Aims and objectives

* Origins of the SCORE project
* Development of the EFTA Project
* Status update of EFTA project
* Potentials of the SCORE project illustrated by the UK progress so far:
*   Examples of findings
* Ideas for clinical applications and research

Practice based evidence

CORE (UK) Clinical Outcomes in Routine Evaluation and two comparable studies in the USA

"The picture we see in the CORE NRD across 35,000 patients seen by 600 therapists is that each therapist will generally use a combination of two or even three modalities in treating each individual patient"

(R. Evans, 2007)

Solutions in generating evidence for everyday practice

* The CORE (**Clinical Outcomes in Routine Evaluation**) system has worked well to gather data from practitioners in individual psychotherapy.
* So how about a systemic version of CORE?

SCORE

Gaps in the literature:

➢ Developments in FT theory & Practice, especially theories of change via systemic family relationships

* Paucity of items relating to family member's appraisals of change and levels of satisfaction/dissatisfaction with their service.

* The group then generated questions that were felt to address these particular issues.

The UK story so far: 1

* Initial group: Peter Stratton (AFT), Julia Bland, Judith Lask, Emma Janes, Chris Evans
* National ethical approval plus local
* Literature search– existing measures etc
* Question generation–service user consultation
* SCORE 55
* SCORE 40 –piloted 228 families, 510 individuals, clinical population, given before first session on consecutive sample

Why Family Processes?

Some systemic therapists are interested in how symptoms develop in an attempt to cope with the way the family has operated its relationships.

Others are more focused on building the underused capabilities of patients and their families.

All believe that healthy family processes will help a designated patient to overcome their difficulties and maintain therapeutic change.

So the ways the family members describe their life at home should be a crucial indicator of the resources the patients have .

Developing the SCORE 40

* Review existing measures
* Review accounts of what SFCT does
* Review accounts of good family functioning
* Decide on self-report Likert scales
* Create 9 items and ask around
* Create 16 items in 5 dimensions and try out thoroughly

* (1) Atmosphere/ Mood, (2) Conflict, (3) Expressiveness/ Communication, (4) Rules/

2. Qualitative PRN

* Three therapists each interviewed three experienced therapists about SCORE
* Thematic analysis of therapeutic judgements.
* Detailed responses to individual items
* See what we found in the Australian & New Zealand Journal of Family Therapy 2006.
* Responses of 33 FT trainees simulating family members. Clear difference between functional and not.
* Etc etc.

The families-in-therapy project

* SCORE 40 given to individual family members at start of first session.

* 228 families, 510 SCORE 40s.

* Cronbach Alpha, is .934, and Split-half reliability is a correlation of .833. It is coherent.

* Every item correlates with the corrected average.

* High levels of acceptability of all items

The SCORE 40 works

Now we really get going.

Now we make it more practicable

Can we do with far fewer items?

Yes we can

Items were checked for how well they correlated with the total SCORE; whether they distinguished clinical and non-clinical, how they worked in MR and FA.

The 'weaker items' were examined for clinical significance.

We ended up with 15 items that factor into 3 clear dimensions

What does it look like?

For each line, would you say **this describes our family**:	1. Desc ribes us: **Very well**	2. Desc ribes us: **Well**	3. Desc ribes us: **Part ly**	4. Desc ribes us: **Not well**	5. Desc ribes us: **Not at all**
In my family we talk to each other about things which matter to us					
People often don't tell each other the truth in my family					
Each of us gets listened to in our family					
It feels risky to disagree in our family					
We find it hard to deal with everyday problems					

Characteristics of the

* **Factor 1. Strengths and adaptability**
* **Factor2. Overwhelmed by difficulties**
* **Factor 3. Disrupted communication**
* In the full sample of 608 cases SCORE 15 explained 95% of the variance in the means of the full SCORE 40.

* Alan Carr and his researchers in Dublin conducted a similar process with >700 mostly non-therapy individuals and has created a 28 item version that correlates highly with several family measures, especially the Family Assessment Device. It has the same factor structure.

The EFTA projects

* 18 countries. Each has a Research Delegate from its NFTO. These are often the Principle Investigator but there may be more than one.
* The RD coordinates the PI(s) and belongs to the NFTO research committee
* Which coordinates with the EFTA RC, and the UK SCORE group.
* EFTA is also conducting a survey of research that is only reported locally in each country

Administration of SCORE 15 – EFTA

* Translate according to protocol
* Establish ethics and gain family consent
* Administer at 1st, 4th and final session
* Have therapist rate change at 4th and last session
* Record all consecutive families
* Send data anonymously
* Keep a copy for own use.

