




# Development of a Family Therapy Package Based on the Integration of Structural–Systemic and Attachment-Based Therapy

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### ABSTRACT

**Objective:** The objective of this study was to develop and validate an integrative family therapy educational package that combines the principles of structural–systemic theory and attachment-based couple therapy to address relational organization and emotional security simultaneously.

**Methods and Materials:** This study employed a qualitative design using conventional content analysis to synthesize theoretical and empirical texts related to structural–systemic family therapy and attachment-based couple therapy. Relevant sources were selected through predefined inclusion and exclusion criteria until theoretical saturation was achieved. An integrative package was then developed through a multistage synthesis process. Content validity was assessed by seven expert family therapists using structured evaluation forms, and the Content Validity Ratio (CVR) was calculated to determine expert agreement.

**Findings:** Inferential analysis indicated a high level of expert agreement regarding the relevance, coherence, and applicability of the developed package. The calculated Content Validity Ratio demonstrated strong consensus among evaluators, supporting the adequacy of the package structure, session sequencing, therapeutic axes, and integration logic. Experts confirmed that the package effectively integrates systemic components (boundaries and power) with attachment-based components (emotional regulation, trust, and intimacy).

**Conclusion:** The findings support the content validity and theoretical coherence of the developed integrative family therapy package. By systematically combining structural–systemic and attachment-based principles, the package provides a comprehensive framework for addressing both organizational and emotional dimensions of couple and family functioning, offering a promising foundation for future empirical testing and clinical application.

**Keywords:** structural–systemic, attachment-based couple therapy, package development, systemic–structural

## 1. Introduction

Family relationships constitute one of the most fundamental and influential contexts for psychological development, emotional regulation, identity formation, and interpersonal functioning across the lifespan. Contemporary psychological and counseling research consistently emphasizes that the quality of couple and family relationships plays a decisive role in mental health, marital satisfaction, parenting efficacy, and overall family functioning. Consequently, family therapy has evolved as a major clinical field aimed at understanding and intervening in relational patterns, interactional cycles, emotional bonds, and systemic structures that maintain distress or facilitate growth (Gladding, 2015; Goldenberg et al., 2016). Within this broad field, systemic approaches and attachment-based perspectives have emerged as two of the most theoretically robust and empirically supported frameworks, each offering distinct yet complementary lenses for understanding couple and family dynamics.

Systemic family therapy is grounded in the assumption that psychological problems cannot be fully understood in isolation from relational contexts and interactional patterns. From this perspective, symptoms are not merely individual pathologies but are embedded within circular processes, feedback loops, power hierarchies, and boundary configurations that characterize the family system (Baptist & Hamon, 2022; Dallos & Draper, 2015). Among systemic models, Salvador Minuchin's structural family therapy has been particularly influential due to its clear conceptualization of family organization, subsystems, boundaries, and power distribution. Structural theory posits that family dysfunction arises when boundaries become overly rigid or diffuse, hierarchies are unclear, or alliances and coalitions distort functional interactions, thereby compromising the family's capacity to adapt and regulate itself effectively (Minuchin, 2018; Minuchin et al., 2006; Minuchin et al., 2021). Empirical and applied studies have demonstrated the utility of structural principles in addressing a wide range of relational difficulties, including marital conflict, parenting challenges, and role confusion within families (Baroncelli et al., 2024; Ibrahim et al., 2022).

Despite its strengths, structural family therapy has also been subject to critical reflection in contemporary scholarship. Critics have argued that an exclusive focus on systemic organization and observable interactional patterns may lead to insufficient attention to clients' subjective experiences, emotional wounds, and attachment histories.

Furthermore, the therapist's active and directive stance—while effective in restructuring dysfunctional patterns—may inadvertently minimize client agency or emotional meaning-making if not balanced with empathic attunement (Brown & Errington, 2024; Dallos & Vetere, 2021). These critiques have contributed to a growing interest in integrative models that preserve the strengths of systemic approaches while incorporating frameworks that explicitly address emotion, meaning, and relational security.

Attachment theory offers such a framework by emphasizing the centrality of emotional bonds, safety, and responsiveness in close relationships. Originating from Bowlby's foundational work and subsequently expanded within adult attachment research, attachment theory conceptualizes intimate relationships as primary contexts for emotion regulation and psychological security. In couple and family therapy, attachment-based approaches focus on identifying insecure attachment patterns, unmet attachment needs, and emotional injuries that undermine trust, intimacy, and adaptive conflict resolution (Diamond et al., 2016; Johnson, 2019). Attachment-based family therapy (ABFT), in particular, has accumulated substantial empirical support across diverse clinical populations, including adolescents with depression, families experiencing high conflict, and marginalized groups facing relational rejection (Diamond et al., 2022; Tsvieli & Diamond, 2018).

Research has consistently shown that insecure attachment styles—such as anxious, avoidant, or disorganized attachment—are associated with heightened relational distress, maladaptive communication patterns, emotional dysregulation, and persistent cycles of conflict in couples and families (Benson et al., 2013; Dansby Olufowote et al., 2025). Conversely, the cultivation of secure attachment is linked to improved emotional regulation, empathy, mutual responsiveness, and long-term relational satisfaction. Attachment-based interventions thus prioritize emotional processing, validation of unmet needs, and the repair of attachment injuries as pathways to relational healing (Johnson, 2019; Tsvieli & Diamond, 2018).

However, attachment-based couple and family therapies are not without limitations. Several scholars have noted that a strong focus on emotional experience and attachment history—particularly early caregiving relationships—may inadvertently underemphasize present-moment systemic dynamics such as power distribution, role structure, and boundary management. In addition, excessive focus on past attachment injuries may foster a sense of determinism or victimhood if not integrated with strategies that enhance

agency, skill-building, and systemic reorganization (Brown & Errington, 2024; Dallos & Vetere, 2021). These concerns highlight the importance of balancing emotional depth with structural clarity in therapeutic practice.

