

## Integrating Clinical Practice and Research in Family Therapy Training

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## Introduction

### Overview

- The field of Mental Health, which includes Family Therapy (FT) is constantly changing
- To maintain current knowledge of FT trainees need to be both educated consumers and producers of research

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## Overview of Presentation

- Empirically Supported Treatments (EST)
- Importance of EST's
- Evidence FT is effective
- Use and usefulness of manualized treatments
- Common Factors and different models of FT
- Suggested ideas and skills in FT training for integrating practice and research
- Role of the supervisor in this endeavor for beginning and advanced FT's

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## Empirically Supported Treatments

- Increasing costs and inadequate health care systems have decided quality health care should improve and there should be evidence for what works.
- It is in the public interest to have evidence-based practices.
- Findings that some treatments, for example in the medical field, may not only benefit the public but may also cause harm or may not make a difference (i.e. hormone replacement therapy, arthroscopic knee surgery).

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## Criteria for Evidence Based Treatment Experiment Rigor

1. Double-blind treatment and control groups with replication by two independent studies
  - Replication by independent investigators is difficult and often lacking in FT.
2. Uses a treatment manual
  - Manualizing FT is challenging due to its relational nature
  - Therapies such as social constructivism, narrative, etc. are less amenable to manualization
3. Applied with specific client populations and problems (i.e. depressed adolescents)
  - Challenges of FT in meeting these criteria

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## Politics of Evidence and Empiricism

- What constitutes evidence and who defines it?
  - Question of who controls evidence and what types of evidence is acceptable to whom.
- Some treatments have not been evaluated yet, which does not imply they do not work.
- A way forward, a straight jacket, or a distraction?
- FT is both a science and an art.
- Validation of Randomized Controlled Studies may not be applicable in the real world
- Randomized Controlled Treatments are too reliant upon the Medical Model.
- Treatments need to be shown to be effective outside of laboratories in real life contexts.

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### Evidence Family Therapy is Effective

- There is global empirical support that shows FT effectiveness.
  - Several meta-analyses show FT is more effective than no treatment.
- There is a need for evidence to see which approaches work for what problems.
- Recent research shows that FT is becoming a treatment of choice in psychology and psychological medicine for treating anorexia, psychosis, and mood disorders (Asen, 2002).

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### Evidence Family Therapy is Effective

- Evidence based family treatments for conduct disorder and delinquency, substance abuse, childhood behavior disorders, alcohol abuse, marital problems, relationship difficulties, domestic violence, severe mental illness, affective disorders, physical problems, and the management of schizophrenia (Sprenkle, 2003).

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### Use and Usefulness of Manualized Treatments

- Rationale: To follow general practice guidelines or specific prescriptions to minimize variability within experimental conditions and ensure standardization.
- Limitation: Minimizes clinical judgment or there is a threat to internal validity.
- Assumption that therapy is something done to a client/family rather than a transactional process in which a therapist and client collaborate.

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### Manualized Treatments

- Tendency for the easily specified and measurable to be privileged (behavioral & structural approaches)
- Often manuals are developed by reflection rather than a research process (i.e interviews of expert FT's, observations, draft, feedback) (Pole, 2003).

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### Feasibility of a Manual for systemic family therapy

- Systemic family therapy is too unique
- Broad, relational, too prescriptive
- Families have unique issues
- May ignore therapist variables
- Will therapists be able to follow a manual?

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### Common Factors

- o Expectations, hope, resources, and the therapeutic relationship contribute more to the success of therapy than a particular model.
  - Clients' expectations and hope account for 15% of change
  - Most variance is accounted for by client resourcefulness and chance events that produce change (40%)
  - Client-therapist relationship and experience of therapy as empathic, collaborative, and affirmative (30%)
  - Particular therapeutic model accounts for less than 15% of the success in therapy (Miller & Dineen, 2000)

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## Different Models Approach

- **Solution focused**-there is preliminary empirical support
  - Efficacy with depression, parenting skills, recidivism in prison population, antisocial adolescent behavior (Gingerich & Eskergard, 2000) (Beyebach et al, 2000)
- **Narrative**- there are a limited number of studies
  - Narrative therapists favor a client/consultative model for evaluating effectiveness (Eichinson & Klasi, 2000)
  - Forming specific coding criteria for assessing coherence of "life stories" (Andreoutsopoulou, Thanopoulou, Economou, & Bafiti, 2004)
- **Behavioral**-
  - (Jacobsen, 1984; Alexander et al, 1995; Alexander & Parsons, 1973)

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## Different Models Approach

- **Structural**-
  - Developed the Structural Family System Rating Scale to assess family functioning as a result of treatment (Szapocznik et al, 1991)
- **Bowenian**-
  - Empirical support for key concepts including differentiation, triangulation, & fusion. Not much empirically focused research about the model in general (Charles, 2001)
- **Communication/Validation**-Lack of empirical evidence
  - Development of congruence scale (Lee, 2002)

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## Family Therapy Training and Evidence Based Interventions

- An experience from the University of Northern Colorado Psychological Services Clinic/ Family Therapy training program

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