

Systemic healing for complex families: a review of the eco-systemic structural family therapy model in social work and psychological practice

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Abstract. Eco-Systemic Structural Family Therapy (ESFT) is a comprehensive intervention paradigm aimed at meeting the intricate requirements of multi-stressed families by integrating structural family therapy, ecological systems theory, trauma-informed principles, and neurodevelopmental insights. This review consolidates the theoretical underpinnings, essential elements, empirical findings, and areas of application for ESFT, emphasizing its significance in child welfare, juvenile justice, community mental health, and school-based social work. The paper emphasizes the adaptability, relational depth, and systemic reach of ESFT, drawing on data from both Western and non-Western contexts, including recent research from Eastern Europe. Although current empirical research indicates favorable results in child behavior, family dynamics, and inter-system collaboration, obstacles remain regarding implementation integrity, cultural adaptability, and the necessity for additional randomized controlled trials. The review advocates for the wider global adoption of ESFT, presenting it as a viable paradigm that intersects psychology and social work, with the potential to foster relational healing and systemic transformation.

Keywords. family therapy, trauma-informed care, systemic intervention, social work, ecosystemic model

1. Introduction

In recent years, the growing intricacy of family relations, particularly among high-risk groups, has necessitated a renewed demand for integrative models that connect the clinical profundity of psychology with the systemic breadth of social work. Families involved in public service systems—such as child welfare, juvenile justice, and community mental health—frequently exhibit numerous, concurrent adversities, including trauma exposure, disordered attachment patterns, chronic poverty, and institutional mistrust. Standardized therapies, which concentrate solely on individual pathology or isolated behaviors, often prove inadequate when addressing the intergenerational, ecological, and relational complexities that characterize these

families' lived experiences. This has facilitated the development of Eco-Systemic Structural Family Therapy (ESFT)—a trauma-informed, neurodevelopmentally sensitive, and culturally responsive model that integrates family systems theory with ecological and developmental frameworks (Jones & Lindblad-Goldberg, 2002; Lindblad-Goldberg & Northey, 2013).

Initially derived from Structural Family Therapy (Minuchin) and further developed through an ecosystemic perspective (De Shazer, 1982), ESFT is predicated on the premise that enduring change in children's behavior necessitates the alteration of their caregiving systems. It synthesizes attachment theory, trauma neurobiology, and ecological systems theory to assist families experiencing significant relational distress, especially those interfacing with numerous service systems (Lindblad-Goldberg & Igle, 2019). In practice, ESFT prioritizes emotional regulation, executive functioning, and parental empowerment within a well-defined family hierarchy, while concurrently addressing environmental stresses and institutional obstacles such as poverty, racism, and service fragmentation (Lindblad-Goldberg, 2019). The simultaneous focus on intrapsychic patterns and extrafamilial context renders ESFT particularly pertinent to the principles and frameworks of social work, which promote person-in-environment interventions and structural competence.

The necessity for efficient, scalable methods like ESFT is emphasized by increasing empirical evidence connecting caregiver adversity to child mental health outcomes. Byers et al. (2022) established a direct correlation between cumulative caregiver trauma and treatment outcomes in family-based mental health services, highlighting the necessity of interventions that concurrently address caregiver functioning and family structure. Furthermore, ESFT has demonstrated potential across several clinical populations, including families impacted by substance addiction, behavioral problems, and chronic emotional dysregulation (Robbins et al., 2008). Its adaptability has resulted in extensive implementation in U.S. community mental health services and growing adoption within European child protection systems, but thorough academic evaluations of its efficacy and systemic impact are still limited.

This review aims to offer a thorough synthesis of the conceptual foundations, clinical applications, and empirical evidence for the ESFT model, focusing on its significance at the convergence of psychology and social work. This paper examines how ESFT implements systemic change through structured therapeutic engagement, multi-agency collaboration, and a trauma-informed perspective, building on foundational texts (Lindblad-Goldberg & Northey, 2013; Jones & Lindblad-Goldberg, 2002) and recent evaluations (Byers, 2020; Byers et al., 2022). Our objective is to elucidate the potential and practical obstacles of incorporating ESFT into modern social service systems, especially for practitioners pursuing successful, relationally based, and ecologically valid methodologies.

This review is organized to first delineate the theoretical and clinical foundations of ESFT, followed by an analysis of its implementation in several intervention contexts, including foster care, juvenile justice, and educational services. The following sections will examine available outcome data, assess implementation obstacles (including training, supervision, and fidelity), and explore its adaptability across cultural contexts. In advancing this review, we hope to position ESFT not only as a therapeutic method, but as a broader framework for restoring connection, restructuring families, and promoting sustainable healing within vulnerable communities.

2. Theoretical foundations of ESFT

The Eco-Systemic Structural Family Therapy (ESFT) model originates from a diverse array of theoretical traditions, encompassing structural family therapy, ecological systems

theory, trauma-informed care, and neurodevelopmental science, all framed within the ethical context of person-in-environment social work practice. ESFT exemplifies a paradigmatic convergence of clinical psychology and social work, moving beyond a singular educational model to address the intricate, multifaceted reality of multi-stressed families.

