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Original Article

Implementation of the McMaster Model in Family Therapy: Effects on Family Function in Married Couples

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Abstract

Objective: Family function is one of the main effective factors on stability of the family. Family therapy can promote family function and performances. This study aimed to assess the effects of family therapy on family function among couples in Yazd province (Iran) based on the McMaster model.
Method: The research population was selected from volunteer couples in Yazd in 2017 who were invited by publicity announcement to participate in this research. Finally, 40 couples were selected and randomly divided into 2 intervention and control groups. Participants responded to the demographic and Family Assessment Device (FAD) questionnaires. The obtained information was investigated using inferential and descriptive statistics and SPSS 21 software.
Results: The results showed significant differences between the intervention and control groups in problem-solving ($p = 0.01$), communication ($p < 0.0001$), emotional responsiveness ($p = 0.01$), emotional involvement ($p < 0.0001$), and general function ($p = 0.04$). The roles and behavior control domains were improved after the intervention in 2 groups, but the differences were not significant.
Conclusion: Family therapy based on McMaster model can promote the skills of problem- solving, family communication, emotional responsiveness, emotional involvement, and general function in couples. Healthy family functioning is an important domain of interest for mental health professionals who provide family interventions. Our findings add substantially to family professionals' knowledge about patterns of family function in Iranian families.

Key words: *Family Function; Family Therapy; McMaster Model*

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A desirable family is an open system whose members are emotionally interconnected, but they have also been encouraged to expand their individual identities. The atmosphere of such a family is full of love, in which each member is accepted unconditionally. Therefore, the family can solve the conflicts and respond to its members' help requests with pleasure (1). Family function has internal and external dimensions. The criterion of family efficiency is not absence of psychological stress, problems, and conflicts in the family, but it is the ability of family to fulfill its tasks and functions. This ability, in turn, depends on the structure and compatibility power of couples (2). Ahluwalia et al (2018) stated that family therapy has been found to be an efficacious treatment for couples with some problems. Therapy programs, which have included spouses, have been found to be effective in motivating couples to enter and continue treatment. They have also been associated with better outcomes such as better family functioning. The theoretical framework underlying couples therapy is an understanding of marital discord. Problems in the marital relationship, poor communication, and poor problem-solving may precede dysfunctional relationships. Marital and family conflicts also have the propensity to facilitate relapse (3).

Family therapy is a structured form of psychotherapy that seeks to reduce distress and conflict by improving the systems of interactions between family members. Family therapy offers families a way to develop or maintain a healthy and functional family.

Families with more difficult and intractable problems require family interventions and therapy. The systemic framework approach offers advanced family therapy for such families (4).

Many theorists and researchers engaged in the study of the family and behaviors that affect family structures have changed during the past 2 decades. It seems the families in the 21st century have encountered new challenges that threaten the quality of family functioning (5). To study the family systems, different approaches have been used. For instance, several researchers have suggested the need for intervention methods to study family patterns and functions (6, 7). The factors that affect compatibility of family members are their attitude toward problems, especially in the domains of family functioning, such as communication, problem-solving, roles, behavior control, and ways to express one's interests and emotional responses. One of the intervention models, which assess the family functions, is the McMaster Model (8). In this regard, using an educational model can help the couples.

McMaster model is one of the most effective and suitable models for studying healthy families in Iran, which can be used by family counselors to prevent familial problems in the country (9, 10, 11). It is an effective model in family studies, which increases the effectiveness of interventions in family stability and reduces marital conflicts and risk of divorce. This model can be used to help couples who have problems and want divorce. Furthermore, it promotes the quality of family relationships (12).

Continuous investigations that have been conducted since the development of McMaster's model are the main strengths of this approach (13). Unfortunately, little attention has been paid to the family functions in the Iranian culture. Due to the increasing divorce rate in our country, especially in Yazd, the damages caused by it, and the couples' worries, this research was conducted to assess the effects of family therapy on family function among couples in Yazd province (Iran) based on the McMaster model to improve the dimensions of family function and marital satisfaction in the couples.