In response to these theoretical and practical challenges, recent trends in family therapy have increasingly emphasized integrative and hybrid models that combine complementary approaches to address the multifaceted nature of relational distress. Integrative family therapy seeks not merely to juxtapose techniques from different schools, but to develop coherent frameworks in which theoretical assumptions, intervention strategies, and therapeutic goals are meaningfully aligned (Padas et al., 2023; Rabani et al., 2023). Empirical studies have demonstrated that integrative packages—particularly those combining systemic principles with emotion-focused or attachment-based interventions—can yield superior outcomes in marital satisfaction, intimacy, and relational stability compared to single-model approaches (Baba Safari et al., 2023; Barbato et al., 2020).

Within the Iranian and broader international context, several studies have focused on the development and evaluation of culturally sensitive, integrative couple and family therapy packages. These efforts reflect a recognition that relational problems are shaped by cultural norms, gender roles, family expectations, and sociohistorical contexts, which necessitate flexible and contextually informed therapeutic models (Bagheri Zadeh Moghadam et al., 2021; Hosseini Geravandi et al., 2023). Integrative approaches have been successfully applied to address marital conflict, emotional divorce, intimacy deficits, sexual dissatisfaction, and relational burnout, often demonstrating meaningful improvements in both relational and individual outcomes (Didehban & Mohabi Nouraldinvand, 2025; Fatemi et al., 2025; Khazaei et al., 2021; Sabzevari et al., 2022).

At the theoretical level, the compatibility between structural–systemic and attachment-based perspectives has been increasingly acknowledged. Structural therapy provides a clear map of family organization, power hierarchies, and boundary regulation, while attachment theory offers a deep understanding of emotional needs, relational safety, and the internal working models that guide interpersonal behavior (Dallos & Draper, 2015; Dallos & Vetere, 2021). When integrated thoughtfully, these approaches allow therapists to address both the “architecture” of family relationships and the emotional bonds that animate them. Empirical and conceptual work has highlighted that attachment security is not only an

intrapsychic phenomenon but is also co-constructed through systemic processes such as predictable roles, fair power distribution, and flexible boundaries (Hogue et al., 2022; Hsu et al., 2021).

Recent scholarship has further emphasized the need for structured therapeutic packages that translate integrative theories into clear, teachable, and replicable intervention protocols. The development of manualized or semi-manualized packages enhances treatment fidelity, facilitates training, and supports empirical evaluation, thereby strengthening the evidence base of family therapy interventions (Ismaili Pour et al., 2025; Padas et al., 2023). Such packages are particularly valuable in applied clinical settings, where therapists require coherent frameworks that guide assessment, intervention, and outcome evaluation across multiple sessions.

Despite the growing body of literature on integrative family therapy, there remains a relative paucity of systematically developed packages that explicitly combine Minuchin’s structural–systemic principles with attachment-based couple therapy in a theoretically coherent and methodologically rigorous manner. Existing studies often focus on either structural restructuring or attachment repair, but fewer efforts have been devoted to designing educational and therapeutic packages that intentionally address power, boundaries, and systemic organization alongside emotional security, attachment needs, and intimacy repair (Barbato et al., 2020; Dallos & Vetere, 2021). This gap underscores the need for research aimed at developing and validating integrative models that can respond to the complex and multilayered nature of couple and family distress.

Moreover, contemporary family therapy increasingly recognizes that effective intervention requires attention to both present-moment interactional patterns and the emotional legacies of past relationships. Structural–systemic interventions are particularly effective in modifying current relational patterns, while attachment-based techniques are well-suited to processing emotional wounds and fostering trust and intimacy. Integrating these approaches allows therapists to move fluidly between restructuring interactions and deepening emotional connection, thereby enhancing therapeutic effectiveness and sustainability of change (Diamond et al., 2016; Johnson, 2019; Seddon, 2025).

In light of these considerations, the present study responds to both theoretical and applied needs in the field of family therapy by focusing on the systematic development of an integrative educational and therapeutic package grounded in structural–systemic and attachment-based

principles. By drawing on established theories, empirical findings, and expert consensus, this study seeks to contribute to the advancement of integrative family therapy models that are both theoretically sound and clinically practical (Baptist & Hamon, 2022; Gladding, 2015; Goldenberg et al., 2016).

The aim of this study was to develop and validate an integrative family therapy package based on the combined principles of structural–systemic theory and attachment-based couple therapy.

## 2. Methods and Materials

Given that the aim of this study was to develop a family therapy package based on the integration of structural–systemic therapy and attachment-based therapy, existing texts in the field of Minuchin’s structural–systemic family therapy and attachment-oriented family therapy were examined. Accordingly, the study adopted a qualitative design, and data were analyzed using content analysis based on the conventional approach proposed by Hsieh and Shannon (2005). This approach is applicable when theories and research literature relevant to the phenomenon under

investigation already exist (Hsieh & Shannon, 2005). In the present study, theoretical foundations were available; therefore, all codes and categories were directly derived from the texts. The research setting consisted of texts related to the two aforementioned approaches. Text selection continued until data saturation was achieved. Data saturation occurred after five sources for structural–systemic therapy and six sources for attachment-based couple therapy; however, text selection was extended to ten sources. These texts were reviewed within the time frame of 2010 to 2025 and included domestic and international books, journal articles, and dissertations that demonstrated the greatest conceptual alignment with the two theories. The inclusion criteria were as follows: texts published within the last ten years and texts in which one of the core concepts corresponded to one of the two target theories. The exclusion criteria were as follows: texts without a reputable publisher and texts related to undergraduate or master’s theses. It should be noted that, based on searches conducted in available databases, no Persian-language published articles addressing the target topic were identified up to the time of writing this article.