ESFT is fundamentally based on Structural Family Therapy (SFT), developed by Salvador Minuchin, who defined families as rule-governed systems marked by hierarchies, subsystems, and limits (Minuchin, 2018). Minuchin posits that symptomatic behavior in children frequently indicates structural disorder within the family, such as diffuse boundaries, role uncertainty, or inverted hierarchies. Change is accomplished not by addressing the individual in isolation, but by reorganizing family dynamics to reinstate functional patterns of interaction and authority.

Minuchin's focus on joining, mapping, and enactment techniques—where the therapist actively participates and restructures family dynamics—has been preserved and modified within the ESFT model. Colapinto (2019) underscored the need of mapping family structures to comprehend alliance patterns and systemic stressors, particularly in families affected by trauma, poverty, or systematic injustice. ESFT expands these ideas by integrating them into a wider ecosystemic framework, wherein interventions extend beyond the family's internal dynamics to intentionally involve external systems such as educational institutions, judicial systems, child welfare organizations, and communities.

The ecosystemic aspect of ESFT is significantly influenced by Bronfenbrenner's Ecological Systems Theory, which asserts that individual development is molded by interactions within layered environmental systems—from the microsystem (family, school) to the exosystem (social services, media) and macrosystem (cultural values, policy) (Eppler, 2019). This ecological perspective is essential for comprehending how social stressors—such as institutional racism, housing instability, or intergenerational trauma—affect family dynamics and child behavior.

In reality, this indicates that ESFT therapists focus not only on intrafamilial dynamics but are also equipped to evaluate and intervene across several ecological levels. Nelson, Mitrani, and Szapocznik (2000) illustrated this methodology in their family-ecosystemic model aimed at reunifying families separated by child maltreatment, amalgamating professional therapy with advocacy within child protection services, educational institutions, and judicial systems. This attitude is closely aligned with the person-in-environment framework of social work, which necessitates systemic advocacy, coordination, and culturally responsive engagement for therapeutic transformation.

A hallmark of ESFT is its explicit integration of trauma-informed treatment, acknowledging how adverse childhood experiences (ACEs), attachment disturbances, and chronic stress compromise a family's emotional regulation and relational safety. Based on affect regulation theories and trauma neuroscience, ESFT therapists focus on establishing secure therapeutic partnerships, prioritizing the stabilization of executive functioning in caregivers and the restoration of attachment-related disruptions.

Rasheed (2010) and Lindblad-Goldberg (2012) emphasize that families with a background of abuse, neglect, or systematic disempowerment frequently exhibit disordered structures and deficient emotional literacy, necessitating careful and prolonged therapeutic support. ESFT implements trauma-informed concepts via reframing, affective validation, and self-regulation coaching, addressing the family as a system requiring both behavioral restructuring and emotional restoration. This dual emphasis corresponds with the model's integrative clinical approach, grounded in psychodynamic insight and systems theory.

Recent modifications of ESFT integrate neurodevelopmental concepts, particularly pertinent in child welfare and juvenile justice settings. These results elucidate the impact of chronic stress exposure and relational disturbance on brain development, particularly in regions associated with emotional regulation, impulse control, and executive function. Children reared in unstable caregiving situations exhibit characteristics such as disobedience, inattention, or violence, which are increasingly regarded not as illnesses, but as developmental adjustments to perceived threats.

Robbins et al. (2004) and Szapocznik et al. (2004) demonstrated that structural ecosystemic therapy effectively diminished psychological distress and familial conflict in high-risk populations by addressing both cognitive-behavioral concerns and relational neurobiology—enhancing co-regulation within families and fostering emotional safety as a prerequisite for behavioral transformation. These findings emphasize the model's foundation in developmentally appropriate practice, highlighting the necessity of customizing interventions to the neuropsychological functioning of both children and caregivers.

ESFT is uniquely positioned as a conduit between psychology and social work due to its commitment to social justice, systemic engagement, and empowerment-oriented practice. In contrast to certain psychotherapy approaches that focus on issues inside people or pairs, ESFT interprets dysfunction via the framework of ecological oppression, historical trauma, and institutional exclusion. Families are viewed not as dysfunctional entities requiring repair, but as resilient systems maneuvering through challenging circumstances, frequently influenced by external variables (Santisteban et al., 1997).

ESFT's collaborative and culturally sensitive framework coincides with fundamental social work principles: the dedication to client dignity, advocacy at the systems level, and strength-based involvement. Therapists are urged to comprehend the clinical dynamics of the family and to act as care coordinators, interfacing with community resources and fostering institutional accountability—a position thoroughly defined in ESFT training and supervision frameworks (Lindblad-Goldberg, 2019).

The theoretical framework of ESFT represents a robust amalgamation of structural family therapy, ecological systems theory, trauma-informed neurobiology, and social work principles. This distinctive combination facilitates interventions that are both clinically advanced and socially informed, providing a comprehensive framework for tackling the complex issues faced in practical family work. The subsequent section of this paper will examine the application of this idea in critical areas including foster care, community mental health, and juvenile justice.