Materials and Methods

Survey Design, Population and Sampling

This semi-experimental research was based on a pretest-posttest design and investigated couples in Yazd in 2017. Based on the results of a preliminary study conducted by the researchers (S = 4.5) and considering the significant level of 5% and the test power of 80%, and to achieve a significant difference in the mean score of the domains, 40 participants (20 couples) were needed in each group (intervention and control).

$$n = \frac{(z\frac{\alpha}{2} + z\beta)^2 \times 2s^2}{(\overline{x}_1 - \overline{x}_2)^2}$$

The first 45 couples (90 persons) were registered as control and the intervention groups (Figure 1).

The couples were invited through publicity announcement and those willing to participate in this research were selected. We also sent letters to several psychological counseling centers and asked them to introduce couples who referred to these centers for treatment and had no therapeutic and educational sessions until the start of the research. The couples were selected based on the following criteria: enjoying complete awareness, negative history of affliction with major psychological disorders, willingness to participate, having at least 1 child or more, and having complete consciousness (absence of history of insanity and dementia, lack of mental retardation, and awareness of time, place, and person). Then, the selected couples were randomly divided into intervention and control groups. Randomization method was used to reduce bias and participants in both groups had an equal chance of being in each group. In addition, the lack of missing data was and effective way to reduce bias. At first, informed written consents, demographic and FAD questionnaires were collected from eligible families. Then, the training package and its content were adjusted based on the results of pretest questionnaires. Educational interventions were later performed for 7 sessions of 75-90 minutes for the intervention group. All intervention programs were approved by 5 professionals containing counselors, psychologists, and psychiatrists. The

participants of both groups were asked to complete the FAD questionnaire 3 months after the intervention. Also, the control group was informed about the educational materials at the end of the study. Moreover, those families with severe problems were advised to refer to mental health professionals.
The content of the educational package, which was done through lectures by 6 psychologists, is presented in Table 1. In all training sessions, the couples asked their questions and the teachers took feedback.

Research Tools

The participants' demographic characteristics, such as age, education, job, and similar subjects, were recorded using a questionnaire. Furthermore, FAD questionnaire developed by Epstein, Baldwin, and Bishop in 1950 was used based on the McMaster theory. The term "family functioning" refers to the ability of a family to work together as a unit to satisfy the basic needs of its members. The McMaster Family Function (MMFF) emphasizes the interrelations among the family members and family system. The McMaster model was developed at McMaster University and Brown University. It is a widely used model of family counseling that emphasizes the family unit as a setting for social, biological, and psychological development of its members. The 6 dimensions of the FAD correspond to dimensions of family functioning in the McMaster model (14). It contains 60 items and represents 6 dimensions of family functioning that are highly relevant in clinical practice. Each question is related to one of the dimensions and describes the healthy and unhealthy functions of the family. The family domains include problem-solving, communication, roles, emotional responsiveness, emotional involvement, and behavioral control (15, 16, 17).
The higher scores achieved by respondents indicate their worse levels of family functioning. The FAD is scored by summing the endorsed responses (1–4) for each subscale (The negatively worded items are reversed.) and dividing them by the number of items in each scale. Accordingly, individual scale scores range from 1 (the best functioning) to 4 (the worst functioning). The FAD has been found to have high levels of internal consistency across different types of families and acceptable levels of test-retest reliability (18). The validity of the applied questionnaires was appropriately evaluated within and out of Iran. In the Iranian version of the questionnaire, Cronbach's alpha factor was 0.94 for all the instruments and the subscales were defined as problem-solving (0.86), communication (0.87), roles (0.87), emotional responsiveness (0.81), emotional involvement (0.89), and general functioning (0.82). The validity and reliability of FAD were also examined in other studies. In the study of ZadehMohammadi and Malekkhosravi (2011), Cronbach's alpha for the entire scale was 0.90 and the test-retest coefficient was 0.82 (19-21).