Translation Protocol for SCORE

* Effectiveness of SCORE in other cultures will not best be achieved by linguistically accurate translations, but by rewording of each item in that language, in a way that is sensitive to the values and definitions of close relationships in that society.

* Although we are privileging culturally sensitive adaptation above linguistically accurate translation, we do want to research the extent to which the SCORE 15 is functional as a measure of therapeutic change in different societies. This means that we will stay close to the meanings and intentions of the existing 15 items.

Translation 2

*Commission 5 translations from the English version by fluent English speakers who have the target language as their first language (or one of their first languages). These 5 should include: at least one mental health professional with systemic training, at least two lay persons differing in age, (over 12) gender or social class and someone who has significant experience of translation.

Current status of EFTA project

Current status of EFTA project

EFTA Research (initial) Participants

* Belgium: Peter Rober, Lieven Migerode
* Czech Republic: David Skorunka
* Finland: Eija-Liisa Rautiainen, Jaakko Seikkula
* FYR of Macedonia: Slavica Gajdadzis-Knezevic
* Germany: Maria Borcsa, Jochen Schweitzer-Rothers
* Greece: Mina Todoulou, Valeria Pomini, Nikos Paritsis
* Holland: Rick Mentjox
* Hungary: Ferenc Túry, Julia Hardy
* Ireland: Alan Carr

EFTA Research (initial) Participants 2

* Malta: Angela Abela
* Poland: Barbara Jozefik, Bogdan de Barbaro
* Portugal: Anna Paula Relvas, Maria Gouveia
* Serbia: Nevena Calovska
* Spain: Annette Kreuz, Roberto Pereira
* Sweden: Ann-Marie Lundblad
* Switzerland: Raymond Traube,
* United Kingdom: Peter Stratton, David Amias, Julia Bland
* **StopPress** Belgium (Dutch) Gilbert Lemmens

EFTA Research – Current Status

* **Translations completed: Finnish, Greek, Hungarian, Polish, Portuguese, Spanish, Norwegian and French** (from the UK)
* <u>On their way:</u> **Macedonian** and **German**
*
* **No reports yet, or cannot initiate project yet:**
*
* **Belgium, Czech Republic, Germany, Holland, Italy, Malta, Serbia, Sweden, Switzerland**

* **Finland:**   No special difficulties with translation. Little differences between the translators occurred, but nothing major. Some difficulty because of the languages, English and Finnish differing in structure of the sentences. Questions seem relevant to culture and therapy context and approach.

* **Greece**

* Importance of context: Particularities in therapy procedures in different contexts, hospital, private arise (frequency, duration, presence of trainees, use of mirror…).

* Complexity: some therapeutic approaches involve combined interventions .

*

* **Poland**

* Took four months to complete translation.

* Therapists working in strategic approach would rather ask. The questions in the questionnaire modify therapeutic process, which is disputable and rather disadvantageous from the strategic therapy's perspective.

* We use the word "social background" instead of "ethnicity".

*

* **Portugal** translation done, tried out with volunteers, feedback good.

* We talked with heads of clinics, centers, therapists who wish to collaborate. No need to create some new documents. We study also SCORE 29. We administrated the tool to 3 families

*

* **Spain**   In the questionnaire, we miss a question about emotional contact. Something like: "In our family we usually express physically affection (hugging, kissing, cuddles)".

Experiences of EFTA researchers

* May we Invite comments from those in the audience who have tried it?

Potentials of the SCORE project illustrated by the UK progress so far

The three dimensions

*The way the questions clustered together is an indication of the ways clients structure their thinking about their family.

*It can also indicate where therapeutic effort should be directed.

Factor 1. Strengths and adaptability

* In my family we talk to each other about things that matter to us
* We are good at finding new ways to deal with things that are difficult
* When one of us is upset they get looked after within the family
* Each of us gets listened to in our family
* We trust each other

Factor2. Overwhelmed by difficulties

* We seem to go from one crisis to another in my family
* Things always seem to go wrong for my family
* In my family we blame each other when things go wrong
* It feels miserable in our family
* People in the family are nasty to each other

Factor 3. Disrupted communication

* People often don't tell each other the truth in my family
* It feels risky to disagree in our family
* People in my family interfere too much in each other's lives
* When people in my family get angry they ignore each other on purpose
* People in the family are nasty to each other

Greece: Examples of self-perceived changes

* Person A:

* I have acquired greater self-esteem in my roles.

