

Editorial: Research on Rarely Researched Family Therapies

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This issue contains an overview by Jaakko Seikkula, Anu Karvonen, Virpi-Liisa Kykyri, Markku Penttonen, and Pandetra Nyman-Salonen (2018) from the Department of Psychology, University of Jyväskylä, Jyväskylä Finland, about the relational mind project. In this article, Seikkula et al. employ diverse research methods from a variety of disciplines, anchored in a Batesonian relational framework, to assess processes in dialogical therapy. This innovative effort has already produced findings which can inform the practice of couple and family therapy (Olson, Laitila, Rober, & Seikkula, 2012; Seikkula, Karvonen, Kykyri, Kaartinen, & Penttonen, 2015), but also has great importance as a prime example of the extension of research methods into treatment contexts that previously had rarely been subject to empirical investigation.

The co-evolution of couple-family therapy and research assessing and informing that therapy has had a complex history. Family therapy began as a great adventure into exploring systemic aspects of family life and how one might intervene in those processes. In this examination, the founders of family therapy brought a rigorous process to their investigation. Families, both in and out of treatment, were examined on a moment-by-moment basis from the multiple perspectives of those observing, often gathered behind a one-way mirror (Bateson, Jackson, Haley, & Weakland, 1956; Beels, 2011; Haley, 1963, 1996; Whitaker & Malone, 1953). Given the interdisciplinary nature of early family therapy, these investigations were memorialized through many different kinds of reports, ranging from traditional psychological research to case reports in the psychoanalytic tradition to anthropological investigations of interpersonal processes and non-verbal communication. Early on, there was also wide acceptance that research evidence was an essential building block for the field, both because of the intrinsic value of the scientific method, and to ensure that family therapy was properly recognized among the various mental health treatments (Framo, 1962, 1972; Pinsof, Wynne, & Hambricht, 1996; Wynne, 1983). This

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was followed by efforts to catalog the early research in couple and family therapy by Alan Gurman and colleagues (Gurman & Kniskern, 1981, 1991; Kniskern & Gurman, 1988). These reviews provided the first evidence that couple and family therapies had a unique impact, yet also pointed to directions needed for improving the quality and range of this research.

However, this initial enthusiasm was followed by a set of developments that systemically interacted with one another to change the landscape of research in couple and family therapy. One such development was the migration of cognitive-behavioral therapies into the community of couple and family therapies and their emerging strong base of empirical validation both within and outside of the family context. Cognitive-behavioral therapies are highly goal oriented and easily evaluated (Westen, Novotny, & Thompson-Brenner, 2004). Furthermore, cognitive behavioral therapies are intrinsically rooted in a model of strengthening treatments through empirical examination, and many proponents of CBT are trained in how to optimally conduct such investigations. Thus, numerous studies accrued assessing various cognitive-behavioral couple and family therapies.

While this was a considerable advance, this represented a threat to those who practiced other therapies, including other couple-family therapies, which in comparison lacked the emerging empirical support of CBT, practitioners with the expertise to conduct such research, and opportunities for funding such research. These effects were potentiated as lists of “effective treatments” began to circulate, and some care systems and national health programs began to use evidence-based criteria for evaluating payment for therapies with CBT far in advance of other therapies in this dimension.

At approximately the same time, some prominent couple-family therapists, primarily anchored in a post-modern perspective, not only argued for deemphasizing research as an input to practice, but also questioned the very basis of science and practice in an objective reality (Gurman, 1983). This vocal cadre of research detractors emphasized such questions as whether realities can ever be known or whether all research is innately biased (questions which ironically are frequently raised in the research community as well as constraints to consider, rather than as vitiating the enterprise). At its best, this was an interesting sojourn into family therapy’s strong connection to epistemology (Bateson, 1972; Becvar, 2003). However, the effect on the relationship between research and practice in the family therapy field was profound. Notably, while a similar contrast emerged in individual therapy between proponents of CBT and other therapies, there non-CBT therapists developed and refined research methods that assessed other therapies consonant with their goals, leading to the uncovering of information that many practitioners who located themselves in other traditions found valuable. This led to the emergence of a substantial body of work exploring a wide range of therapeutic methods and factors that extend across all psychotherapies (Lebow & Jenkins, 2018), and a research society, the Society for Psychotherapy Research, with a very large annual meeting centered on such investigation. In contrast, in couple and family therapy, a significant part of the field came to both overtly and covertly deemphasize research knowledge and their discourse seldom included its findings. This problem was augmented as those from theoretical orientations without strong research traditions came to have the impact of their treatments challenged based on the lack of evidence about efficacy and effectiveness. In the context of lacking the expertise or funds to carry out the relevant needed research, a chain was created that led to their increased distance from research.