3. Core components and structure of ESFT interventions

Eco-Systemic Structural Family Therapy (ESFT) is centered on a dynamic intervention model that amalgamates structural family therapy methods with ecosystemic, trauma-informed, and culturally responsive approaches. The strategy is intended to assist families affected by multi-system participation, psychological distress, and intergenerational trauma. ESFT emphasizes family-level restructuring and multi-systemic coordination, addressing relationship dysfunctions inside the household while also tackling contextual stressors such as poverty, migration, mental illness, and educational marginalization (Feaster et al., 2010; Coffey, 2004).

ESFT preserves essential principles from Structural Family Therapy, such as structure, hierarchy, alliances, and boundaries, which collectively influence the relationship dynamics of a family system (Minuchin, 2018; Stanton, 1981). ESFT prioritizes the executive functioning of caregivers, a crucial therapeutic focus due to the correlation between impaired parenting and

children's emotional and behavioral dysregulation (Feaster et al., 2010; Marici et al., 2024). Dysfunctional alliances, including parent–child coalitions and sibling enmeshment, are perceived not only as relationship problems but also as survival adaptations formed in environments of persistent adversity, abandonment, or neglect (Marici et al., 2023; Marici et al., 2022). Consequently, therapy emphasizes the reestablishment of definitive parental authority, the enhancement of emotional regulation, and the restoration of disruptions in attachment and trust (Santisteban et al., 1997).

Boundaries are redefined to equilibrate protection and autonomy, particularly in families affected by coercive dynamics, migration-induced separation, or excessive caregiving, which have resulted in role reversals or diffusion (Kounenou, 2016; Runcan & Drușcă, 2019). Within this approach, relational mapping is crucial for recognizing power disparities and structural misalignments—methods guided by systemic theory and psychometric tools evaluating family resilience and emotional functioning (Marici, 2015).

ESFT interventions are often organized into four fundamental phases, each addressing a distinct step in the therapeutic process from crisis management to long-term stabilization (Lindblad-Goldberg & Northey, 2013; Hanna, 2018):

Phase One: Engagement and Recontextualization

The initial phase focuses on establishing a therapeutic connection and trust, which is especially vital in families with backgrounds of institutional betrayal or forced involvement. Methods encompass joining, affective validation, and relational reframing to diminish blame and transition from individual pathology to a systemic perspective (O'Connor & Ammen, 2012; Cosico-Berge, 2001). During this phase, the therapist facilitates emotional regulation for caregivers, establishing a basis for executive restoration.

Phase Two: Evaluation and Hypothesis Formation

Therapists create an ecosystemic case formulation, recognizing patterns of dysfunction, systemic factors (e.g., school exclusion, housing instability), and intergenerational trauma. Hypotheses are shaped by family dynamics as well as contextual factors including parental migration, poverty, and social marginalization (Iosim et al., 2022; Bahnaru & Runcan, 2019; Mihai-Bogdan et al., 2020).

Phase Three: Familial Reorganization

This stage encompasses the primary therapeutic activities, when the therapist employs directed tactics to realign subsystems, fortify boundaries, and reorganize the hierarchy (Feaster et al., 2010; Coffey, 2004). Play-based, experiential, and emotionally corrective therapies can be employed with children to facilitate affective expression and co-regulation (O'Connor & Ammen, 2012). Concurrently, therapists assist caregivers in cultivating effective discipline, responsive parenting, and mentalization, especially when caregivers possess unresolved trauma (Marici et al., 2023; Gavrilă-Ardelean & Gavrilă-Ardelean, 2016).

Phase Four: Consolidation and Generalization

The concluding phase emphasizes maintaining change, averting relapse, and applying skills in various circumstances (Santisteban et al., 1997; Coffey, 2004). Families receive guidance to sustain effective interactional patterns, as therapists gradually reduce support and shift from intensive therapy to community-based assistance. Focus is directed towards relapse prevention, particularly in the realms of mental illness, migration, and economic adversity, as

well as the development of support networks and cultural identity (Feaster et al., 2010; Moore & Cove, 2024; Bahnaru et al., 2019).

A defining characteristic of ESFT is its multisystemic approach. Therapists consistently engage with educational institutions, juvenile justice officials, child protective services, housing organizations, and judicial systems, adopting a wraparound strategy to facilitate enduring transformation (Coffey, 2004; Feaster et al., 2010). This multidisciplinary study recognizes that psychological transformation is improbable without structural reinforcement: a controlled child cannot prosper in a disordered household, and a healthy family cannot thrive in a hostile setting.

For instance, in families impacted by parental migration (Iosim et al., 2022), ESFT physicians collaborate with educational institutions to augment emotional support and with social services to facilitate family reconnection. Similarly, in contexts of adolescent drug use or violence, ESFT interventions are paired with court-mandated services to prevent recidivism (Santisteban et al., 1997; Robbins et al., 2004).