* I am more equipped to bring up my children.

* I feel more capable as a member in other groups as well.

* I have a better relationship with my siblings, especially the way I react when they assign me "labels"/characteristics of the past.

* I noticed improvement in my relations with friends.

*

* Person B:

* I am not afraid anymore: to sort out situations, to refuse what I dislike.

* I stick more to my personal responsibility- not centering on the responsibilities of others.

Clinical implications and uses

* Please form Groups of 4 to discuss possible clinical uses once we know for sure that it is sensitive the therapeutic change.

* Discuss for 5 minutes, then be ready to feed back your conclusions

Suggestions of therapy uses of SCORE

* Pre-therapy information and screening
* Discussing the items that are significant for clients
* Indicating major areas of change, and of no change, between sessions
* A context for discussions of usefulness
* Using the items to alert family members to disregarded aspects
* Checking for difference between therapist and client perceptions

33

Capture of idiosyncratic (qualitative) data

* The latter 5 items in SCORE ask the respondent to: describe their family; identify what they feel the main problem is for the family and rate how bad it is; say what change they would most hope for; whether they feel FT is the right approach and how they felt about filling out the Q. Wording of final items is adapted for use post– therapy and enables family members to rate how useful/ otherwise they found FT for their difficulties.

* Qualitative data from the first pilot will be analysed and should help inform the development of the measure

SCORE questions on which clinical families were most different

*We seem to go from one crisis to another in my family

*It feels miserable in our family

*We find it hard to deal with everyday problems

*Things always seem to go wrong for my family

*In my family we blame each other when things go wrong

*People in the family are nasty to each other

*We feel hopeful about the future

Before: public perceptions of psychotherapy

* And of psychotherapists. Perhaps we should research our image with potential clients both wrt the sources of their perceptions and for how they enter therapy,

* In the SCORE the question at the start of therapy:
* **Do you think that family therapy will be the right kind of approach for the problems that you have?**
* Generally positive, especially women and older
* Correlation with measures of level of difficulty at

SCORE expectations of satisfaction

Histogram

Mean =6.35
Std. Dev. =2.128
N =407
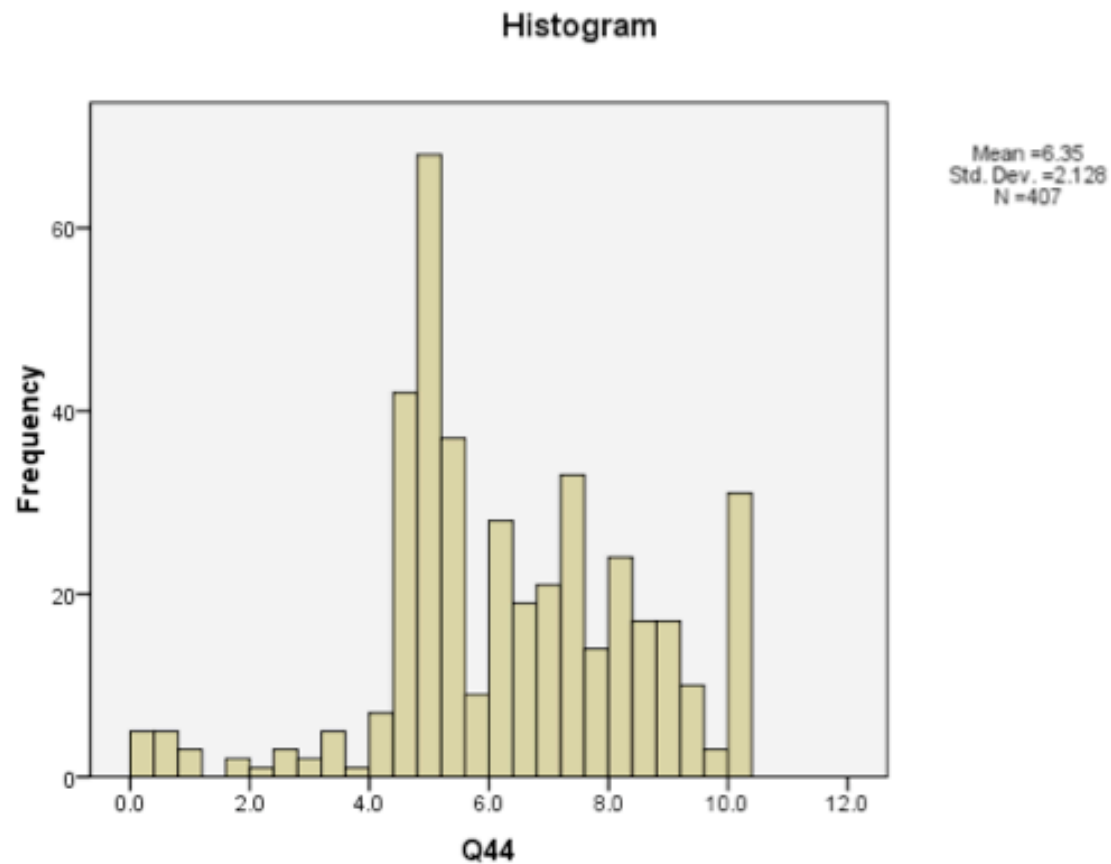
People with average scores on SCORE40 described their family as:

