# Why research matters for systemic psychotherapy practice

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# My research / practice background and journey

Practitioner working in child guidance / family counselling in Munich/Germany

Training in systemic couple and family therapy

PhD study: Evaluation of child guidance clinics (mixed-method approach)

Past 20+ years: Research on family and couple counselling and intimate relationships

Providing family counselling for a Relate center in the UK

Since 2009: Academic at The Open University

- Committed to using research to inform and enhance therapeutic practice
- Using my own experience/projects to illustrate how research matters for practice

# How is research seen in systemic practice?

Systemic practitioners often seem to feel ambivalent about research:

## Importance of research for systemic practice

- Informs and underpins theory and practice
- Valuable knowledge: e.g. client needs, challenges in systemic practice, effective treatments
- Evidence that systemic therapy is working – prove of evidence-based practice for commissioners and policy-makers

## Questionable relevance to real-word therapeutic practice

- Preconception: research often not applicable – does not capture complexity of systemic practice
- Clash of cultures: subjective nature of therapeutic work vs values/practices of mainstream research (objectivity / generalisation) – different social functional systems
- Research-practice gap: research studies/papers not seen as valuable source of information for practice.

# Why might (systemic) practitioners grapple with research?

**General barriers for practitioners:**

- Research papers are often complex, difficult to understand, and overly focused on statistics.
- Practitioners may lack confidence, time, funding, or sufficient training to engage with or conduct research.

**Specific Barriers for systemic therapists:**

- Mainstream research often overlooks relational and contextual factors central to systemic practice.
- Mismatch between systemic epistemology (e.g., social constructionism) and dominant research approaches (e.g., positivist outcome measurement).

Systemic research: applying systemic epistemology and focusing on observer roles, interdependence, and feedback
Research on systems: exploring dynamics and interactions without this epistemological approach (Ochs, Honova & Goll-Kopka, 2020)

# Reasons to engage with research

Three main groups of reason/motivations for practitioners to engage with research:

## (1) Moral argument

- helps to reducing risks and harm to clients
- improving practitioner judgment

## (2) Professional argument

- Providing guidance and enhancing professional growth by improving knowledge and skills
- challenging implicit assumptions

## (3) Financial / political argument

- enhancing credibility and promotes services
- evidence base helps to secure political/financial support

# Three research studies

to illustrate reason to engage in research;
how it can be meaningful;
how it can enhance practice.

**1. Children's and young people's experiences in family therapy sessions**
'The participation of children and adolescents in family counselling: The German experience'
https://doi.org/10.1080/14733140412331384058
Full text: https://oro.open.ac.uk/17212/

**2. Levels of distress of families seeking help at family counselling**
'We argue a lot and don't talk with each other': How distressed are families when seeking Relate family counselling?'
https://doi.org/10.1002/capr.12013
Full text: https://oro.open.ac.uk/42460/

**3. Meta-analysis on systemic therapy on adults with depression:**
Efficacy of systemic therapy on adults with depressive disorders: A meta-analysis
Full text: OPEN ACCESS

Showcasing Multi-Systemic Therapy on Open University module DD310: Experienced therapist working with actor client family .

# Study 1 – Germany 2000

'The participation of children and adolescents in family counselling: The German experience'
https://doi.org/10.1080/14733140412331384058

Children and young peoples' experiences in family therapy sessions

# Study background

- Working as practitioner in child guidance/family counselling centre in Munich
- Guaranteed service for parents/children according to the 'Child and Youth Services Act'
- Registration by the parents, mix of single session & family session
- Since 1980's: systemic family therapy main approach in these services
- Challenge: integrating children/young people in family sessions (e.g. adult-dominated, lack of motivation)

Opportunity to evaluate the local counselling services

**Specific focus:**

*How do young clients experience family session?*

(moral/professional motivation)

**Method:**

Qualitative approach: Semi-structured interviews (n = 17)

# Results: Access to the service

Three decision-making types – impact on problem definition, motivation & expectations:

| 1. Self-determined decision | 2. Negotiation process | 3. Parent-determined decision |
|---|---|---|
| 2 cases<br><br>*"I was fairly discontented with my life up to then and wanted to change a lot of things."*<br><br>(20-year-old male) | 6 cases<br><br>*"Well, she said, like, why don't we give it a try, just one appointment, and then, if you decide you don't want to, like if it's no fun, then we just won't do it."*<br><br>(13-year-old male) | *9 cases*<br>*(all divergent problem definition)*<br><br>*"At the beginning I was pretty fed up; I mean, she didn't tell me what was going on; she just said, you've got an appointment at such-and-such a place and you're going to go to it."*<br><br>(13-year-old male) |