Due to its complexity, ESFT requires intensive and live supervision, frequently using video review, real-time feedback, and co-therapy models (Lindblad-Goldberg, 2019). Supervision aims to enhance clinical abilities while also fostering therapists' emotional resilience and ethical conduct, which is particularly crucial in emotionally demanding, high-risk situations (Coffey, 2004). Fidelity tools have been created to guarantee compliance with fundamental principles, while training programs highlight cultural humility, trauma sensitivity, and developmental neurobiology.

Recent studies indicate that fidelity measures are predictive of enhanced client outcomes (Feaster et al., 2010; Feaster et al., 2010b), while supervision models increasingly prioritize reflective practice and interdisciplinary comprehension—an approach that aligns with systemic family therapy's renewed focus on climate, sustainability, and ethical practice (Moore & Cove, 2024).

The structural and procedural framework of ESFT demonstrates its dedication to clinical accuracy and social responsibility. Through the integration of family restructuring and multi-tiered systemic intervention, along with comprehensive training and adherence protocols, ESFT provides a reproducible and ethically sound framework for engaging with difficult families. It is particularly equipped to tackle modern concerns such as trauma, digital alienation, migration, and institutional fragmentation—topics further examined in the subsequent section on Domains of Application.

4. Domains of application

The Eco-Systemic Structural Family Therapy (ESFT) model exhibits significant adaptability and cultural pertinence across various domains of psychosocial intervention. The ecosystemic design, based on structural family therapy and systems theory, enables effective engagement with families in complex, high-risk contexts, such as child protection systems, juvenile justice settings, multicultural mental health environments, and educational institutions. This section delineates the principal areas where ESFT has been successfully implemented, highlighting its significance in integrating psychological understanding with systemic practice.

4.1. Child welfare and foster care

In the domain of child welfare, ESFT is commonly utilized to facilitate reunification, stabilize placements, and mend damaged attachment patterns. Children in foster care frequently exhibit numerous challenges, such as abuse, neglect, and emotional abandonment, which

undermine their capacity to trust caregivers and manage emotions (Marici et al., 2023; Bahnaru & Runcan, 2019). ESFT mitigates these issues by promoting emotionally corrective events within the family and reinstating executive parental functions, especially in families subjected to chronic trauma exposure (Feaster et al., 2010; Santisteban et al., 1997).

ESFT significantly contributes to this domain by emphasizing parental mentalization, enabling caregivers to comprehend and react to the child's internal experiences, particularly when their own traumatic backgrounds hinder caregiving (Marici et al., 2022). O'Connor and Ammen (2012) observed that incorporating play-based methods into ESFT offers further resources to tackle attachment disturbances and relationship distrust, especially in young children. Furthermore, ESFT therapists collaborate closely with child protective services to ensure that therapies are consistent with safety planning, permanency objectives, and the child's legal status.

4.2. Juvenile justice

ESFT has been beneficial in contexts involving kids engaged in delinquency, oppositional conduct, and interactions with the court system. Adolescents in these situations frequently exhibit inadequate impulse control, defiance, and emotional dysregulation—problems typically stemming from broken family hierarchies, inconsistent caregiving, and environmental stresses (Santisteban et al., 1997; Szapocznik et al., 2004).

Structural family therapies, like as ESFT, are adept at disrupting these behaviors by reinstating family accountability, elucidating expectations, and promoting collaborative parenting. Robbins et al. (2004) emphasized that Hispanic and African-American adolescents undergoing structural ecosystemic therapy demonstrated less disruptive behaviors and enhanced family cohesion when the treatment incorporated culturally relevant, alliance-building strategies.

ESFT practitioners engage with juvenile courts, probation officials, and school resource teams to guarantee that behavioral enhancements are consistently reinforced across various environments. Cosico-Berge (2001) emphasized that customizing interventions to align with the cultural context and structural obstacles faced by kids, particularly in immigrant or minority families, is crucial for sustainability. Thus, ESFT operates not merely as a therapeutic framework, but also as a restorative conduit connecting the adolescent to the broader institutional structures that influence their destiny.

4.3. Community Mental Health

In community mental health environments, ESFT assists families confronting intricate trauma, intergenerational dysfunction, and restricted access to integrated care. These families frequently face comorbid psychological disorders, housing instability, socioeconomic vulnerability, and service weariness. The extensive ecosystemic scope of ESFT renders it an exceptionally useful model in settings where personalized treatment techniques may be inadequate (Coffey, 2004; Kounenou, 2016).

Feaster et al. (2010) illustrated the efficacy of ESFT among HIV-positive African-American women, indicating enhancements in family dynamics, relapse prevention, and medication compliance. The results were achieved by interventions aimed at enhancing family support systems, executive functioning, and addressing systemic stressors, including stigma and caregiving load. Brincks et al. (2010) highlighted that ESFT facilitated sustained treatment engagement and diminished psychological suffering in families with multiple diagnoses by combining case management with relational therapy.

In Romania, Marici et al. (2024) emphasized the significance of addressing culturally ingrained parenting standards, generational trauma, and shame-based dynamics in family treatments, wherein the adaptability and emphasis on emotional literacy of ESFT are especially pertinent. Furthermore, community mental health organizations increasingly recognize the efficacy of ESFT in facilitating interdisciplinary care coordination, hence providing a unified therapy approach within disjointed service environments (Gavrila-Ardelean, 2016; Runcan et al., 2022).