**Table 1**

*Selected Texts Related to Attachment-Based Family Therapy*

No.	Reference
1	Diamond, G., Russon, J., & Levy, S. (2016). <i>Attachment-based family therapy: A review of the empirical support</i> . <i>Family Process</i> , 55(3), 595–610.
2	Johnson, S. M. (2019). <i>Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families</i> . Guilford Press.
3	Stryker, R. (2010). <i>The road to Evergreen: Adoption, attachment therapy, and the promise of family</i> . Cornell University Press.
4	Diamond, G. S., Diamond, G. M., & Levy, S. A. (2014). <i>Attachment-based family therapy for depressed adolescents</i> . American Psychological Association.
5	Crittenden, P., Dallos, R., Landini, A., & Kozłowska, K. (2014). <i>Attachment and family therapy</i> . McGraw-Hill Education.
6	Diamond, G., Diamond, G. M., & Levy, S. (2021). Attachment-based family therapy: Theory, clinical model, outcomes, and process research. <i>Journal of Affective Disorders</i> , 294, 286–295.
7	Diamond, G., Russon, J., & Levy, S. (2016). <i>Attachment-based family therapy: A review of the empirical support</i> . <i>Family Process</i> , 55(3), 595–610.
8	Barbato, A., D’Avanzo, B., Vadi-longa, F., Cortinovi, M., Lombardi, S., Pili, F., ... Visconti, A. (2020). Systemic family therapy integrated with attachment interventions for adoptive families: Development of a treatment manual. <i>Journal of Family Therapy</i> , 42(4), 536–559.
9	Diamond, G. M., Shahr, B., Sabo, D., & Tsvieli, N. (2016). Attachment-based family therapy and emotion-focused therapy for unresolved anger: The role of productive emotional processing. <i>Psychotherapy</i> , 53(1), 34–43.
10	Diamond, G. M., Boruchovitz-Zamir, R., Nir-Gotlieb, O., Gat, I., Bar-Kalifa, E., Fitoussi, P. Y., & Katz, S. (2022). Attachment-based family therapy for sexual and gender minority young adults and their nonaccepting parents. <i>Family Process</i> , 61(2), 530–548.
11	Tsvieli, N., & Diamond, G. M. (2018). Therapist interventions and emotional processing in attachment-based family therapy for unresolved anger. <i>Psychotherapy</i> , 55(3), 289–302.

**Table 2**

*Texts Related to Minuchin’s Structural–Systemic Family Therapy*

No.	Reference
1	Baptist, J., & Hamon, R. R. (2022). Family systems theory. In <i>Sourcebook of family theories and methodologies</i> (pp. 209–226). Springer.
2	Baroncelli, A., Iacopino, M., Facci, C., Tomberli, L., & Ciucci, E. (2024). The boundaries between personal life and professional role: Applying principles of structural family therapy to teachers. <i>Journal of Education for Teaching</i> , 50(1), 33–44.



- 3 Ibrahim, U. N., Noor, N. M., & Subhi, N. (2022). Application of the rule concept of the Minuchin structural approach among family counseling practitioners in Malaysia.
- 4 Suppes, B. C. (2022). *Family systems theory simplified: Applying and understanding systemic therapy models*. Routledge.
- 5 Pender Baum, R. L., & Pender, D. A. (2023). Using structural family theory in treating family conflict. *The Family Journal*, 31(1), 35–41.
- 6 Cook, J. C., Oldham, C. R., Casha, C., & Franklin, J. (2024). Utilizing family theories to maximize early intervention work. *Family Science Review*, 28(2).
- 7 Priest, J. B. (2021). *The science of family systems theory*. Routledge.
- 8 Minuchin, S. (2013). The family in therapy. In *Counseling and family therapy with Latino populations* (pp. 63–73). Routledge.
- 9 Minuchin, S. (2018). Structural family therapy. In *Families and family therapy* (pp. 1–11). Routledge.
- 10 Minuchin, S. (2018). Structural family therapy. In *Families and family therapy* (pp. 1–11). Routledge.

Data were collected using a structured text review guide. This guide consisted of orienting questions that prompted the researcher to remain focused on texts related to structural–systemic theory and attachment-based family therapy and to record key and significant phrases. After identifying the sources for analysis, the texts were examined line by line, subjected to content review and content analysis, and coded. The resulting codes were reviewed by the supervisor and advisor. At this stage, the coherence and conceptual consistency of the data were examined, while clear and explicit distinctions among content categories were established.

In the subsequent stage, the sources were re-examined in collaboration with the supervisor and advisor, and the extracted themes were reviewed and refined. It should be noted that data analysis occurred concurrently with data collection, meaning that an interactive process took place between what was already known and what needed to be known, with continuous movement back and forth between data and analysis. This process constitutes the core of achieving validity and reliability. In the present study, simultaneous data collection and analysis, as well as repeated iterative movement between data and codes, were consistently implemented.

To ensure the credibility and reliability of the findings, the following criteria were observed. **Utility** refers to the extent to which qualitative findings are useful and illuminating for the phenomenon under study. Given that the aim of this research was to develop a training package derived from integrative structural–systemic family therapy and attachment-based family therapy, the findings can contribute to increasing awareness among counselors and clients and facilitate the improvement and strengthening of family functioning.

**Contextual completeness** refers to examining the phenomenon under study within its relevant context. To meet this criterion, all relevant variables were considered in the present research to provide a more comprehensive description of the context under investigation.