Data Analysis

All quantitative data were coded for statistical analysis using SPSS software version 21 (SPSS Inc, Chicago). The statistical tests including Chi-Square, Mann-Whitney U-test, independent sample t test, paired sample t test, and Univariate covariance analyses were employed to evaluate and compare the dimensions of family functioning in 2 groups of couples. P value < 0.05 was considered as statistically significant.

Ethics Approval and Consent to Participate

Ethical committee of Public Health School, Shahid Sadoughi University of Medical Sciences (Ethic code: IR.SSU.SPH.REC.1395.52) Yazd, Iran approved this study. Data were kept strictly confidential and personal identifiers were not put on the questionnaires. They had no constraint to participate in the study. The study purpose and objectives were explained to each participant. Informed consent was sought from all study participants before the commencement of study activity. No biological sample was obtained as a part of the data collection.

Table 1. Content of the Educational Package of the McMaster Model in Family Therapy

Sessions 1		Content
2	Title and goals	Concept and types of family, goals of family formation, healthy family characteristics, divorce statistics in Iran
3	Getting to know and expressing of goals	
4 5	Roles: improvement the proper roles and responsibilities	Role delegation in the family, barriers of accepting responsibilities in family affaires, unbalanced distribution of roles and its effect on family functioning
	Emotional responsiveness: increasing of emotional support	Empathy and emotional support (intimacy, sympathy, and forgiveness), inappropriate emotional interactions with family members and emotional involvement
	Emotional involvement: increasing of proper emotional involvement	
6	Communication: empowerment for effective communication	Effective communication, the consequences of lack of communication skills, types of verbal and non-verbal communication
	Problem solving: improvement the effective strategies for problem solving	Effective problem-solving strategies, decision-making skills, consequences of using incorrect solutions on family function
	Behavior control: management of the stress and anger	Anger management, ways to cope with stress in crisis , extreme monitoring and negligence
7	Making conclusion, taking feedback, guiding couples for referring to the consultant if necessary	General function and summarization of all domains