4.4. School social work

In educational settings, ESFT has been utilized to tackle emotional-behavioral issues, school refusal, chronic absenteeism, and conflicts between parents and teachers. Students displaying disengagement or behavioral concerns are frequently situated within wider familial and societal challenges, including parental discord, trauma backgrounds, or marginalized social identities (Moore & Cove, 2024; Sârbu et al., 2023).

ESFT interacts with schools not alone as sites of academic learning, but as essential relational ecosystems. Therapists collaborate with educators, counselors, and administrators to synchronize emotional support strategies, deliver psychoeducation, and formulate cooperative behavioral programs. The comprehensive perspective is particularly crucial in situations where communication between parents and schools is strained or when cultural mistrust hinders engagement (Bahnaru et al., 2019; Gavrilă-Ardelean & Gavrilă-Ardelean, 2016).

The ESFT focus on affective reframing, boundary establishment, and hierarchy restoration is especially beneficial in instances of school refusal or academic anxiety, where parental over-accommodation or inconsistency exacerbates avoidance behaviors. Moreover, including school-based observations into the assessment phase enhances the ecological formulation, ensuring that intervention options accurately represent the child's complete relational environment.

Marici et al. (2023) assert that treating shame and guilt in teenagers, particularly those experiencing peer rejection or academic failure, necessitates systemic containment rather than solely individual counseling. By amalgamating relational and institutional support levels, ESFT enables kids to not only operate within the school environment but also to experience emotional safety and connection.

ESFT's adaptability and comprehensive scope make it an effective instrument for assisting families in many psychosocial contexts. ESFT provides a cohesive therapeutic paradigm grounded in psychology theory and social systems practice, applicable to stabilizing foster care placements, interrupting delinquent cycles, coordinating treatment in intricate clinical situations, and fostering school-home connections. Its increasing utilization in culturally varied and under-resourced environments further highlights its promise as a universally adaptable model, facilitating further study and innovation discussed in the subsequent section.

5. Empirical evidence and program evaluation

The evidence supporting Eco-Systemic Structural Family Therapy (ESFT) has consistently increased over the last twenty years, with an increasing number of clinical trials, quasi-experimental designs, and case studies assessing its effectiveness across diverse populations and systems. Although a significant portion of the first evidence comes from the United States, especially within community mental health and child welfare settings, the

model's growing global attention has raised fresh inquiries about replication, cultural generalizability, and long-term effects.

A significant amount of empirical evidence for ESFT derives from studies investigating enhancements in child behavior, restructuring of family relationships, stabilization of placements, and participation with services. Santisteban et al. (1997) conducted one of the initial controlled studies, demonstrating the efficacy of brief structural/strategic family therapy, a forerunner to ESFT, in mitigating externalizing behaviors in high-risk African-American and Hispanic kids. Their research highlighted not only behavioral improvements but also enhanced family cohesion and communication, which are critical outcome domains within the ESFT logic model.

Feaster et al. (2010) assessed Structural Ecosystems Therapy (SET) among HIV-positive African-American women and observed significant enhancements in psychological distress, familial challenges, and family support, especially when interventions combined emotional regulation techniques with ecosystemic coordination. In a subsequent study on medication adherence, Feaster et al. (2010b) revealed significant results associated with improved family functioning, highlighting the model's applicability in scenarios involving chronic disease, stigma, and family caregiving dynamics.

Additional community mental health research, such as Coffey's (2004) study, has recorded the incorporation of ESFT concepts into wraparound treatment models, evidencing enhancements in caregiver empowerment and systemic engagement. Such studies underscore the model's efficacy in fostering collaboration between families and institutional stakeholders, resulting in more sustainable service outcomes.

In Romania, where families encounter socio-demographic challenges such as parental migration, teenage alienation, and institutional skepticism, the research of Marici et al. (2022, 2023, 2024) and Runcan et al. (2022) enhances the ESFT framework. Their research identifies shame, rejection, and parental inconsistency as factors contributing to adolescent dysregulation, proposing that multi-level family therapy models, such as ESFT, may provide culturally sensitive intervention strategies, particularly in post-pandemic and high-conflict households.

Various approved psychometric tools and process measures have been utilized in these studies to evaluate the efficacy of ESFT. The Child Behavior Checklist (CBCL) is a prevalent instrument for monitoring alterations in internalizing and externalizing symptoms among children and adolescents (Feaster et al., 2010; Robbins et al., 2004). In addition, the Family Adaptability and Cohesion Evaluation Scales (FACES-IV) has been used to evaluate changes in family flexibility and connectedness over the course of treatment (Santisteban et al., 1997; O'Connor & Ammen, 2012).