loud, loving, frustrated, angry

my family (husband, children) is very important to me

argumentative, caring, unique, individual, stressed

loving, caring, looking after each other

fractured at the moment, unsure where we are going next

loving, close, loyal, strong, disabled

trying to be united

united, happy, close knit

isolated

hectic

Highest scores on SCORE40

broken down, lonely, unsupportive, lacks trust and regard,
a war zone
hurt, bitter, cruel, painful, distrusting, crushed
disjointed, undisciplined, nasty at times
unhappy, unable to communicate and find a compromise
miserable,bad environment,stressful, upsetting,overprotective,
acrimonious, disharmonious, distrustful
egg shells
nightmare, bullying and control
in crisis, son's violence
intensity of love & despair, logic seen as right, feelings wrong

Maximum Analog rating of problem.
Descriptions of problem:

* attitude of daughter
* communicating
* working together; effort is unbalanced
* self-abuse, anger & blame
* communication
* bullying and control
* coping with f partner's health/ eldest son
* daughter's ill health
* lack of communication about feelings
* lack of support
* L's relationship with P

Hoped for change

* daughter's behaviour
* family life
* work/life: my husband getting his interest back
* blame & competition over our son
* understanding each ohter
* dependence would like to be independence
* f part's health
* daughter's ill health
* tolerance of eachother's different opinions
* the way we deal with our problems

Minimum rating of difficulty

* Moving on and remembering the happy times of the past
* my son taking more responsibility. Me controlong my reactions & reacting in love not in anger
* more cooperation
* to stop fighting
* my wife's view of me
* how we communicate in times of stress
* how we deal with conflict
* my wife's attitude to me and the kids
* our arguing style
* my behaviour towards dealing with my problems

Taking independent client descriptions back to the

* **Negative self rating. 3.06 High SCORE items**:
* It feels miserable in our family 4.14
* Go from one crisis to another in my family 4.03
* Often don't tell each other the truth 3.72
* **Least negative self rating. 2.20 High SCORE items**
* We hardly ever put each other down 2.86
* We find it hard to deal with everyday problems 2.83
* In my family we blame each other when things go wrong 2.71

43

Ideas for research

* *... once national validation studies are completed.
* *May we invite groups composed of ~4 people from different countries to come up with ideas for international research using SCORE.

* *Discuss for 5 minutes, then be ready to feed back your conclusions

Suggestions of research uses of SCORE

* Generating an evidence base appropriate to relational therapies
* Examining effects of therapy with:
  * Different lengths
  * Different client groups
  * Different approaches
* Collaboration across countries. Multi-country collaboration through the European Family Therapy Association
* A national data-base
* Practitioner Networks of researchers
* Exploring cultural differences between families
* ……………..

45

We need:

Psychological health systems that recognise that there is an enormous amount still to learn about psychotherapy and about fostering better relationships.

This means supporting research that will release the benefit of what has been learned in the full range of relevant therapeutic practice,

and service provision that maintains the variety of promising therapies.

Interested in participating in the Piloting the SCORE project?

Contact:

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➢ Peter Stratton, Chair of EFTA Research Committee: p.m.stratton@ntlworld.com

REF: Peter Stratton, Julia Bland, Emma Janes and Judith Lask (2010) Developing an indicator of family function and a practicable outcome measure for systemic family and couple therapy: The SCORE. *Journal of Family Therapy*. 32, 232-258

Updates at **www.aft.org.uk**