**Researcher positioning** pertains to the researcher’s awareness of their own position and the avoidance of unconscious influence on text interpretation. In this study, the researchers sought to remain aware of their positionality and to avoid bias in interpretation and analysis. Additionally, by involving another expert in the analytical process, efforts were made to minimize any unconscious influence on interpretations and analyses.

**Reporting style** refers to presenting findings in a manner that enables other specialists and users to clearly understand the research outcomes. In this study, qualitative reports were presented in tabular and schematic formats to facilitate comprehension.

**Researcher triangulation** refers to the involvement of multiple individuals in coding and data analysis. In the present study, coding and analysis were conducted collaboratively by the researcher, the supervisor, and a qualitative research coding specialist.

### 3. Findings and Results

Overall, and in brief, for the purpose of data analysis and considering that the research method was content analysis, the five-step procedure proposed by Hsieh and Shannon (2005) was employed as follows. First, all conceptual units were extracted from the selected texts. Second, all sub-concepts underlying the main concepts were identified. Third, all concepts were organized into categories and subsequently into codes. Fourth, in order to examine the consistency of coding and categorization with the underlying theories, the extracted concepts were preliminarily reviewed by the academic supervisor. Fifth, the credibility and reliability of the coding were evaluated by all members of the research team except the student researcher (i.e., experts), and conclusions were drawn based on the resulting codes and categories.

Table 3 presents the content analysis of Minuchin’s structural–systemic theory.

**Table 3**

*Conventional Content Analysis of Minuchin's Structural Family Therapy Theory*

No.	Core Concepts of Minuchin's Structural Theory	Sub-Concepts	Codes
1	Philosophy of modernity	Objective reality	Science can help identify predictable patterns of a phenomenon. Family research can reach accurate scientific findings through systematic observation and experimentation. An objective description of a healthy family is possible.
		Pragmatism	Family research can uncover the governing rules of the family by discovering reality. Emphasis on patterns and processes in therapy is a fundamental principle at this stage.
		Therapist–client relationship	The therapist–client relationship is not egalitarian; the therapist is knowledgeable and clients are less informed.
2	Theoretical concepts	First-order cybernetics	Causality is circular rather than linear. Relationship dynamics strengthen symptoms. The nature of family problems is interpersonal. Focusing on the identified patient leads to neglect of the rest of the system. By changing the family system, individuals also change. Each part of the system is influenced by other parts of the system.
		Homeostatic balance	Child disturbance plays a stabilizing role in the family system. Systems have developmental, historical, and environmental processes that influence the basic structure and thereby affect system growth. Despite individual behavioral fluctuations, the system maintains relational stability in interactions.
3	Theoretical concepts	Triadic unit	A major step in the development of systemic theory was shifting from examining dyadic relationships to studying triadic interactions. The dyadic unit is unstable and requires a third person to prevent relational fusion. A child may be drawn into or invited to parental conflicts or disturbances.
		Feedback	The system has the capacity for feedback and self-regulation. Family rituals and social communications are interactional patterns shaped through feedback processes. The system modifies family behaviors by referring to past outcomes.
		Open and closed systems	Open systems have boundaries that allow information exchange with the external environment. Closed systems have rigid boundaries through which information cannot easily pass. Closed systems tend to reinforce stability and preserve rigid patterns.
	Pathology	Rigid or diffuse boundaries	Family relationships may range from overly close (enmeshment) to overly distant (disengagement). Rigid boundary patterns prevent power coordination and hinder constructive and adaptive problem-solving within the family.
		Dysfunctional family belief system	Maladaptive beliefs about rigid interactional patterns produce the symptomatic individual.
		Lack of complementarity	Noncomplementary functioning disrupts balance in the family structure.
		Maladaptive general and specific rules	The presence of dysfunctional rules prevents effective family functioning.
		Absence of family hierarchy	Dysfunctional families lack a clear hierarchy for power distribution, resulting in poor regulation of family subsystems.
		Alignments	Triangulation and coalitions disrupt balanced power distribution and distort family hierarchies.
		Weakness in one family subsystem	Each family subsystem must be capable of performing its functions adequately.
		Inflexibility	The family is unable or insufficiently capable of meeting individual and collective needs.
	Assessment	Observation	Through observation, therapists seek to understand coalitions and the nature of family conflicts.
		Family mapping	Structural therapists draw family maps to formulate hypotheses about family functioning.
	Techniques	Boundary making	Priority is given to increasing psychological distance between enmeshed members (e.g., mother–daughter) and modifying interactional patterns.

Tracking	The therapist selects specific symbols of family life and deliberately incorporates them into conversations with the family.
Unbalancing	By encouraging the father to assume a broader role in the family, hierarchical relationships within the parental subsystem are altered.
Enactment	A staged intervention aimed at bringing family conflicts from outside the session into the therapeutic context.
Restructuring interactional patterns	Restructuring requires modifying family rules, alignments, patterns that support maladaptive behaviors, and interactional sequences.
Reframing	The primary meaning of an event changes when placed within a new contextual framework.
Detriangulation	Two members form a friendly alliance while the third is positioned as an outsider.
Improving communication skills	The counselor helps members replace verbal aggression and defensive withdrawal with listening and mutual understanding.