Therapist fidelity has been a primary focus of assessment, particularly in clinical implementation studies. Supervisors utilize fidelity observation instruments, frequently in conjunction with live video monitoring, to evaluate compliance with structural and ecosystemic principles (Lindblad-Goldberg, 2019). These instruments assess both the implementation of fundamental interventions—such as joining, reframing, or boundary setting—and therapist sensitivity, alliance formation, and systemic engagement, all vital for results in high-risk environments.

Notwithstanding these encouraging findings, the empirical domain of ESFT research continues to reveal some significant deficiencies. Initially, the absence of extensive, randomized controlled trials (RCTs) constrains the generalizability of the results. Numerous published research depend on quasi-experimental or case-based techniques, sometimes characterized by small sample numbers or restricted follow-up durations. For instance,

although Santisteban et al. (1997) and Feaster et al. (2010) offer robust quasi-experimental evidence, their research is deficient in sample size and blinding techniques commonly mandated by high-evidence criteria.

Secondly, there exists a geographical concentration of ESFT research, predominantly with outcome studies emerging from the United States, especially within metropolitan clinical or public health systems (Szapocznik et al., 2004; Feaster et al., 2010). This prompts inquiries regarding the model's scalability and suitability in non-Western situations. Despite the promising emerging research from Eastern Europe (e.g., Marici et al., 2023; Sârbu et al., 2023) and multicultural European contexts (Gavrila-Ardelean, 2016; Bahnaru et al., 2019), there is still a scarcity of comparative cross-cultural analyses examining the interaction of ESFT principles with diverse norms of authority, attachment, or kinship.

Ultimately, numerous research concentrate predominantly on behavioral outcomes, with a limited number investigating systemic changes, such as the quality of inter-agency collaboration, parental self-efficacy, or the success of school reintegration—despite their significance to the theoretical objectives of ESFT (Coffey, 2004; Moore & Cove, 2024).

Although the existing literature validates the clinical significance and conceptual robustness of ESFT, the model would be enhanced by:

- Randomized controlled trials involving diverse populations;
- Longitudinal studies evaluating the sustainability of relational and systemic improvements;
- Expansion into global and underserved areas, where ecosystemic models may have a pronounced effect;
- And multi-informant assessments that incorporate feedback from parents, children, and systems regarding progress and obstacles.

Nonetheless, these limitations should not obscure the substantial clinical and practical potential that ESFT consistently exhibits. The subsequent part will examine how the structural coherence and systems-level scope of ESFT establish it as a transformative paradigm adept at tackling significant issues in contemporary family-based psychology and social work interventions.

6. Implementation challenges and practitioner perspectives

Although Eco-Systemic Structural Family Therapy (ESFT) provides a comprehensive, theoretically cohesive framework for engaging with high-risk families, its use within various service systems presents some problems. Implementing ESFT in reality necessitates not just therapeutic proficiency but also enduring interdisciplinary teamwork, institutional adaptability, cultural awareness, and continuous support for therapists operating in emotionally intense settings. This section examines the practical and systemic obstacles faced in the implementation of ESFT, along with insights from practitioners managing these challenges.

ESFT is a highly technical model that demands rigorous training in both structural family therapy techniques and ecosystemic thinking. Lindblad-Goldberg (2019) observes that training encompasses not just theoretical instruction but also live supervision, video analysis, and fidelity monitoring techniques to help therapists cultivate the nuanced skills necessary for effective intervention in complex, multi-stressed family systems. Practitioners are required to excel in clinical skills—such as reframing, alliance-building, and structural mapping—as well as systemic techniques, which involve involving external stakeholders and managing inter-agency relations (Coffey, 2004).

The emotionally intense nature of dealing with trauma-affected families requires continuous reflective monitoring to avert vicarious trauma and burnout, particularly for early-career therapists. In the Romanian context, Marici et al. (2023) and Runcan et al. (2022) underscore the necessity for supervisory environments in which doctors can address emotional burdens, ethical quandaries, and culturally unique familial disputes.

The fundamental strength of ESFT—its multisystemic orientation—may nevertheless present considerable implementation difficulties, especially in systems with conflicting institutional objectives. Child welfare organizations may emphasize safety and legal adherence, whereas educational institutions concentrate on academic achievement, and psychological services strive for clinical stabilization (Coffey, 2004; Moore & Cove, 2024).

Divergent agendas may result in role ambiguity, disjointed communication, and insufficient shared accountability in intervention planning. ESFT therapists frequently contend with competing expectations, championing comprehensive family needs while engaging with agencies constrained by regulatory limitations or bureaucratic stagnation. Feaster et al. (2010) and Szapocznik et al. (2004) observed that the efficacy of ESFT in community mental health environments frequently depends on the therapist's capacity to facilitate collaboration among stakeholders while maintaining therapeutic integrity.

Cultural responsiveness is a crucial element affecting the effectiveness and fairness of ESFT implementation. The model's ecological foundation promotes awareness of social and cultural contexts; however, its structural techniques—like clarifying hierarchy or realigning parental authority—may conflict with cultural norms related to family roles, respect, and communication (Cosico-Berge, 2001; Bahnaru & Runcan, 2019).