# Results: Experience of family setting

Ambivalence around counselling sessions in the family setting:

## 1. Positive experiences

- mediation process between parents and adolesents
- clarification and negotiation with consensual solutions

*"We just couldn't talk about it before, I mean, what just didn't suit me and what didn't suit her* (the mother)*, it simply didn't work. And when another person is there, then it does work. The beginning was just that we managed to talk about other things for the first time here. And then it was much better at home, too.“*

(16-year-old female)

## 2. Negative experiences

- strange, adult-dominated ‚therapy culture‘
- lack of integration into the conversations
- focus not on the interests and needs of young clients

*"Yeah, it also seemed to me as if he (my parents sort of talk to him) communicates with my parents, my parents talk to me. And then I thought to myself, yeah, you might as well stay at home."*

(19-year-old male)

# Conclusions and implications

Conclusions:

- Access to service & family setting: Some young clients feel insufficiently integrated or even exclude
- Young peoples' wishes/expectations: Often not as obvious/pronounced as their parents' ones
- Lack of specific training: Therapists can be biased and preoccupied with focus on needs of/interactions with parents

Implications for practice:

- 'Informed consent': Specific steps for children/young people
- Being playful with methods/techniques: e.g. 'therapy buddy', symbols, metaphors, play
- Specific training: raising awareness and advancing competencies

# Study 2 – UK 2015

‘We argue a lot and don’t talk with each other’: How distressed are families when seeking Relate family counselling?’
https://doi.org/10.1002/capr.12013

Levels of distress of families seeking help at Relate family counselling

# Study background

- Working as family therapist at a Relate centre in the UK
- Relate: national voluntary sector couple and family counselling (since 2002) service
- Family counselling outside the NHS: often less intensive, provided by less trained practitioners (Family therapy 'light') – but potentially more accessible!
- No evaluation system in place to monitor provision and outcome of Relate family counselling systematically
- Observation in practice: Families with higher level of distress; service not necessarily lowest (preventative) service step

Opportunity to examining the profile of families presenting to one Relate centre in the UK.

**Specific focus:**

*How distressed are families seeking help at Relate family counselling?*

(moral/professional/financial motivation)

**Method:**

'Mixed-method': Self-report questionnaires & free-response items (SCORE) – 54 families

# Results: Presented problems

- Variety of difficulties, often interrelated: from conduct/behavioural problems to parenting problems, family conflicts
- Problem descriptions often locate difficulties in the child/children, (ex-) partner, sometimes external agents (social services, legal systems).
- Lack of systemic view of the family problems in client statements

*'Fights within the family'*

*''Violent ex-partner / extended family issues'*

*'We argue a lot and don't talk to each other'*

*'Problems at school that escalate into home life'*

*'School have picked up on self harming, generally angry'*

*'Daughter's behaviour, split of parents, lying, communication'*

*'Argument, tantrums, bad feelings, money problems, intimacy problems'*

*'Me and my brother argue a lot, I get bullied at school'*

# Results: Child distress

How distressed are the families coming to Relate in terms of child functioning?

| *SDQ-Scales* | *Normal* | *Borderline* | *Abnormal* | *MK Parents* | *MK Children* |
|---|---|---|---|---|---|
| Emotional Problems | 0-3 | 4 | 5-10 | **5.5** [0-10] | **5.2** [3-7] |
| Conduct Problems | 0-2 | 3 | 4-10 | **4.7** [0-10] | **4.8** [3-7] |
| Hyperactivity - | 0-5 | 6 | 7-10 | **6.4** [1-10] | **6.9** [4-10] |
| Peer Problems | 0-2 | 3 | 4-10 | **3.7** [0-8] | **2.7** [0-5] |
| Prosocial | 6-10 | 5 | 0-4 | **7.1** [2-10] | **6.1** [4-7] |
| Impact of problems | 0 | 1 | 2-10 | **3.6** [0-8] | **3.7** [2-6] |
| Total score SDQ | 0-13 | 14-16 | 17-40 | **20.3** [9-30] | **19.6** [13-22] |

# Results: Family distress

How distressed are the families coming to Relate in terms of family functioning?