**Table 4**

*Content Analysis of Attachment-Based Couple Therapy Theory*

No.	Core Concepts of Attachment Theory	Sub-Concepts	Basic Coding	Statements
1	Definition	Growth engine	Secure attachment	A secure bond is necessary for healthy social development. A secure bond is necessary for healthy emotional and cognitive development.
		Principles		Secure, bidirectional bonding is an innate human need. Regulation of emotions and fear can increase vitality. Attachment promotes growth and adaptation.
2	Theoretical concepts	Types of attachment styles	Secure attachment style	Having caregivers responsive to needs; ability to trust others; forming appropriate relationships; establishing healthy bonds.
			Anxious attachment style	Having unpredictable caregivers; fear of rejection; need for frequent reassurance; clingy and dependent behavior.
			Avoidant attachment style	Emotional distance and rejecting caregivers; reinforcement of independence; inability to achieve intimacy; difficulty expressing emotions.
			Disorganized attachment style	Fearful and avoidant patterns; frightening or abusive caregivers; contradictory behaviors; simultaneous desire for closeness and rejection.
		Causes of insecure attachment	Causes of anxious attachment style	Inconsistent caregiver behavior.
			Causes of avoidant attachment style	Caregivers are sometimes punitive and sometimes responsive. Hyperactivated child response system. Ignoring the child's emotions.
			Causes of disorganized attachment style	Lack of attention to the child's feelings and lack of perceived love. Premature self-reliance. Fear of the caregiver.
		Attachment-based couple pathology	Negative emotions	Exposure to traumatic events. Relational jealousy.
		Disrupted relationships		Fear of abandonment. Inability to trust. Unstable relationships. Experience of violence from the partner. Aggression. Unstable relationships. Anxious relationships. Emotional withdrawal.
		Benefits of secure attachment	Effective communication	Lifelong relationships characterized by warmth and mutual respect. Satisfying relationships. Voluntary and honest communication. Conflict resolution skills.

Identification of partners' attachment patterns	Positive emotions	Interest and trust. Empathy. Compassion and kindness. Discovering the couple's attachment map.
		Understanding the causes of distress based on attachment. Identifying behavioral mechanisms resulting from attachment styles.
Therapeutic goals	Enhancing secure attachment	Improving conflict resolution skills.
	Reducing insecure attachment	Developing underdeveloped aspects of the self. Rediscovering inner self-compassion.
Assessment	Objective assessment	Rediscovering the inner self-care instinct. Questionnaires assessing attachment to caregivers. Romantic relationship attachment style questionnaires.
	Subjective assessment	Observation. Interview.
Therapeutic strategies	Examining attachment-driven interactional dynamics	Avoidant: rapid shutdown of arguments and conflicts.  Anxious: prolongation of arguments and long-term resentment. Disorganized: disorganized responses to conflict, sometimes flexible and sometimes rigid. Difficulty resolving conflict in attachment mismatches. Secure: self- and other-care, emotional balance. Pursuer-withdrawer pattern as the most maladaptive interactional pattern (anxious-avoidant). Conflict resolution in anxious partners: reassurance seeking and passive-aggressive behavior. Conflict resolution in avoidant partners: leaving issues unresolved.
		Exploring emotional needs.
Reconstructing interactional dynamics		De-escalation: identifying negative cycles as the problem rather than the partner. Reframing: expressing core attachment needs. Consolidation: creating more positive interactions that strengthen the relationship.

### What structure and content does the systemic attachment-based educational package have?

To address this question, the method proposed by Yousefi and Golparvar (2023) was used. The stages of integrating the two approaches are presented below. The first and second stages involved examining the advantages and disadvantages of the two approaches.

Tables 5 and 6 present the advantages and disadvantages of Minuchin's structural-systemic theory based on the views of the researchers (the student researcher and the supervising and consulting faculty members). The results of the first stage, which involved examining the strengths and weaknesses of structural theory, are presented in Table 5.

**Table 5**

*Advantages and Disadvantages of Minuchin's Structural-Systemic Theory*

Advantages	Disadvantages
Clear and well-defined indicators of a healthy family	Inattention to the client's judgment and perspective
Emphasis on shaping family boundaries	Weakness in empowering family members for problem solving
Regulation of power within the family	Creation of feelings of inferiority in family members due to therapist authority
Prevention of triangulation	Inattention to the meanings governing relationships
Improvement of communication skills	A fully systemic approach to family change
Organization of family structure through correction of power hierarchy	Focus on problems rather than strengths
—	Overemphasis on systemic variables and neglect of individual variables
—	Inattention to emotional issues and the client's past



Table 5 also presents the advantages and disadvantages of attachment-based therapy following content analysis conducted by the researchers, which was confirmed by seven family therapists, yielding an agreement coefficient of 0.98. As shown in this table, the left column presents the advantages of structural–systemic theory, indicating that two key structures in the family system—decision-making

power and family boundaries—distinguish family subsystems from one another. The right column presents the disadvantages of this theory, indicating that therapists adopt a top-down position toward family members and that emotional and individual issues are neglected within systemic dynamics. Table 6 presents the advantages and disadvantages of attachment-based couple therapy theory.

**Table 6**

*Advantages and Disadvantages of Attachment-Based Therapy*

Advantages	Disadvantages
Empowering each partner to achieve emotional balance	Focus on the past and mother-blaming
Improvement of couples' conflict resolution skills	Neglect of power dynamics within the family
Attention to each partner's needs by the other	Neglect of boundary-related dynamics in the family
Identification of the roots of couple problems in each partner's intrapsychic state	Neglect of systemic dynamics
Improvement of trust in each partner	Neglect of the role of systemic feedback
Enhancement of intimacy	Overemphasis on needs and neglect of cognitive and behavioral capacities
Identification of emotions	Although insight is increased, need-focused therapy may raise couples' expectations
Identification of emotions and emotional wounds	Overemphasis on emotion

As shown in Table 6, this theory pays insufficient attention to systemic dynamics related to couples' sense of security and their role in family functioning. Moreover, the two key structures of power and boundaries are not adequately addressed. Instead, excessive focus on attachment, needs, attachment-related wounds, and the role of the past in their formation may lead to a sense of

determinism rather than autonomy in improving family and individual functioning.

