, they may be usefully examined as potential precipitating factors in case formulation across various psychological models (Winters et al., 2007; Sturme, 2009) thereby informing our understanding of presenting problems. According to the therapeutic model applied, some therapists may focus more on individual-level analysis (rather than systemic interplay). For example, a CBT-oriented psychologist may examine the impact of a family life transition (e.g., child starting school) in terms of how it challenges a child's established rules for living, potentially causing distress by activating underlying beliefs (Beck, 1995). From a psychoanalytic perspective, the notion of family life cycle transitions (and impasses) may usefully supplement understanding in terms of individuation (Falicov, 1991): the process by which a child balances or rebalances autonomy and intimacy. Family therapists may use family life cycle norms to formulate presenting problems in terms of systemic interpersonal effects of transitional processes and (in particular) disruptions to these processes (Barnhill & Longo, 1978; Carr, 2006). Underlying such formulation is the assumption that families function at an adequate level until subjected to stressors and change demands, whereupon they may become fixed in pathological patterns of interaction. These patterns are often 'attempted solutions' to demands, which unwittingly prevent successful transition and growth for the individual young person and their family, becoming perpetuating or problem-maintaining factors (Dallos & Draper, 2005).

Across models of psychological formulation, early socialisation is often considered integral to understanding and family life cycle transitions may be usefully applied here (George et al., 2006); for example, in considering how parents initially interacted with their child following the challenging transition to parenthood. Moreover, attachment theory arguably offers a framework for turning descriptive concepts of family life cycle transitions into constructs with explanatory power for understanding individual psychology: transitions prompt revision of interpersonal relationships and attachment strategies with potentially powerful emotional consequences for individuals affected, particularly the developing child (Dallos & Vetere, 2009).

Further to theoretical mechanisms (and clinician commentaries), available empirical data indicates a possible link between normative transitional periods and psychopathology. There is evidence to suggest that children experience more life events (both negative and positive) during periods of transition (e.g., entry to adolescence) and that life-event increases predict increased depressive symptomatology (Ge et al., 1994). Transitional periods have also been found to 'accentuate' pre-existing problems in the child/family, leading to poorer post-transition outcomes (Graber & Brooks-Gunn, 1996). Transition to parenthood often appears to have an adverse effect on the relationship between parents and, where this relationship does not recover, the quality of parent-child relationships may also be impacted (Cox & Paley, 1997). Eating disorders are commonly seen in transitional periods around entry into adolescence and leaving home (Smolak & Levine, 1996; Berge, Loth, Hanson, Croll-Lampert & Neumark-Sztainer, 2011) and the transition to adulthood and leaving home is also strongly implicated in psychosis (Harrop & Trower, 2001).

Lavee and colleagues (1987) conducted a large-scale study of the effects of normative transitions and non-normative (unexpected) stressful life events on family well-being. They found that these factors affected family well-being through a mediating construct of intrafamily strain, with situational appraisal playing a buffering role. This suggests that understanding of difficulties is enhanced when considering other (non-normative) events and possible mediating processes, rather than looking at normative transitions alone.

Implications for intervention

The implications for intervention will largely follow from the psychological model and case formulation that is used to link family transition with difficulties in the presenting child (as considered in the preceding section). Consequently, broad (rather than specific) implications for intervention are discussed here.

Understanding in terms of family transitions encourages systemic thinking rather than locating problems within the child: suggesting whole family interventions are appropriate (Carr, 2006). Applied awareness of transitions may also draw attention to the child's changing developmental needs (i.e., temporal, further to systemic, processes), facilitating work with the family to meet these needs over time.

Slater and Mencher (1991) discuss the often powerful effects of identifying a family's distress as part of a normative family life transition. Understanding presenting difficulties within a frame of normal family life progression, and sharing this understanding (a normalising intervention), may have therapeutic utility. Contextualising presenting difficulties in terms of the family life cycle could reduce uncertainty and fear, and reorients the family towards addressing patterns of interaction that may be disrupting transitional progress. Clinicians often perceive psychological symptoms in presenting children and their families as expressions of being 'stuck' at key life cycle transition points (Gower et al., 2005). Presenting problems could reflect distressing deviations from the family's (norm-derived) beliefs about how their life cycle should progress (e.g., an adolescent not transitioning towards independence or leaving home as and when expected). In such cases it may be important for intervention to provide alternative perspectives and avoid simply reinforcing or prescribing norms.

Understanding of transitions in relation to psychological risk could have important implications for preventative or protective interventions (Coie et al., 1993). Where possible to prospectively identify families that may be at risk during transitions (e.g., based on previous presentation to services), they may be offered help (e.g., family sessions or parenting groups) to negotiate forthcoming (predictable) transitions (e.g., child entering adolescence). Wider populations can be addressed through preventative psychoeducational interventions (Cowan & Hetherington, 1991). For example, expectant couples might be offered relationship or parenting psychoeducation in preparation for transition to parenthood. In terms of service organisation, there may be implications for the current structuring of psychological and other care services by age group: for example, given potential strains of transition to adulthood and leaving home, it may be helpful to have continuity in service delivery around transition points (Jivanjee et al., 2008; e.g., a transitive service overlapping child and adult services) rather than compounding adjustment demands for service users by requiring that they also transition between services.