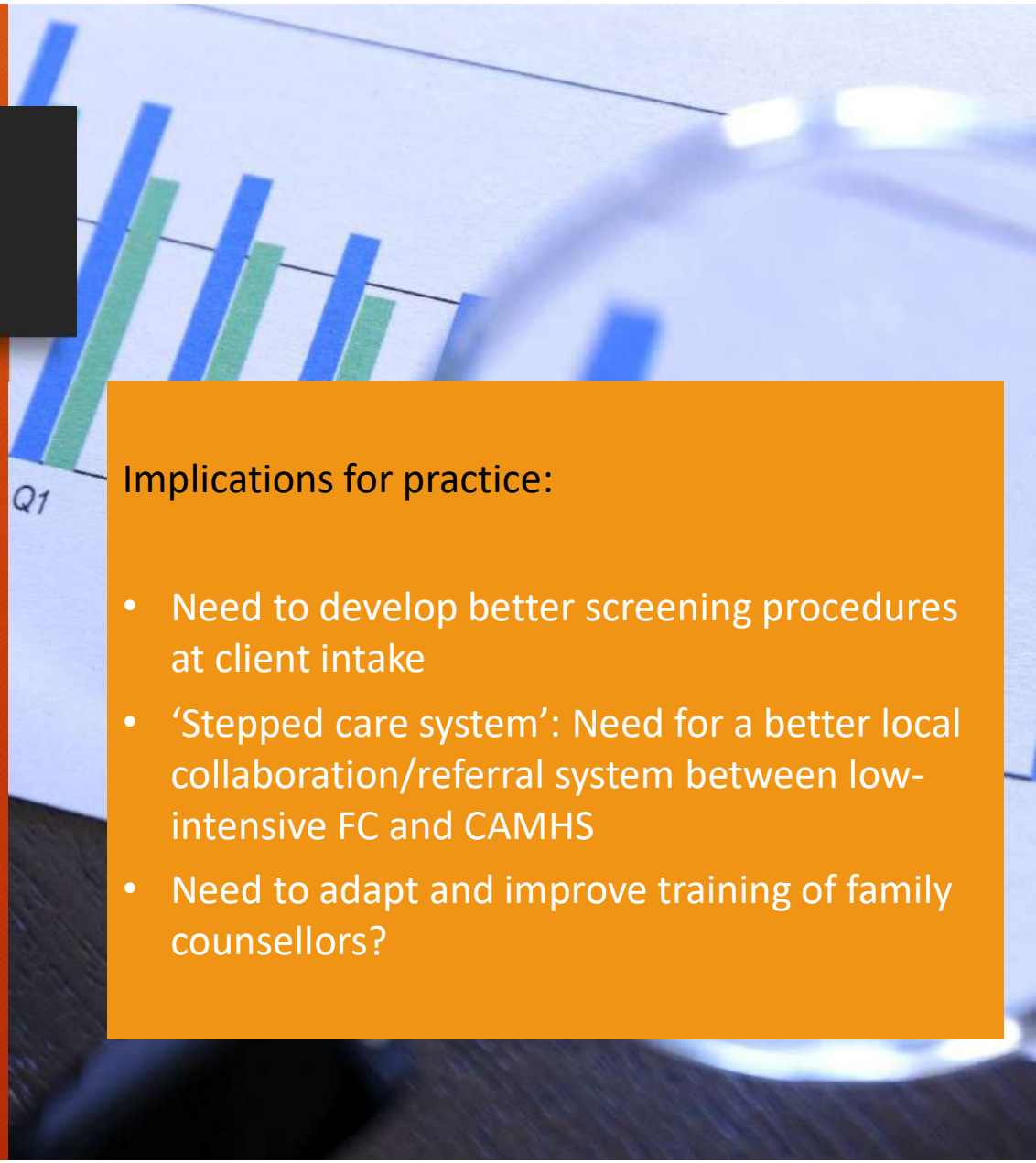
| *SCORE* | *Parents (n=59)* | | *Children (n=11)* | |
|---|---|---|---|---|
| | *range* | *mean* | *range* | *mean* |
| Strengths and adaptability | 5 - 22 | **13.4** | 5-21 | **12.4** |
| Overwhelmed by difficulties | 5 - 23 | **15.1** | 8 - 21 | **12.4** |
| Disrupted communication | 5 - 23 | **13.4** | 8 - 19 | **13.7** |
| *SCORE Total Score* | *15-61* | ***41.9*** | *30 - 57* | ***38.6*** |

| *FACES-III Sub-scale* | *Parents* | | *Children* | |
|---|---|---|---|---|
| | *range* | *mean* | *range* | *mean* |
| Adaptability | 14 - 38 | **25.6** | 14 - 30 | **25.2** |
| Cohesion | 13 - 46 | **33.1** | 19 - 46 | **32.0** |

# Conclusions and implications

Conclusions:

- Moderate to high levels of distress reported by families at Relate family counselling (comparable NHS CAMHs settings).
- Broad range of problems/ different levels: child-related issues, family conflicts, marital break-down and external pressure.
- Potential mismatch: low-intensity of service vs. distress level and problem intensity




Implications for practice:

- Need to develop better screening procedures at client intake
- 'Stepped care system': Need for a better local collaboration/referral system between low-intensive FC and CAMHS
- Need to adapt and improve training of family counsellors?