In the second stage, efforts were made to compensate for the weaknesses of each approach by incorporating the therapeutic axes of the other theory. Table 7 presents the components of integrating the two therapeutic approaches after examining the strengths and weaknesses of both theories.

**Table 7**

*Disadvantages of Attachment Theory and Therapeutic Axes of Structural–Systemic Theory*

Disadvantages of Attachment Theory	Therapeutic Axes of Structural–Systemic Theory
Focus on the past and mother-blaming	Emphasis on learning in the present and attention to systemic forces
Neglect of power dynamics in the family	Attention to power distribution methods and the role of attachment in shaping power dynamics
Neglect of boundary-related dynamics	Attention to flexible boundaries in strengthening secure attachment and awareness of the role of insecure attachment in boundary disturbance
Neglect of systemic dynamics	Attention to power and boundaries in training
Neglect of the role of systemic feedback	Attention to the role of attachment styles in shaping trust, power distribution, and boundary formation
Overemphasis on needs and neglect of cognitive and behavioral capacities	Attention to power, boundaries, and intimacy alongside attachment-based emotional needs
Increased expectations due to need-focused therapy despite enhanced insight	Efforts to promote self-focus rather than excessive focus on the partner
Overemphasis on emotion	Emphasis on systemic foundations alongside attention to emotion

As shown, attempts were made to address the disadvantages of attachment theory through the therapeutic axes of structural–systemic theory, with particular emphasis on systemic dynamics and present-time processes as corrective focal points. In the third stage, a similar process

was applied to the disadvantages of structural–systemic theory, and efforts were made to compensate for its shortcomings through the therapeutic axes of attachment-based couple therapy. Table 8 presents these results.

**Table 8**

*Disadvantages of Structural–Systemic Theory and Their Complementation Through Attachment-Based Therapeutic Axes*

Disadvantages of Structural–Systemic Theory	Attachment-Based Therapeutic Axes and Techniques
Inattention to clients' perspectives and judgments	Attention to concerns and anxieties arising from attachment needs
Weakness in empowering family members for problem solving	Emotional and cognitive empowerment through attachment-based insight
Creation of feelings of inferiority due to therapist authority	Therapist attunement to soothe attachment wounds and enhance emotional empowerment through strengthening secure attachment
Inattention to the meanings governing relationships	Attention to attachment-related messages
Lack of a neutral stance in family change	Adoption of a corrective approach through facilitating client insight
Focus on problems rather than strengths	Attention to emotion regulation and affective modulation through balancing negative emotions arising from attachment wounds
Inattention to clients' emotional issues and past	Attention to clients' insight into attachment and its sources

The contents of Table 8 indicate that by attending to attachment dynamics and their sources, efforts were made to incorporate attention to the past, emotion, trust, and intimacy derived from attachment-based therapy, thereby reducing the limitations of the structural approach.

**Stage Three:** At this stage, the results of Stage Three were reviewed and confirmed by seven family therapy

specialists. Based on the calculation of their agreement coefficient, an agreement index of 0.98 was obtained.

**Stage Four:** Integration of the two theories was carried out by compensating for the limitations of each approach through the strengths of the other approach.

**Table 9**

*Components of the Educational Package After Examining the Strengths and Weaknesses of the Two Therapeutic Theories*

Axes Derived From Structural–Systemic Theory	Techniques Derived From Attachment-Based Therapy
Clear and specific indicators of a healthy family	Goal setting by clients to achieve greater intimacy through modifying attachment style and regulating power and boundaries
Attention to boundary formation	Reducing rigid boundaries by improving avoidant attachment style; reducing chaotic boundaries by improving anxious and disorganized attachment styles; creating flexible boundaries through enhancing secure attachment
Regulation of power within the family	Improving power balance by reducing clinginess and controlling behaviors in individuals with anxious attachment; reducing emotional distance and enhancing dyadic empathy in avoidant attachment; improving predictability in disorganized attachment
Enhancement of trust	Improving conflict resolution skills by reducing and soothing emotional wounds
Enhancement of intimacy	Improving secure attachment style; appropriate emotional expression; identifying methods to enhance intimacy

**Stage Five:** Final confirmation of the extracted axes of the integrative approach was carried out by the academic supervisor.

**Stage Six:** At this stage, the integrative therapeutic package was developed in accordance with APA guidelines.

**Stage Seven:** This stage involved validation of the developed package. Following formatting of the educational content and in response to the third research question, the results of content validation are presented.

**Table 10**

*Behavioral Definitions, Structure, and Educational Content of Attachment-Oriented Structural–Systemic Sessions*

Component	Description
Behavioral Definitions	One or both partners experience one or more types of insecure attachment styles. One or both partners show weaknesses in effective conflict resolution due to insecure attachment styles. One or both partners exhibit relational impairments such as clinginess, disengagement, ambiguity, or controlling behaviors as a result of insecure attachment styles. One or both partners did not receive adequate responses to their emotional needs in the past. Due to attachment-related wounds, couples are unable to establish appropriate boundaries. Due to attachment-related wounds, couples experience difficulties in appropriate power distribution. Couples engage in triangulation to resolve family issues arising from attachment styles. Due to insecure attachment styles, couples are unable to establish trust or balanced intimacy. Due to emotional dysregulation, couples are unable to maintain emotional balance.

