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Exploratory Study of Preliminary Portuguese Data with SOFTA-o in Sytemic Family Therapy

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Summary

- I Therapeutic Alliance
- II System for Observing Family Therapy Alliances (SOFTA)
- III Portuguese Adaptation of the SOFTA_o
- IV Exploratory Study Qualitative Data
- V General Conclusions

I - Therapeutic Alliance

Family Therapy

Individual Therapy

 Family members not always value the therapy equally

"Split" alliances

 Within-system alliance: family members collaboration with each other in relation to the therapy

 Involves more risks for clients (secrets, shameful events, punishments) Bi-directional relation

client ←→therapist

• The therapeutic alliance's quality only depends of the therapist and client reciprocal contributions

• What is said in therapy may not have a direct impact on the client family life

I - Therapeutic Alliance



There is a lack of knowledge about what observable behaviors contribute to a **strong alliance** in couples and family therapy (Escudero, Heatherington & Friedlander, 2010)

Therapists can only rely on clinical judgment in assessing the strength of the alliance.

II - System for Observing Family Therapy Alliances - SOFTA (Friedlander, Escudero & Heatherington, 2006)

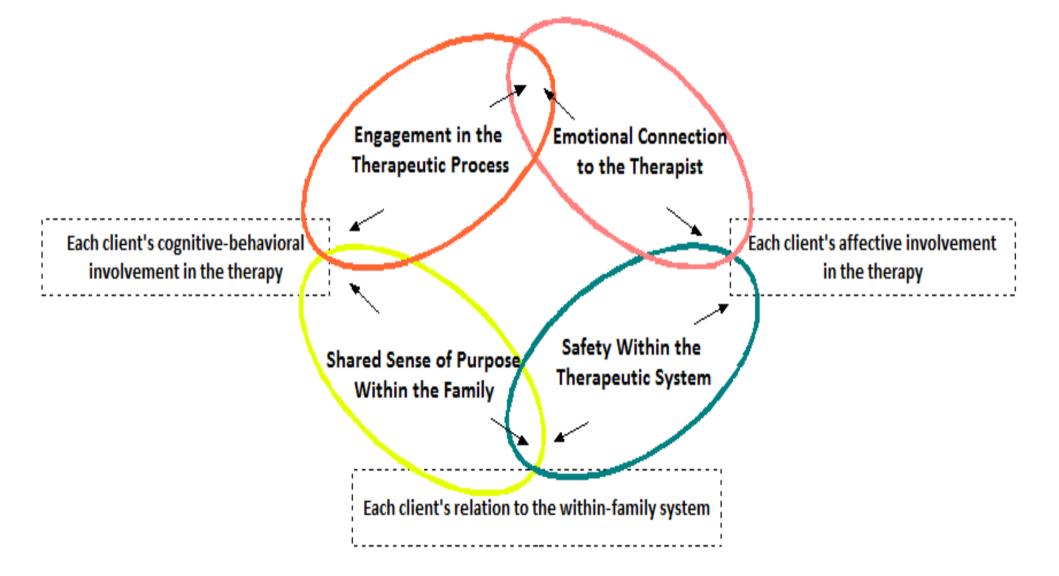
Transtheoretical and Multidimensional Model

reflects aspects that are not specific or unique to a theoretical approach client and therapist systems are represented AND descriptors reflect different underlying dimensions of the alliance construct

 Allows to estimate the strength of the alliance from specific client and therapist observable behaviors (client and therapist versions)

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SOFTA Dimensions



III - Portuguese adaptation of the SOFTA_o

1st TASK: SOFTA's materials translation - scaling rates and training manual

2nd TASK: Training and coaching sessions - with the Spanish research team

3rd TASK: **Precision test** - Portuguese and Spanish research teams rate the same videotaped family session independently and compare both solutions (70% agreement)

4th TASK: **Reliability studies** - to test the SOFTA's inter-rater reliability within the Portuguese team. In two reliability tests, intraclass correlations rated from .88 to .95 on the SOFTA_o

IV - Exploratory Study - Qualitative Data



In this **discovery-oriented study** of four cases, our research question is:

"How are the therapeutic alliance and the course of therapy related?"

> cases terminated by mutual agreement vs. drop-out cases

IV - Exploratory Study - Qualitative Data



Methodology

- 1- Setting: Systemic Family Therapy
- **2 Participants:** 4 families (N = 11 individuals)

2 of these families terminated therapy by mutual agreement 2 other families dropped out

3 – Instrument: SOFTA_0 (client version)

4 – Design: videotapes of the 1st and 4th therapy sessions were used to rate client behavior on the SOFTA_o



1 – Setting: Systemic Family Therapy



2 therapists in the consulting room

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2 to 3 team members observed the sessions on closed-circuit television and through a one-way mirror

Families were seen by different therapists (4 women and 2 men), aged 25 to 46, with a range of three to twenty years of clinical experience



Theoretical Approach:

An integrative systems model of brief therapy was used, with interventions derieved from various family therapy orientations (structural, strategic, solution-focused)

Sessions:

The therapists took a break about 50 minutes into the session to plan an intervention with the observing team and then deliver it to the family. The session ended after a brief comment and, typically, a homework assignement



2 – Participants: Four Families

Participants	General Problem	Therapeutic Process
Couple1	A wife (age 42) and her husband (age 40) voluntarily sought help related to their marital problems.	Therapy was recognized by both the couple and the therapeutic team as a qualified success and termination was mutually agreed on after 5 sessions.
Family 2	A mother (age 36) and her oldest daughter (age 18) were referred by a school psychologist. For them, communication dificulties were the main problem.	Both clients reported improvement in the communication process and the termination was mutually agreed on after 6 sessions.