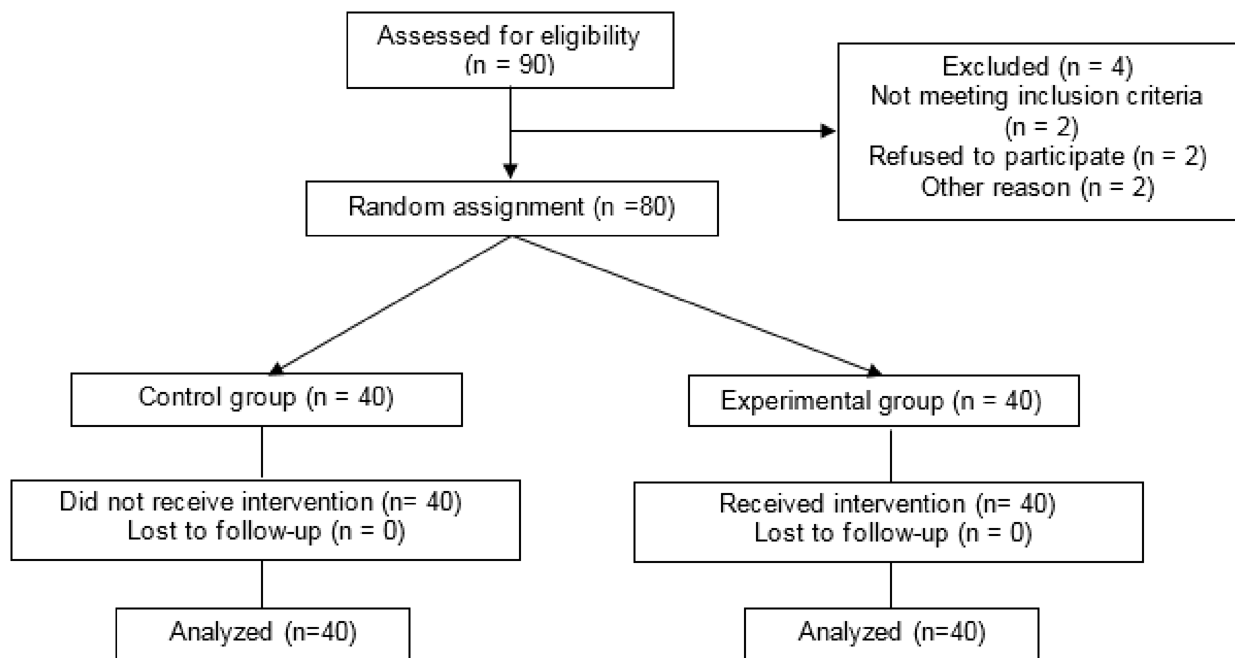

Figure 1. Consort Diagram of Randomization, Allocation, Follow-Up and Analysis

Results

The difference between the mean age of the intervention group (34.67 ± 5.70) and that of the control group (37.00 ± 7.66) was not statistically significant (P = 0.88). Moreover, the average duration of marriage in intervention group (9.90 ± 4.70) and control group (11.75 ± 7.75) was not statistically significant (P = 0.20). Other demographic variables, including education, job, income satisfaction, smoking, drinking, substance abuse, referring to a psychiatrist, referring to the court, and referring to the social emergency department, were not significant between the 2 groups (p> 0.05).
Table 2 represents the mean scores of FAD in the 2 groups before intervention. As it is shown in this table, in all domains, the intervention group had higher scores, indicating a worse family functioning.
The results showed significant differences between the intervention and control groups in the domains of problem-solving (p = 0.01), communication (p < 0.0001), emotional responsiveness (p = 0.01), emotional involvement (p < 0.0001), and general function (p = 0.04). The scores of roles and behavior control domains were decreased after the intervention in both groups, but the differences were not significant (Table 3). Moreover, lower scores indicated a better function in FAD.
The univariate covariance analysis was used to control the effect of pretest on the dependent variables in the posttest stage. There were significant differences between the 2 groups in roles (P < 0.0001) and behavior control (P < 0.001). This means that training was able to improve the 2 domains in the intervention group. To conduct covariance analysis, regression gradient equivalence and normality of data were considered as prerequisites (Table 4).
Also, significant differences were observed in each domain before and after intervention in case group: problem-solving (P < 0.001), affective involvement (p < 0.002), behavior control (P < 0.001), and other domains (p < 0.0001) by paired sample t test. However, there were no significant differences in each domain before and after the intervention in control group: problem-solving (p = 0.593), communication (p = 0.245), emotional responsiveness (p = 0.615), emotional involvement (p = 0.853), roles (p = 0.191), behavioral control (p = 0.604), and general function (p = 0.889).

Table 2. Participants' FAD Mean scores Before Intervention of the McMaster Model in Family Therapy

Variable	Intervention		Control		P value
	Mean	SD	Mean	SD	
Problem solving	12.90	2.47	11.90	1.98	0.18
Communication	20.15	3.94	18.60	3.46	0.08
Emotional responsiveness	13.67	2.54	12.07	2.37	0.10
Emotional involvement	17.95	2.68	17.22	2.16	0.14
Roles	25.50	3.00	23.20	2.86	0.05
Behavior control	22.02	3.82	20.52	3.99	0.07
General function	24.87	4.43	23.12	4.11	0.06

Table 3. Participants' FAD Mean Scores after Intervention of the McMaster Model in Family Therapy

Variable	Intervention		Control		P value
	Mean	SD	Mean	SD	
Problem solving	10.05	2.74	11.80	2.22	0.01
Communication	16.27	3.78	18.92	4.60	0.00
Emotional responsiveness	11.30	2.65	13.27	2.66	0.01
Emotional involvement	14.35	2.23	17.08	2.56	0.00
Roles	21.05	4.41	22.62	3.42	0.07
Behavior control	19.30	3.10	20.22	3.73	0.08
General function	21.25	4.37	23.22	4.73	0.04

Table 4. Univariate Covariance Analysis on 2 Domains of FAD in Intervention and Control Groups at Posttest

Domains	Sum of squares	Degree of freedom	Mean of squares	F	P value	Statistical power
Roles	218.04	1	218.04	23.24	0.0001	1
Behavior control	110.21	1	110.21	12.99	0.001	1

Discussion

The results of this study showed training can improve family function in couples in Yazd. Teaching them problem-solving strategies could improve this skill in couples. This result is in the same line with the findings of Markman and Hallweg (1993) in couples who were unable to solve problems (22). Cognitive training can increase problem-solving skills in couples and reduce their conflicts (23). The results of Tellado's study (1984) also confirmed the positive effect of educational intervention on increasing problem-solving skills and promoting solving family problems (24). In the domain of "communication", the results showed education was able to improve communication skills in couples.