Session 1	Objective: Identifying attachment patterns in couple relationships and developing attachment self-awareness. Content: Familiarization with different attachment styles. Assignment: Completion of the attachment style monitoring worksheet.
Session 2	Objective: Identifying the causes of insecure attachment styles and their effects on couple life. Content: Understanding the origins of insecure attachment styles. Assignment: Completion of the worksheet monitoring the effects of insecure attachment styles.
Session 3	Objective: Familiarization with types of family boundaries and understanding the effects of secure and insecure attachment styles on boundaries. Content: Identification of negative interactional patterns contributing to inappropriate boundaries. Assignment: Completion of the worksheet monitoring negative interactional patterns in the formation of inappropriate family boundaries.
Session 4	Objective: Introducing the role of creating a secure environment in forming flexible boundaries and secure attachment styles. Content: Identification of methods for creating a secure environment, the role of flexible boundaries, and appropriate role performance in boundary formation. Assignment: Completion of the worksheet monitoring the creation of a secure environment and experiences of flexible boundaries.
Session 5	Objective: Familiarization with the role of insecure attachment styles in power distribution, balance, or imbalance. Content: Identification of the role of insecure attachment styles in power-related impairments and balance. Assignment: Completion of the worksheet monitoring the role of insecure attachment in family power distribution.
Session 6	Objective: Familiarization with the role of secure attachment styles in achieving power balance within the family. Content: Learning about expressing deep distress, reprocessing emotional wounds, and creating a secure environment in shaping power balance. Assignment: Completion of the worksheet monitoring the role of secure attachment in power balance.
Session 7	Objective: Familiarization with the role of insecure attachment styles in lack of trust and intimacy. Content: Understanding how unmet needs and past emotional wounds affect intimacy with the spouse. Assignment: Completion of the worksheet monitoring the role of insecure attachment in weakened intimacy.
Session 8	Objective: Familiarization with the role of secure attachment in building trust and intimacy. Content: Learning how identifying negative interaction patterns, creating a secure environment for emotional expression, reprocessing emotional wounds, and establishing secure bonds contribute to intimacy. Assignment: Completion of the worksheet monitoring efforts toward establishing secure attachment bonds.

### Does the systemic attachment-based educational package demonstrate content validity?

To evaluate the content validity of this package, seven specialists in family counseling and family therapy assessed the educational package across two dimensions: (1) the package process, including duration, objectives, and topics of each session, and (2) the substantive content of each session. Accordingly, the educational package, along with content and process evaluation forms, was provided to the specialists, who were asked to review the package in terms of objectives, techniques, and time allocation. Subsequently, the Content Validity Ratio (CVR) was calculated, yielding a CVR of 0.98, indicating a high level of agreement among the evaluators.

## 4. Discussion

The present study aimed to develop and validate an integrative family therapy package grounded in the combination of structural-systemic theory and attachment-based couple therapy, and the findings provide substantial support for the theoretical coherence, clinical relevance, and content validity of this integrative approach. Overall, the results indicate that combining the strengths of Minuchin's structural-systemic framework with attachment-based therapeutic principles yields a comprehensive model capable of addressing core relational dimensions, including boundaries, power distribution, emotional regulation, trust, and intimacy. These findings are consistent with the growing body of literature emphasizing that no single therapeutic model sufficiently captures the complexity of couple and

family dynamics, and that integrative approaches are often better suited to address multifaceted relational problems (Baptist & Hamon, 2022; Gladding, 2015; Goldenberg et al., 2016).

One of the key findings of this study is that the structural-systemic components of the package effectively target organizational aspects of family functioning, particularly boundary clarity, subsystem differentiation, and hierarchical regulation. The content analysis demonstrated that structural principles offer clear and operational indicators of healthy family functioning, which facilitate both assessment and intervention. This aligns with Minuchin's assertion that dysfunctional family patterns often stem from diffuse or rigid boundaries and imbalanced power structures that impair adaptive interaction (Minuchin, 2018; Minuchin et al., 2006). Empirical studies applying structural principles in diverse contexts have similarly highlighted their effectiveness in restoring functional hierarchies and improving role clarity, whether in families, couples, or even professional relational systems (Baroncelli et al., 2024; Ibrahim et al., 2022). The current findings extend this literature by demonstrating that these structural strengths can be systematically embedded within an educational and therapeutic package designed for couples experiencing relational distress.

At the same time, the results underscore the limitations of a purely structural-systemic approach when emotional processes and attachment needs are not explicitly addressed. As reflected in both the expert evaluations and the integration stages of the package, structural interventions

alone may insufficiently attend to clients' subjective experiences, emotional wounds, and unmet attachment needs. This concern has been raised in previous critiques of directive systemic models, which argue that an overemphasis on observable interactional patterns can lead to the marginalization of emotional meaning and client agency (Brown & Errington, 2024; Dallos & Vetere, 2021). The integrative design adopted in this study directly responds to these critiques by embedding attachment-based techniques that prioritize emotional safety, empathy, and the repair of relational injuries.

The attachment-based components of the developed package were found to play a crucial role in addressing emotional dysregulation, insecurity, and intimacy deficits among couples. The findings demonstrate that insecure attachment styles—*anxious, avoidant, and disorganized*—are systematically linked to maladaptive interaction patterns such as *clinginess, emotional withdrawal, power struggles, and triangulation*. These observations are strongly supported by prior research indicating that insecure attachment trajectories are associated with persistent relational distress and ineffective conflict resolution in couples (Benson et al., 2013; Dansby Olufowote et al., 2025). Attachment-based family therapy research has repeatedly shown that interventions focused on emotional processing and attachment repair can lead to significant improvements in trust, emotional responsiveness, and relational stability (Diamond et al., 2016; Diamond et al., 2022; Tsveli & Diamond, 2018). The present study's results align with this evidence, suggesting that attachment-based strategies are essential for fostering emotional security within the family system.