# Study 3 – UK 2023

'Efficacy of systemic therapy on adults with depressive disorders: A meta-analysis'

## Efficacy of systemic therapy on adults with depressive disorders

# Study background

- Discussions on the AFT's Research Commitee: improving evidence base for systemic therapy
- Evidence of effectiveness of systemic therapy, but narrative reviews are limited ('vote counting; without statistical testing, no analysis of moderating effects)
- Meta-analysis to analyse the available evidence on the efficacy of ST
- Illness-specific MA: Focus on depression (as example for relational approach in treating individual problems)
- To increase test-power: Updated meta-analyses including RCTs before/after 2014 on treatment of adult depression

Opportunity to work with colleagues on updated meta-analysis.

**Specific focus:**

*Meta-analysis of the efficacy of systemic therapy on adults with depressive disorders*

(professional/financial motivation)

**Method:**

Systematic review / Metanalysis based on 30 included studies (RCTs)

# Results

| Research question | Methods and procedure |
|---|---|
| 1. Depressed adult clients in ST: stronger improvements of their depressive symptoms than<br>a) clients who received alternative treatments?<br>b) control group with no treatment? | a) no significant difference in effect sizes between ST and other active treatment modalities (equally efficient)<br>b) ST: Larger improvements of symptoms compared to no treatment control groups at post-test (g = 1.09) and follow-up (g = 1.23). |
| 2. Drop-out rates in ST: lower compared to<br>a) an alternative treatment or<br>b) control group? | No significant difference regrading drop-out rates:<br>ST 16.1% vs 15.5% (alternative treatment) and 19.2% (control) |
| 3. Moderating factors of effects sizes?<br>- treatment length / type of alternative treatment<br>- age of clients / year of publication<br>- Country where study was conducted<br>- Study quality | Change in depressive symptoms:<br>- larger effects for older samples / lower quality studies (active control) and more recent studies (no treatment control)<br>- ST smaller improvement than CBT but stronger than other therapies<br>- no variation by sessions number, Western vs. Non-Western country |

# Conclusions and implications

Conclusions:

- Efficacy of ST equal to other approaches; ST effective in different cultural contexts (large effect sizes compared to no-treatment control)

- ST potentially more cost-effective than individual therapy (fewer sessions; Crane & Christenson, 2014)

Improvements of MH service provision:
- more use of ST for depression/other problems
- recommendation of ST in treatment guidelines (e.g., NICE guidelines for depression)

Implications for practice/research:

- Better match of client needs – treatment options: access to ST for depression with clear relational factors

- Cultural sensitivity needed when applying ST to different contexts/client groups.

- More research: helps to encourage commissioners to see value in ST provision

# Lessons learned from doing these three studies

**Meaningful research questions / topics**

- selection of a research topic should be guided by own interest or practice needs – helps to stay motivated and engaged.

**Using the full range of research methods**

- methods should align with the research aim, from auto-ethnography to RCTs, ensuring the best fit for the question and audience.

**Working together with others**

- research is enhanced by collaboration - combining expertise, sharing the workload, and making the process more enjoyable.

# How to foster research culture in training?

**Variance in how much research is covered at different levels/programs of systemic training -> recommendations:**

- Embed research early: Integrate research into training from the start
- Demystify Research: highlight that all studies have limitations
- Value diverse methods: Match research approaches to questions and preferences
- Connect research and practice: Use practice to generate research ideas and emphasize their similarities


Illustration from *'The Counselling & Psychotherapy Research Handbook'* (Vossler & Moller, 2014)

Photo from Unsplash: Black Metal Pipe Under White Clouds · Free Stock Photo

# Outlook – what next?

- Considerable increase in outcome/efficacy research in recent (e.g. RCTs)
- Value and importance of cost-effectiveness analysis (e.g. Russel Crane) – more needed (professional/financial motivation)

**Who are the voices we need to hear?**

- Clients: Routine outcome measurements / systematic client feedback
- Practitioners:  Practice-based research topics/approaches
- Research: Risks and side effects of systemic therapy (Ochs et al., 2024)
- Research: (client experiences of systemic family therapy - > Vossler & Forbat (registered systematic review and qualitative meta-synthesis on PROSPERO)

# Thank you!

# Questions / comments please!