Usually the most common complaint mentioned by couples is the lack of proper and mutual communication (25). This conclusion is similar to findings of Robinson and Price (1980) as well as Eidelson and Epstein (1982), based on the fact that communication problems can be the main cause of marital conflicts (26, 27).
Moreover, educational intervention improved the "emotional responsiveness and emotionalinvolvement" in couples. These results also confirmed that educating couples to express their love, increased marital satisfaction (28, 29), promoted intimacy and improved the emotional relationships of couples (30). It seems that by improving the empathy skill, couples were able to express emotional responses appropriately. These results are in agreement with those reported by Deffenbaucher et al (1994); training can reduce anger and negative emotional manifestations (31).
In this study, the couples of the intervention group improved their roles compared with members of the control group, but the difference between the 2 groups was not significant in this regard. However, these findings are not confirmed by Dattilo and Epstein (2005) or Mousavi (2013) regarding the effect of teaching on role play, marital satisfaction, and family functioning (32, 33). Furthermore, the couples were able to control their behavior properly by learning the necessary skills. In fact, education was effective in improving couples' behavior control, but there was no significant difference between the 2 groups. In this regard, Mousavi (2013) found a significant relationship between behavioral control and marital satisfaction at the level of 0.01.The efficiency of couples in different family dimensions, such as behavioral monitoring and controlling, requires an intimate atmosphere free of threats and existence of couples' agreement.This in turn leads to more efficiency and stability in the family (33). This was not integrated with our study results.
The training sessions help couples to acquire the most important skills needed to comply with each other, control anger, manage stress, and cope with their emotions (34). The results further showed that educational intervention improved the general family function of couples. The point to be made in explaining these results is that there is a mutual relationship between training and family function (35). Education is associated with marital satisfaction and family function change through making individual changes and affect each other simultaneously. On the other hand, with change in the performance of couples in the family, they feel better and this in turn improves the function and relationships among family members (36). Balanced couples and families will be generally functioning more adequately than unbalanced couples and families. For instance, Coe, Davies, and Sturge-Apple (2018) indicated that family cohesion moderated associations between maternal relationship instability and increases in family's problems (37). Clinical psychologists and therapists can use family therapy to improve psychological characteristics, especially improving family function and marital adjustment in divorce applicant couples (38). Given the important role of attitudes and functions in the intention to divorce, further educational interventions in this field are suggested to consider influencing constructs (39). The current findings add to a growing body of literature on the effect of family therapy and education on family function.

Limitation

The results provided a deeper understanding of Iranian family function in life of couples. The literature review for this research did not identify any systematic studies which analyzed the family function based on McMaster Model in family life in Iranian couples, and this research addressed this gap in the literature. Lack of full control on confounding variables, such as the personality of individuals, socioeconomic and cultural variables, lack of access to a representative sample, and sampling by a non-random method, were limitations of this study.
Considering the abundant problems in the field of family functioning, further investigations are suggested in other cities and based on other aspects of family life. Replication of this research is also recommended regarding culture of people in Iran. Counselors and psychologists should also identify families suffering from family function problems and treat them faster.

Conclusion

Family therapy based on McMaster model can promote the skills of problem-solving, family communication, emotional responsiveness, emotional involvement, and general function in couples. Healthy family functioning is an important domain of interest for mental health professionals who provide family interventions. Our findings add substantially to family professionals' knowledge about patterns of family function in Iranian families.

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Conflict of Interest

None.