In environments characterized by parental migration, patriarchal family structures, or collectivist norms, ESFT interventions must be modified with cultural humility and adaptability. Iosim et al. (2022) emphasize that Romanian families impacted by external labor migration may exhibit distinct attachment disruptions and intergenerational role transformations that necessitate sophisticated therapeutic intervention. Similarly, Sârbu et al. (2023) underscore the need to account for religiosity, moral values, and community norms when working with adolescents exhibiting deviant behaviors or emotional withdrawal.

Despite these obstacles, the ecosystemic focus of ESFT provides a significant advantage: by addressing cultural factors both inside the family and across institutional systems, the model facilitates culturally informed participation across home, school, and service domains.

Engaging with high-risk families through a paradigm as rigorous as ESFT subjects practitioners to burnout, compassion fatigue, and moral discomfort. The demands of coordinating across systems, addressing generational trauma, and managing client resistance can lead to emotional exhaustion and professional disillusionment—especially in under-resourced settings (Coffey, 2004; Lindblad-Goldberg, 2019).

Practitioner narratives, however, also illustrate the transformative potential of ESFT. When supported with high-quality supervision and peer collaboration, therapists report greater confidence in navigating complex relational systems and derive meaning from seeing sustainable change in families once considered unreachable (Feaster et al., 2010; O'Connor & Ammen, 2012). Romanian professionals engaged in family support and child protection (Marici et al., 2022; Runcan et al., 2022) have observed that ESFT offers a systematic framework and a relational foundation, positioning it as a philosophy of systemic healing rather than merely a technique.

Successful implementation of ESFT necessitates multidisciplinary proficiency, compelling therapists to function not merely as clinicians but also as coordinators, educators, and advocates. Psychologists provide expertise in trauma, attachment, and affect regulation; social workers offer ecological knowledge, advocacy skills, and contextual analysis; educators and school counselors deliver insights into learning environments, behavioral patterns, and peer influences (Moore & Cove, 2024; Gavrilă-Ardelean, 2016).

Well-facilitated collaborations provide comprehensive intervention plans, incorporate varied perspectives, and establish enduring institutional connections beyond the therapy period. However, these partnerships must be actively nurtured, with shared language, role clarity, and joint decision-making structures to prevent siloed practices. The ESFT framework, when well executed, can function as a foundation for interdisciplinary integration, harmonizing therapeutic initiatives across systems towards cohesive, child- and family-centered objectives.

While ESFT holds significant promise, its implementation requires substantial investments in training, supervision, and cross-system coordination. Success depends not only on theoretical knowledge but on institutional flexibility, cultural reflexivity, and therapist well-being. These challenges are not unique to ESFT but are especially salient given the model's ambitious scope. Recognizing and addressing these barriers will be critical for ensuring the sustainability, scalability, and ethical fidelity of ESFT in diverse practice environments.

7. Discussion

The Eco-Systemic Structural Family Therapy (ESFT) approach is a robust integration of psychology theory and social work practice, rooted in structural family therapy, ecosystemic perspectives, trauma-informed treatment, and developmental neuroscience. This analysis illustrates that ESFT's systemic approach, cultural flexibility, and clinical precision provide it a distinctive integrative model adept at addressing the intricate dynamics of modern family systems. This discourse examines the model's multidisciplinary significance, contrasts it with related intervention frameworks, and delineates its wider implications for policy, workforce development, and worldwide applicability.

ESFT's principal strength resides in its translational design, which implements fundamental psychological concepts—such as attachment restoration, emotional regulation, and trauma recovery—within an ecosystemic framework that respects the lived experiences of socially vulnerable families. In contrast to isolated treatment paradigms that focus solely on symptoms or individual family members, ESFT encompasses the full relational framework, including family dynamics, educational environments, societal institutions, and cultural narratives.

Thus, ESFT serves as a conduit between the micro-level practices of psychology and the macro-level principles of social work. The model's clinical interventions demonstrate advanced therapeutic approaches while clearly confronting systematic oppression, structural inequality, and the intergenerational effects of trauma, which are fundamental issues in social work ethics and policy (Feaster et al., 2010; Coffey, 2004).

When compared to other evidence-based family intervention approaches, ESFT is distinguished by its comprehensive relational restructuring and extensive systemic coordination.

- Multisystemic Therapy (MST), akin to ESFT, is intended for high-risk adolescents and prioritizes inter-agency collaboration. MST is predominantly behaviorally oriented and time-constrained, mainly dependent on cognitive-behavioral principles. Conversely, ESFT prioritizes family structure, connection, and emotional

development, providing increased flexibility for situations with trauma, neglect, or unclear caregiving duties.

- Functional Family Therapy (FFT) also addresses adolescents with behavioral problems, typically employing a manualized, organized approach that prioritizes motivation and behavioral modification. Although successful for addressing misbehavior, FFT may not clearly tackle deeper relational injuries or caregiver trauma to the same extent as ESFT, which incorporates significant focus on parental executive functioning and the family emotional milieu.
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a recognized intervention for childhood trauma, primarily concentrating on the individual, with caregiver participation regarded more as supportive rather than as a means for systemic transformation. ESFT regards the family as the primary unit of change, fitting more closely with structural and attachment-oriented trauma models.
- SAFECARE, a home-visiting model aimed at preventing child abuse, aligns with ESFT's ecological perspective but emphasizes practical parenting skills and safety measures rather than relational restructuring. It is highly structured and less adaptable to intricate trauma and systemic issues, rendering it suitable for prevention but inadequate for addressing deep-seated family dysfunction.

