

RESEARCH INTO PRACTICE/PRACTICE INTO RESEARCH

The Complementary Domains of Outcome and Process Research

Why would a clinician want to research family therapy? Families can be difficult to access for research, they are distressed when they come to therapy and want help rather than a research protocol, there are too many people, too many variables, and too many interactions. Clinicians have also shied away from family research because traditional methods of research were not designed to study so many people simultaneously. Clinical research in general is messy, but is inevitably satisfying and contributes to the evolution of the therapies in question. Some of the most exciting studies come from clinicians who have undertaken small but innovative studies, which produce unexpected results, like those of Wileman and Wileman's (1995) study of group therapy with abused women.

Before embarking on a research project, try to be clear in your aims. Many clinicians would like to research an aspect of their caseload or a common problem type. Perhaps the most important stage is the construction of research questions. Much research is ill directed, too general, or confused because the research questions are not well formed or are too vague to direct the research properly. It is better to ask 'Do school refusing children improve more in family therapy or individual therapy?' than a broader question such as 'Is family therapy more effective than individual therapy?' which is difficult to answer in a small study. Operationalise the constructs in the question. That is, what does 'improvement' mean? How will you determine if 'improvement' has occurred? How will you measure it? Is the form of measurement valid and reliable?

The type of question asked will probably determine the type of research undertaken. Research may be directed towards theory, technique, or process. One of the most common forms is outcome research. There are always political and organisational needs to identify whether a treatment works, particularly a novel form of treatment or an adaptation of traditional methods. It is very acceptable to research your own caseload of families, using assessment at several points of the therapy process. In outcome studies, it is usual to assess the family before treatment, at several points during the therapy, after treatment, and at follow-up. The assessment should gather the same type of data at each point, irrespective of whether you use questionnaires or ask questions in-session, or take videotapes of interactions in therapy. The method of data gathering should be identical at each point.

What type of data you collect to determine change will be determined by your research question, and the theoretical orientation of the research. It is worth considering taking multiple measures or forms of data from the family, as at times it is difficult to make sense of one of the measures, or there may be a problem with that form of data for a reason that you could not have predicted. The work of John Gottman (Gottman and Markman, 1978)

shows the scope of what is possible in terms of looking at interactions in therapy. Many outcome studies are more complex, and involve comparing therapies or different groups of clients, and these can be undertaken in larger studies (cf. Garfield and Bergin, 1986, for a review of the area).

Most therapists are most comfortable with making sense of the verbal feedback of families. Despite the work done over years in process research using the clients' verbal content to determine progress in therapy, as well as the nature of the communication within the family, this type of research is still a minefield, is often flawed methodologically, and is not user friendly. Better examples of this form of research are the work done with studying expressed emotion in families where a member has schizophrenia (Falloon, 1984), and the more recent work that attempts to identify whether progress in therapy can be determined by the narratives of the families involved in treatment (Coulehan, Friedlander, and Heatherington, 1998). Both forms of research used the verbal information in the sessions as the primary data. They used coding systems to categorise the types of interactions, or determine whether the narratives were significantly different from previous narratives. Neither of these forms of analysis is easy to administer, the coding systems require training, and there are concerns about validity and reliability. Nevertheless, using the verbal feedback and interactions of clients and therapists is exciting and is probably closer to 'real life' than questionnaires. We are ready for a huge expansion in psychotherapy process research in this domain, aided partly by the expansion of software programs such as NUD*IST, which can analyse large amounts of verbal data. Analysis of in-session narratives not only might produce more valid process research, but also could be in line with postmodern assumptions.

References

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