References

1. Kalmijn M, Uunk W. Regional value differences in Europe and the social consequences of

divorce: A test of the stigmatization hypothesis. Social Science Research. 2007;36(2):447-68.
2. Holley P, Yabiku S, Benin M. The relationship between intelligence and divorce. Journal of Family Issues. 2006;27(12):1723-48.
3. Ahluwalia H, Anand T, Suman LN. Marital and family therapy. Indian J Psychiatry. 2018;60(Suppl 4):S501-S5.
4. Varghese M, Kirpekar V, Loganathan S. Family Interventions: Basic Principles and Techniques. Indian J Psychiatry. 2020;62(Suppl 2):S192-S200.
5. Ghanbari Panah A, Sharif Mustaffa M. A Model of Family Functioning Based on Cohesion, Flexibility and Communication across Family Life Cycle in Married Women. International Journal of Psychology. 2019;13(2):195-228.
6. Kitzmann KM, Dalton III WT, Buscemi J. Beyond parenting practices: Family context and the treatment of pediatric obesity. Family Relations. 2008;57(1):13-23.
7. Proulx CM, Snyder LA. Families and health: An empirical resource guide for researchers and practitioners. Family Relations. 2009;58(4):489-504.
8. Sharifi M ,Karasouli S , Beshlideh K .The effectiveness of group attribution retraining in reducing couple burnout and divorce probability in divorce-seeking couples .Journal of Family Counseling & Psychotherapy . 2011; 1(2):212-225. (Persian)
9. Yoosefi N, GhaderMarzi H, Nazaripoor M. The prediction of family functioning basedon spirituality. TebvaTazkiyeh.2014; 22(4): 59-66. (Persian)
10. Pourmovahed Z, Mazloomy Mahmoodabad SS, Zareei Mahmoodabadi H, Tavangar H, Yassini Ardekani SM, Vaezi AA. Deficiency of Self-Efficacy in Problem-Solving as a Contributory Factor in Family Instability: A Qualitative Study. Iran J Psychiatry. 2018;13(1):32-9.
11. Pourmovahed Z., Mazloomy Mahmoodabad S.S., Zareei Mahmoodabadi H., Tavangar H., Yassini Ardekani S.M., Vaezi A.A. Family stability and conflict of spiritual beliefs and superstitions among Yazdi people in Iran: A qualitative study. MEJFM.2017; 15(9):97-103.
12. Mahmoodabadi HZ, Bahrami F, Ahmadi A, Etemadi O, Zadeh MSF. The effectiveness of retraining attribution styles (cognitive therapy) on dimensions of family functioning in divorce applicant couples. International Journal of Psychological Studies. 2012;4(2):257-63.
13. Epstein N B, Baldwin LM, Bishop DS. The MacMaster model of family assessment device. JMFT. 1983; 9(2):171-80.
14. Boterhoven de Haan KL, Hafekost J, Lawrence D, Sawyer MG, Zubrick SR. Reliability and validity of a short version of the general functioning subscale of the McMaster Family Assessment Device. Fam Process. 2015;54(1):116-23.
15. Stevenson-Hinde J, Akister J. The McMaster Model of Family Functioning: observer and parental ratings in a nonclinical sample. Fam Process. 1995;34(3):337-47.
16. Epstein N B, Ryan CE. Bishop D S, Miller IW, Keitner G I. The MacMaster model: A view of healthy family functioning. In. F. Walsh (Ed). Normal family processes (2003 . 3rd ed., pp.581-607). New York:Guilford Press.
17. Shi J, Wang L, Yao Y, Su N, Zhao X, Zhan C. Family Function and Self-esteem among Chinese University Students with and without Grandparenting Experience: Moderating Effect of Social Support. Front Psychol. 2017;8:886.
18. Akbari F, Dehghani M, Khatibi A, Vervoort T. Incorporating Family Function into Chronic Pain Disability: The Role of Catastrophizing. Pain Res Manag. 2016;2016:6838596.
19. Mirzaei Alavijeh M, Nasirzadeh M, Eslami AA, Sharifirad G, Hasanzadeh A. Influence of family function about youth dependence to synthetic drugs. Iranian Journal of Health Education and Health Promotion. 2013;1(2):19-30.
20. Yoosefi N. An investigation of the psychometric properties of the McMaster clinical rating scale (MCRS). Training Measurement .2012; 3(7): 83-112. (Persian)
21. Zadeh Mohammadi A, Male Khosravi G. A preliminary study of validity and psychometric characteristics of family functioning Assessment (FAD). Quarterly of Family Research. 2006;5(2):69-89.
22. Markman HJ, Hahlweg K. The prediction and prevention of marital distress: An international perspective. Clinical psychology review. 1993;13(1):29-43.
23. Baucom DH, Epstein N, Kirby JS, Falconier MK. Couple therapy: Theoretical perspectives and empirical findings. In D.H. Barlow (Ed.), Oxford handbook of clinical psychology. 2011 (pp:789-809). New York: Oxford University Press.
24. Tellado, GS. An evaluation case: The implementation and evaluation of a problem solving training program for adolescents, Evaluation and Program Planning: An International Journal. 1984; 7(2): 179-88.
25. Gottman J M. What predicts divorce? The relationship between marital processes and marital outcomes. 1994 (Hillsdale, NJ: Erlbaum).
26. Robinson E A, Price MG. Pleasurable behavior in marital interaction: An observational study. Journal of Consulting and Clinical Psychology. 1980; 48(1): 117-118.
27. Eidelson RJ, Epstein N. Cognition and relationship maladjustment development of a measure of dysfunctional relationship beliefs. J Consult Clin Psychol. 1982;50(5):715-20.
28. Weiss R L, Heyman R E. A clinical-research overview of couple interactions. NIn W. K. Halford & H. J. Markman (Eds.), Clinical handbook of marriage and couplesinterventions, 1997 (pp:13–41). New York: Wiley.
29. Zanganeh B, Kaboudi M, Ashtarian H, Kaboudi B. The comparison of family function based on the McMaster model in fertile and infertile women. J Med Life. 2015;8(Spec Iss 4):196-202.