Importantly, the findings also highlight that attachment-based therapy, when applied in isolation, may neglect key systemic dimensions such as power dynamics and boundary regulation. Expert evaluations confirmed that excessive focus on past attachment injuries and emotional needs can inadvertently downplay present-moment systemic forces that sustain relational problems. This observation is consistent with systemic critiques of attachment-focused models, which caution against an over-intrapsychic or emotion-centric orientation that may obscure relational structures and contextual constraints (Brown & Errington, 2024; Dallos & Draper, 2015). By integrating structural axes—such as power redistribution and boundary flexibility—into attachment-based interventions, the present package addresses this limitation and promotes a more balanced therapeutic focus.

The results of the integration stages provide particularly strong support for the complementarity of structural–systemic and attachment-based approaches. The systematic mapping of the disadvantages of each theory onto the strengths of the other resulted in a coherent model in which emotional processes and systemic organization mutually inform one another. For example, attachment-based techniques were used to mitigate the hierarchical rigidity and therapist-dominance often associated with structural therapy by emphasizing therapist attunement, collaboration, and emotional validation. Conversely, structural principles were employed to counterbalance the potential emotional overfocus of attachment-based therapy by reintroducing attention to boundaries, power distribution, and role clarity. This bidirectional integration reflects contemporary calls for theoretically grounded integrative models rather than eclectic combinations of techniques (Padas et al., 2023; Rabani et al., 2023).

The high content validity ratio obtained for the developed package further strengthens the credibility of the findings. The strong agreement among expert family therapists suggests that the package's structure, session content, objectives, and techniques are not only theoretically sound but also clinically meaningful and applicable. This finding is in line with previous studies emphasizing the importance of expert consensus and manualized intervention development in enhancing the reliability and transferability of family therapy programs (Fatemi et al., 2025; Ismaili Pour et al., 2025). Moreover, the structured session design—progressing from attachment awareness to boundary formation, power balance, trust, and intimacy—mirrors developmental and therapeutic sequences proposed in both systemic and attachment-based literature (Dallos & Vetere, 2021; Johnson, 2019).

From a broader perspective, the results of this study contribute to the expanding literature on integrative couple and family therapy by providing a concrete example of how systemic and attachment-based theories can be operationalized within a single educational–therapeutic package. Similar integrative efforts have demonstrated positive outcomes in marital satisfaction, emotional intimacy, and relational stability, particularly when interventions are culturally adapted and contextually sensitive (Baba Safari et al., 2023; Bagheri Zadeh Moghadam et al., 2021; Sabzevari et al., 2022). The present study builds on these findings by offering a model that explicitly targets both relational structure and emotional

security, thereby addressing a critical gap in existing interventions.

In addition, the findings resonate with evidence from related integrative and systemic approaches, such as solution-focused, Bowenian, and narrative family therapies, which emphasize both relational patterns and meaning-making processes (Dane et al., 2025; Hogue et al., 2022; Hsu et al., 2021). The convergence of evidence across these models reinforces the conclusion that effective family therapy requires simultaneous attention to interactional processes, emotional bonds, and individual agency. By situating attachment processes within a clear systemic framework, the developed package reflects this integrative ethos and offers a promising direction for future clinical applications.

## 5. Conclusion

Finally, the discussion of results suggests that the integrative package developed in this study has the potential to enhance therapeutic outcomes by promoting sustainable change. Structural interventions facilitate immediate reorganization of dysfunctional interaction patterns, while attachment-based techniques support deeper emotional healing and long-term relational security. This dual focus increases the likelihood that therapeutic gains will be maintained beyond the intervention period, a concern frequently highlighted in outcome research on couple and family therapy (Diamond et al., 2016; Seddon, 2025). Thus, the present findings not only support the theoretical rationale for integration but also underscore its practical significance in clinical settings.

## 6. Limitations & Suggestions

Despite the strengths of this study, several limitations should be acknowledged. First, the study focused on the development and content validation of the integrative package rather than its empirical effectiveness in clinical populations. As such, conclusions regarding therapeutic outcomes remain theoretical at this stage. Second, expert evaluations, while valuable, may reflect shared professional perspectives that limit the diversity of viewpoints, particularly across different cultural or clinical contexts. Third, the reliance on qualitative content analysis and expert judgment may introduce subjectivity, despite efforts to enhance credibility and agreement. Finally, the package was developed primarily within a specific cultural and

professional framework, which may limit its generalizability to other settings without further adaptation.

Future research should empirically evaluate the effectiveness of the developed integrative package using experimental or quasi-experimental designs, such as randomized controlled trials. Longitudinal studies could examine the sustainability of therapeutic outcomes over time. Comparative studies assessing this integrative model against single-approach interventions would further clarify its added value. Additionally, future research could explore cultural adaptations of the package and investigate its applicability across diverse family structures and presenting problems. Qualitative studies capturing clients' lived experiences of the integrative process would also enrich understanding of its mechanisms of change.

Practitioners are encouraged to adopt an integrative perspective that balances systemic organization with emotional and attachment-based processes. Training programs for family therapists may benefit from incorporating structured integrative packages that provide clear guidance while allowing clinical flexibility. Clinicians should attend simultaneously to boundaries, power, and interactional patterns, as well as to emotional safety, trust, and intimacy. Finally, therapists are advised to remain reflective about their therapeutic stance, ensuring that directive interventions are complemented by empathy, collaboration, and respect for client agency.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.



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## Authors' Contributions

F.R.F. was responsible for the conceptualization of the study, theoretical integration of structural-systemic and attachment-based approaches, and primary development of the family therapy package. Z.Y. contributed to the qualitative research design, content analysis of selected texts, and methodological supervision of the package development process. M.G. participated in data extraction and analysis, application of the integrative package development model, interpretation of findings, and drafting and revising the manuscript. All authors reviewed and approved the final version of the manuscript and accept full responsibility for the accuracy and integrity of the work.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

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