Although ESFT shares similarities with these models in terms of population and context, it differentiates itself through its emotional profundity, systemic adaptability, and robust clinical-theoretical consistency, rendering it particularly appropriate for families confronting chronic, multifaceted hardship.

Due to its convergence with mental health and social care aims, ESFT provides a robust framework for policy integration across historically divided sectors. Policymakers engaged in child protection, education, juvenile justice, and public health should regard ESFT as a framework that not only tackles individual symptoms but also fortifies family systems and community support structures. Its implementation fosters interagency cooperation, minimizes service redundancy, and facilitates continuity of care across temporal and contextual dimensions (Coffey, 2004; Moore & Cove, 2024).

The ESFT model emphasizes the necessity for practitioners skilled in therapeutic approaches and systemic navigation for workforce development. Graduate schools in psychology and social work ought to incorporate cross-training modules that enhance competences linked to ESFT: family assessment, trauma-informed engagement, structural mapping, and multi-system case coordination. Furthermore, investment in live supervision infrastructure, reflective practice groups, and fidelity tools is crucial for preserving model integrity and therapist well-being (Lindblad-Goldberg, 2019).

Although initially conceived and evaluated in the United States, the ideas of ESFT are conceptually and ethically applicable to under-resourced and non-Western contexts, particularly those with migration, poverty, educational disparity, and institutional distrust. Studies conducted in Romania (Marici et al., 2023; Iosim et al., 2022; Runcan et al., 2022) indicate that the focus of ESFT on attachment, systemic advocacy, and parental reorganization aligns with the needs of families impacted by transnational separation, authoritarian disciplinary standards, and the fragmentation of public services.

A local adaption strategy is necessary that maintains fundamental ESFT concepts while permitting flexibility in structure, language, and delivery methods. Incorporating community health workers, paraprofessionals, and school-based liaisons into the intervention team may improve access and cultural alignment. Likewise, the expanding domain of digital

family therapy presents innovative opportunities for modifying ESFT to accommodate low-resource or rural environments where transportation or stigma could otherwise create obstacles.

ESFT presents a model that is relationally intricate, ethically robust, and practically comprehensive. It presents not merely a therapy method, but a framework for engaging with at-risk families that respects the intricacies of their existence and the institutions influencing them. As the worldwide landscape of family health and social care evolves, ESFT emerges as a promising model for promoting transdisciplinary, context-sensitive, and emotionally reparative practices.

8. Conclusion

In a time characterized by increasing psychological complexity, intergenerational trauma, and structural inequity, the demand for comprehensive, trauma-informed, and systemically integrated intervention methods is more pressing than ever. The Eco-Systemic Structural Family Therapy (ESFT) model provides a pertinent and transformative solution to this demand. By integrating the relational profundity of clinical psychology with the contextual insight of social work, ESFT tackles both the manifestations of familial dysfunction and the systemic factors that sustain suffering over generations.

This review has clarified the model's robust theoretical underpinnings, based on structural family therapy, ecological systems theory, trauma-informed practice, and developmental neurobiology. It has shown the practical efficacy of ESFT across many contexts—from child welfare and juvenile justice to educational institutions and community mental health—rendering it an extraordinarily adaptable instrument in both clinical and public service domains. ESFT provides a comprehensive, relationally focused approach to family stabilization, emotional healing, and systemic resilience through its four-phase intervention framework, emphasis on parental executive functioning, and cross-agency collaboration.

The expanding corpus of empirical data substantiates the significance of ESFT, especially in high-risk, under-resourced, and culturally diverse environments. Although additional research—particularly randomized controlled trials and longitudinal studies—is necessary to enhance the model's evidentiary foundation, current findings indicate significant improvements in child behavior, caregiver performance, family unity, and systemic involvement. Furthermore, nascent implementations in Eastern Europe and other non-Western regions indicate that ESFT possesses considerable potential for global adaptation, contingent upon the localization of its principles with cultural humility and structural flexibility.

Given these findings, we recommend the extensive implementation of ESFT in social work, psychology, education, and public health systems. Policymakers and institutional leaders must acknowledge the importance of investing in models that prioritize relational restoration, ecosystemic collaboration, and trauma-informed treatment. Similarly, educational institutions must equip future professionals with the multidisciplinary skills necessary for the effective, ethical, and sustainable implementation of ESFT.

Ultimately, ESFT embodies not merely a therapeutic approach but a concept of holistic healing. It underscores that families are not isolated entities but are situated within networks of relationships, histories, and institutions that influence both their challenges and strengths. By acknowledging this complexity and operating within it, ESFT assists professionals in not only mending what is damaged but also reconstructing what is feasible.

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