Limitations on the extent to which concepts of 'normal' transitions are useful

Some limitations have already been discussed: such as the need to embed family transition concepts in psychological models and the likely complexity of processes through which transitions may be linked to presenting psychological difficulties.

The limited agreement between researchers regarding how the family life cycle is staged may undermine the utility of concepts of 'normal' transitions for understanding presenting difficulties: questionable (inter-observer) reliability suggests questionable validity. The lack of agreement perhaps reflects a greater issue: the heterogeneity of life cycles. Even if it is possible to aggregate information across families, and agree a model of best fit, available data suggests substantial variability in life cycle transitions (type, sequence, and timing) between families (George, 1993). Original concepts of 'normal' transitions were based on a model of the Western European nuclear family that is decreasingly representative of families presenting to services in the UK (Walker, 2008): reflecting broader social changes (including greater cultural diversity). What it is that constitutes 'family' for a given individual may also vary and be less likely to conform to originally

defined norms (Walsh, 2003). Without adapting for the realities of contemporary families, concepts of normal transitions may even obscure understanding and lead to inappropriate intervention (e.g., if used to prescribe traditional white middle-class norms to all families; Slater & Mencher, 1991). Knowledge of typical family life cycle transitions could be very usefully applied: but as part of an idiographic formulation that considers the presenting family's subculture and related beliefs and interpretations.

Interventions that explicitly incorporate concepts of normal family life transitions have shown treatment efficacy (e.g., family therapy interventions for anorexia and psychosis; Eisler et al., 2003; NICE, 2009), but it is not clear how understanding transitions directly contributes to intervention efficacy (if at all).

One risk of applying the family life cycle model to understand presenting psychological difficulties is that it may invite a simple, unidirectional interpretation, wherein normative transitions are narrowly (and perhaps erroneously) conceptualised as triggering factors. At the point of clinical assessment, it will often be possible to identify a recent transition (at some level of the multigenerational family), and to make post-hoc connections to presenting difficulties, but this provides a weak basis for causal inference. All families negotiate life cycle transitions, yet only a minority will present to services (Green et al., 2005): transitions would seem to have low specificity as predictors of psychological difficulties. At a population level, any relationship between transitions and clinical presentation must be subject to moderating and/or mediating variables (which may include other aspects of family dynamics); it is not otherwise possible to account for relatively uncommon difficulties in terms of notionally 'normative' events. Similarly, in applied practice, it is important to consider the particular histories and circumstances of presenting families to understand whether and why transitions may be implicated in their difficulties. Even if transition-related stressors are formulated as precipitants for presenting problems, there will be important pre-existing and predisposing variables: it is likely that the aetiology of difficulties will be traceable to more exogenous variables (in temporal, and perhaps causal, sequence).

Any analysis of causation is complicated by the possibility that presenting difficulties may also influence the ability of the family to adapt to life cycle transitions; when difficulties co-present with transitional disruption, it may be challenging to establish temporal precedence and discern cause from effect. For example, difficulties may be pre-existing but only present to services when they inhibit the family's ability to negotiate a transition-point (i.e., when the family is subjected to novel demands); here, transitions may explain the timing of referral, but not the aetiology of psychological difficulties. In some cases, difficulties may actually contribute to transitions (e.g., leading to conflict and separation) or there may be 'third variables' that account for both transitions and psychological difficulties and thereby complicate interpretation of linkage between the two; for example, socioeconomic deprivation may increase both the frequency of transitions (poverty is associated with a truncated family life cycle, with shorter intervals between transitions and abrupt loss-based transitions; Moore Hines, 2011) and the likelihood of psychological difficulties (Murali & Oyeboode, 2004). Interpretative difficulty is exacerbated by the fact that transitions may not be discrete events; transitional processes may be protracted and encompass various stages (from preparation through to adaptation); it may be possible to disaggregate transitions into discrete components/stressors with more specific explanatory utility. Moreover, there is clear scope for more sophisticated capture of the temporal dynamics of transitions in relation to psychological difficulties, including consideration of timing, accumulation, and ordering of transitions (Barban, 2013). This would seem to be a fruitful area for future research, with potential to guide clinical understanding.

Recognising the limitations identified above, this article has argued that practitioners need to employ theory-based idiographic case formulation to make sense of what a particular transition may mean for the child and their family, within their current and historical context. Broader theoretical and empirical literature may guide the practitioner in this task, by helping them to consider a range of possible outcomes and related

factors, and to be aware of common trajectories. Given the likelihood of making spurious links between presenting difficulties and contiguous transitions, it would seem prudent to consider alternative explanations and assess for evidence that could *disconfirm* causation (e.g., enquiring about temporal precedence). Conversely, some clinicians may find that the value of drawing on family life cycle concepts is more pragmatic (i.e., in supporting shared understanding and successful working with the presenting family) and be less concerned with establishing 'accuracy' per se, although this line of reasoning could lead to inappropriately targeted interventions.

Although this article has focussed on possible links between transitions and psychological difficulties, it should also be recognised that transitions can be opportunities for positive change and reorganisation (Dallos & Vetere, 2009). For example, a recent review of child adjustment to a normative family transition (in this case, birth of a second child) found a range of responses across individuals (Volling, 2012): including cases of growth and constancy, in addition to some cases evincing difficulty. Again, this points to the importance of looking at how transitions are construed, to move beyond assumptive applications in practice.

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