Of course, this did not stop research in couple and family therapy or broad recognition of its importance. Couple and family research found a place in academia and clinical settings, and family and relational science emerged as a major field of investigation, providing crucial information about various aspects of family life and relating. Some found opportunities to establish the efficacy and effectiveness of couple and family therapies by applying and expanding the clinical trial methods used to assess CBT in those substantive

areas where there was a greater openness to funding the examination of couple-family therapies, intervening with specific problems such as substance use disorder (McCrary et al., 2016), eating disorder (Jewell, Blessitt, Stewart, Simic, & Eisler, 2016), schizophrenia (McFarlane, 2016), bipolar disorder (Miklowitz & Chung, 2016), adolescent substance use (Liddle, 2016), adolescent depression (Diamond, Russon, & Levy, 2016), and adolescent delinquency (Robbins, Alexander, Turner, & Hollimon, 2016; Szapocznik, Duff, Schwartz, Muir, & Brown, 2016). Several of those treatments that emerged as evidence-based outside of the behavioral tradition, such as emotion-focused therapy (Wiebe & Johnson, 2016), multi-dimensional family therapy (Liddle, 2016), functional family therapy (Robbins et al., 2016), and multisystemic therapy (Henggeler & Schaeffer, 2016), became widely disseminated, with a major selling point being the strong support in science for these approaches.

Nonetheless, the systemic runaway between the proponents of those who emphasized research findings and those who did not remained; the former believing that their treatments were superior and the latter rejecting the importance of the evidence the former cited. Fortunately, this state of affairs is now well on the way to improving. Many of those who identified with couple and family therapies without much of a history of empirical examination such as Bowenian, psychodynamic, experiential, collaborative, dialogic, and narrative couple family therapies now look for ways to have research inform practice. In parallel, those in the CBT community are now more open to a wider range of interventions imported from other approaches as they draw on diverse treatment strategies, and, even at times, provide research investigating concepts and methods that had previously been far from the traditional repertoire of CBT (e.g. mindfulness, attachment, and emotion). Perhaps, the recent political context that has highlighted claims that truth need not be subject to empirical verification and that one opinion is as good as another has softened some viewpoints about the absolute rejection of the utility of some notion of objective reality as well, whether it is about climate change or human functioning. There also has been the accrual of the vast array of knowledge about families and relationship systems which touches on a broad array of theoretical contexts and now can serve as a cornerstone for informed treatment. Further, sometimes necessity is the mother of invention. For example, in the context of public policies for the funding of reimbursement for systemic therapy, dependent on strong evidence from randomized clinical trials, systemic therapists in Germany have conducted relevant research and marshaled available evidence which demonstrates the impact of systemic therapies (Retzlaff, von Sydow, Beher, Haun, & Schweitzer, 2013; von Sydow, Retzlaff, Beher, Haun, & Schweitzer, 2013).

As is evident in the work of Seikkula et al. (2018), part of the rapprochement flows from importing, adapting, and further developing a broader array of research methods in the couple and family context. More specifically, several methods have been developed, adapted, and/or refined which have a better fit with less directive, experiential, narrative, collaborative, and dialogic methods than randomized clinical trials [which after all was a method imported from drug studies with a less than perfect fit with the enterprise of psychotherapy (Westen et al., 2004); to emphasize here, psychotherapy research includes a wide range of methods, and most do not prioritize randomized clinical trials].

One such method has been qualitative analysis (Reczek, 2014). Methods of qualitative analysis focus on smaller numbers of families than is typical in quantitative studies with increased possibility to explore in depth subject experiences. The methodological rigor of qualitative analysis through such methods as grounded theory has vastly expanded in recent years, a far cry from when simply interviewing people was referred to as qualitative analysis.