Participants	General Problem	Therapeutic Process			
Family 3	Four members of a family, a mother (age 38), a father (age 40) and two twin boys (age 12) were referred by Child Protective Services. One of the boys had several complaints from school for his aggressive outbursts.	All the family members attended the 1 st session, but the father emigrated and over the remaining sessions only the mother and the two sons were present. When the family dropped out after three sessions, no significant progress had been made towards the treatment goals.			
Family 4	Recomended by a school psychologist, a mother (age 37) asked for family therapy to deal with a recent divorce. The mother wanted help but her two daugthers (ages 12 and 10) denied having any problem or the need for help.	The therapy goals were never clearly articulated or mutually agreed upon and the family dropped out after three sessions.			



3 – Instrument: SOFTA_o



The SOFTA_o Evaluation Task:

SOFTA_o was used by **trained raters** while observing a videotaped family therapy session.

Based on the presence of positive vs. negative and verbal vs. non-verbal behavior descriptors, the raters maked global ratings of each SOFTA dimension on a -3 (extremely problematic) to +3 (extremely strong) ordinal scale, where 0 is unremarkable or neutral.

Research Data

Clients		Engag	ment	Emot Conn	ional ection	Saf	ety	Sha Purp	
		1 Sessions4		1Sessions4		1 ^{Sessions} 4		Sessions ₄	
Complet Therapy	COUPLE 1 Wife Husband	+2 +1	+1 +2	0 +1	+1 +1	+1 +2	0 +1	+1	0
Complet Therapy	FAMILY 2 Mother Daugther	+1 +1	+2 +2	+1 0	+2 +2	+1 +1	0 0	+1	+3
Drop Out	FAMILY 3 Father Mother Son1 Son2	+1 +2 0 0	- - -	0 +1 -1 0	- - -	0 -1 -1 0	- - -	+2	-
Drop Out	FAMILY 4 Mother Daughter1 Daugther2	0 - 3 0	-	0 - 3 0	- -	-1 -3 -1	- - -	-3	-

 All of the four dimensions showed positive and negative ratings;

• The completed therapeutic processes only showed **positive** ratings and the families who had **negative** ratings dropped out before the 4th session;

Can we think that when families have a *poor alliance* early in therapy we are heading for the drop-out?...

Empirical evidence – the therapeutic alliance is a great predictor of the therapeutic progress (Horvath & Symonds, 1991)

• Safety seems to be an important drop-out indicator

Other SOFTA_o studies show that only the families with negative indicators of safety in early sessions have the poorest outcomes (Beck, Friedlander & Escudero, 2006)

 Why did the family and the couple which completed therapy decreased their safety ratings?...

Sometimes family members need to feel vulnerable during treatment to reap the full therapy benefits (Friedlander, Escudero & Heatherington, 2006)



• *Engagement* and *Emotional Connection* are rated in a similar way: both are frequently rated as positive or negative

Consistently with this finding, other authors (e.g. Friedlander, Escudero, Horvath, et. al, 2006) considered that *Emotional Connection* is substantially associated with *Engagement* in the therapeutic process

• An apparently incongruent result in the **Shared Sense of Purpose** with FAMILY 3 (+2 in a drop-out case)

Notably, in this case mother and father shared a common sense of purpose in their problem definition. However, after the 1st session, the **shared sense of purpose** probably became lower because the father was not present (emigration)...

This dimension fluctuated widely, depending on which family members were present in the session (Friedlander, Escudero & Heatherington, 2006).



In this sample there was some variability in *Emotional Connection* scores between family members in the drop-out cases

According to Friedlander et al. (2006), *split alliances* can be identified in the SOFTA_o by notable differences between family members ratings on the Emotional Connection to the Therapist dimension

V – General Conclusions

• Despite the small sample, this exploratory study showed some interesting patterns that suggest an association between various aspects of the alliance and the achievement of targeted goals

• Throughout the data, all of the alliance dimensions for COUPLE 1 and FAMILY 2 were moderated strong and congruent, consistent with the course of therapy (terminated by mutual agreement).

 In contrast, the generally weak alliance dimensions for FAMILIES 3 and 4 were congruent with the drop- out

V – General Conclusions

• Thus, it seems particularly important to investigate the **within-system alliances** (Shared Sense of Purpose and Safety) on therapeutic outcomes in a large and diverse sample

• Our intent is to study the cases in which the felt unity within the family in relation to therapy is threatened and the cases in which there are diverse (often conflicting) motivations for attending therapy sessions (**involuntary clients**)



References

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Thank you very much for your attention!...

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