

RESEARCH INTO PRACTICE/PRACTICE INTO RESEARCH

Research in systemic therapies: trends and realities

Family therapy has drawn largely on theory rather than on research for its inspiration and direction, yet much of the theory has not progressed beyond grand generalisations. Why do so many clinicians ignore research? Because research 'interferes with the therapy process', or because it is 'not systemic'. Clinicians also ignore research because the results have not appeared conclusive enough, or because the outcome of clinical intervention has been the sole focus of the study, with insufficient attention to the treatment process. They may reject research when the research reports contain too many variables to make the results interpretable. Wynne (1988a) has argued that clinicians do take notice of research on easily identified problems—vaguely defined problems make it difficult to identify whether the problems are the same as those clinicians see in their practice, and harder to apply the results in practice. Family therapists *have* taken heed of the research which links high expressed emotion in families with a schizophrenic member and relapse rates in the index person. Similarly the effectiveness of certain behavioural treatments for phobias and other anxiety disorders has been noticed by most clinicians.

In 1995, the *Journal of Marital and Family Therapy* reviewed the effectiveness of large numbers of outcome studies. Outcome studies are costly and difficult, and may not reflect the aims, interests, or skills of most therapists. Nevertheless Pinsof and Wynne identified the need for the following in family therapy research. 1. Clearly define the disorder or problem, and control for its severity. 2. Control for attention and placebo effects in comparison conditions. 3. More carefully define, verify and empirically describe the treatments. 4. Develop a set of core outcome batteries. 5. Develop and test longer-term treatments as well as the shorter-term treatments that have been tested to date. In general, Pinsof and Wynne conclude that research needs to be guided by more differentiated clinical theory that specifies the interaction among treatments, disorder or problems, and systemic moderating variables, and the practice and investigation of family therapy should not be the proprietary domain of family therapists.

Gurman (1988) has addressed the need for family therapy to enhance the quality and the amount of research, and has proposed the following priority areas: 1. Common elements of change in effective family therapies. 2. The specification of effective ingredients within each of the major family therapy approaches. 3.

The study of family therapy in naturalistic settings. 4. Factors associated with negative effects of therapy. 5. Intensive study of expert family therapists. 6. Family treatment of specific disorders or relational problems. 7. Multidimensional assessment of treatment outcomes.

Clinical practice offers enormous possibilities for research, using single case designs (Kazdin, 1982), or larger group projects. But clinicians researching their own or their agency's caseload often naively believe that others will support them in the study, and are unprepared for suspicion and distrust. Some research will be supported and some will not; research is swayed by political correctness and fashions as much as therapy is. The press attention received on a small study of a 'non-dieting' program carried out by one of my research students was astounding. Wynne (1988b) argued that after the merit and integrity of the research is given full weight, other priorities may determine the viability of the research, and the ultimate worth of the research in the agency's, clinician's and community's eyes. 1. Does the problem to be studied have a high incidence and prevalence? 2. Does the problem have a high level of severity of distress? 3. What are the costs of the problem as compared with the benefits of treatment? 4. What is the public visibility of the problems to be studied? 5. Are the problems effectively treated in other approaches? 6. How acceptable and practical is the therapy? Attention to these and other contextual factors may facilitate the specifics and progress of the research.

References

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