A second method, long popular in psychotherapy research, that has migrated to couple and family therapy is task analysis (Greenberg, Heatherington, & Friedlander, 1996).

Task analysis is a method for studying the process of change and consists of two main phases: a discovery-oriented phase based on rational-empirical model building and a validation phase based on hypothesis testing. The goals of the approach are to build an observationally based model of how therapeutic change occurs for a particular type of problem, validate the model of change, and relate the process of change to outcome. Process is evaluated in terms of the specific task at hand. For example, certain key moments can be designated as change points in therapy and what was most salient at that moment explicated using a method such as interpersonal process recall (Elliott, 1986).

A third point of entry has been progress research. In progress research, which looks at therapy session by session, the focus is on short-term outcomes; for example, how work in session impacts the week after and the following session. Progress research methodologies have been embraced by many of those with post-modern sensibilities (Sparks & Duncan, 2018; Tilden & Wampold, 2017). Global measures such as the SRS and ORS are now regularly used by a wide variety of therapists, and more fine-grained measures, such as the Systemic Therapy Inventory of Change (STIC), add much relevant clinical detail (Pinsof et al., 2015). Such technologies provide therapists with a measure of the client's progress compared to other periods in their therapy and other similar clients, queuing up the possibility of changing something about treatment if the indices point to difficulty.

Closely related is research that focuses on the therapeutic alliance. Common factors, such as the alliance, are now regarded by almost all as crucial ingredients in therapy (Sprenkle, Davis, & Lebow, 2009). Given the recent emphasis on conversation and collaboration, studies of alliance have become a natural fit with many systemic therapies.

Yet another burst of interest has been in methods derived from the study of communication, using technologies such as conversational analysis and other methods of discursive analysis (Sutherland, LaMarre, & Rice, 2017; Sutherland, LaMarre, Rice, Hardt, & Le Couteur, 2017; Tseliou, 2013). Here the work focuses on proximal conversation of therapists and clients and subsequent sequences of utterances. It is clear that some forms of conversation are more likely to promote others, and, for those whose focus is on language, these are essential sequences.

Seikkula et al. (2018) provide an example in which physiological data are utilized. Increasingly, physiological measures have emerged as a crucial input into our understanding of the therapy process that readily informs practice.

Sometimes, it is the focus of the research question that is most important in creating greater salience of research for practice. For example, interest in research among psychoanalytic family therapists has increased as focus on variables that matter in that context has increased, such as attachment (Demby, Riggs, & Kaminski, 2017) and mentalization (Asen & Fonagy, 2017). Similarly, dialogic therapists show greater interest in the processes of communication. Similarly, questions focused on identifying how to be most effective in the practice of a specific method, questions centered on understanding how particular aspects of treatment work, and questions about what are referred to as mediators and moderators in the change process (e.g. what differences make a difference in terms of the characteristics of the clients, therapists, and treatment setting) tend to be of greater interest for many than the "horse race" that can be set up to assess the "best" treatment.

Thus, we see a wider array of research examining questions of interest to a broader array of therapists and more therapists turning to science for information about therapy. Family therapy has a long tradition of intensive examination of clinical data by skillful observers. Work such as that of Salvatore Minuchin (Minuchin, 1974) and Virginia Goldner (Goldner, Penn, Sheinberg, & Walker, 1990) brought a researcher's viewpoint to couple and family process and couple and family therapy without the formal research methods utilized by a researcher. Such exploration had all of the intensity, patience, and

objectivity of science, but without the structures of scientific investigation that allow that work to more formally be called science or research. Fortunately, now those from diverse orientations turn to variations on the scientific method and even look to have treatment methods be recognized as effective through treatment studies. In this way the science of practice evolves, wrestling with such issues as how to frame the questions most salient to practice and how to understand the relative contribution and value of various specific studies and kinds of research with their varying strengths and potential threats to internal and external validity. As projects like that of Seikkula et al. (2018) progress and are further refined, knowledge grows not only for those practicing the distinct treatment approaches in focus, but also for others about how processes evolve in couple and family therapy. Thereby, couple and family therapy comes to be more informed by research that encompasses a variety of perspectives and treatment methods. Of course, this does not put to rest that gap between research and practice which has been so long lamented, but it does help narrow that gap substantially.

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