30. Fincham FD, Beach SR. Conflict in marraige: implications for working with couples. Annu Rev Psychol. 1999;50:47-77.
31. Deffenbacher J L, Thwaites G A, Wallace T L, Oetting E R. Social skills and cognitive-relaxation approaches to general anger reduction. Journal of Counseling Psychology. 1994; 41(3): 386-396.
32. Dattilio FM, Epstein NB. Introduction to the special section: The role of cognitive-behavioral interventions in couple and family therapy. J Marital Fam Ther. 2005;31(1):7-13.
33. Mousavi S F. The role of family functioning (based on McMaster's model) in predicting attitudes of intimacy &marriage compatibility in families of Qazvin city. Family Counseling and Psychotherapy. 2013; 3(3): 401-419. (Persian).
34. Talebi A, Tabatabaei S. The effect of life skills on family functions with addicted husband. research on addiction. 2011;4(16):25-40.
35. Bradbury TN, Fincham FD. Attributions in marriage: review and critique. Psychol Bull. 1990;107(1):3-33.
36. Horneffer KJ, Fincham FD. Attributional models of depression and marital distress. Pers Soc Psychol Bull. 1996;22(7):678-89.
37. Coe JL, Davies PT, Sturge-Apple ML. Family cohesion and enmeshment moderate associations between maternal relationship instability and children's externalizing problems. J Fam Psychol. 2018;32(3):289-98.
38. Zareei Mahmoodabadi H, Zarei F. The Effect of Divorce Counseling based on Gottman's Approach on the Self-Efficacy in Divorce Management of Couples Applying for Divorce. SBRH. 2018; 2 (2):219-27
39. Askarshahi M, Afshani SA, Ardian N, Morowatisharifabad MA, Mazloomy-Mahmoodabad SS, Ehrampoush MH, et al. Determinants of Intention to Divorce Petition Based on the Theory of Planned Behavior. Health Scope. 2019;8(3).