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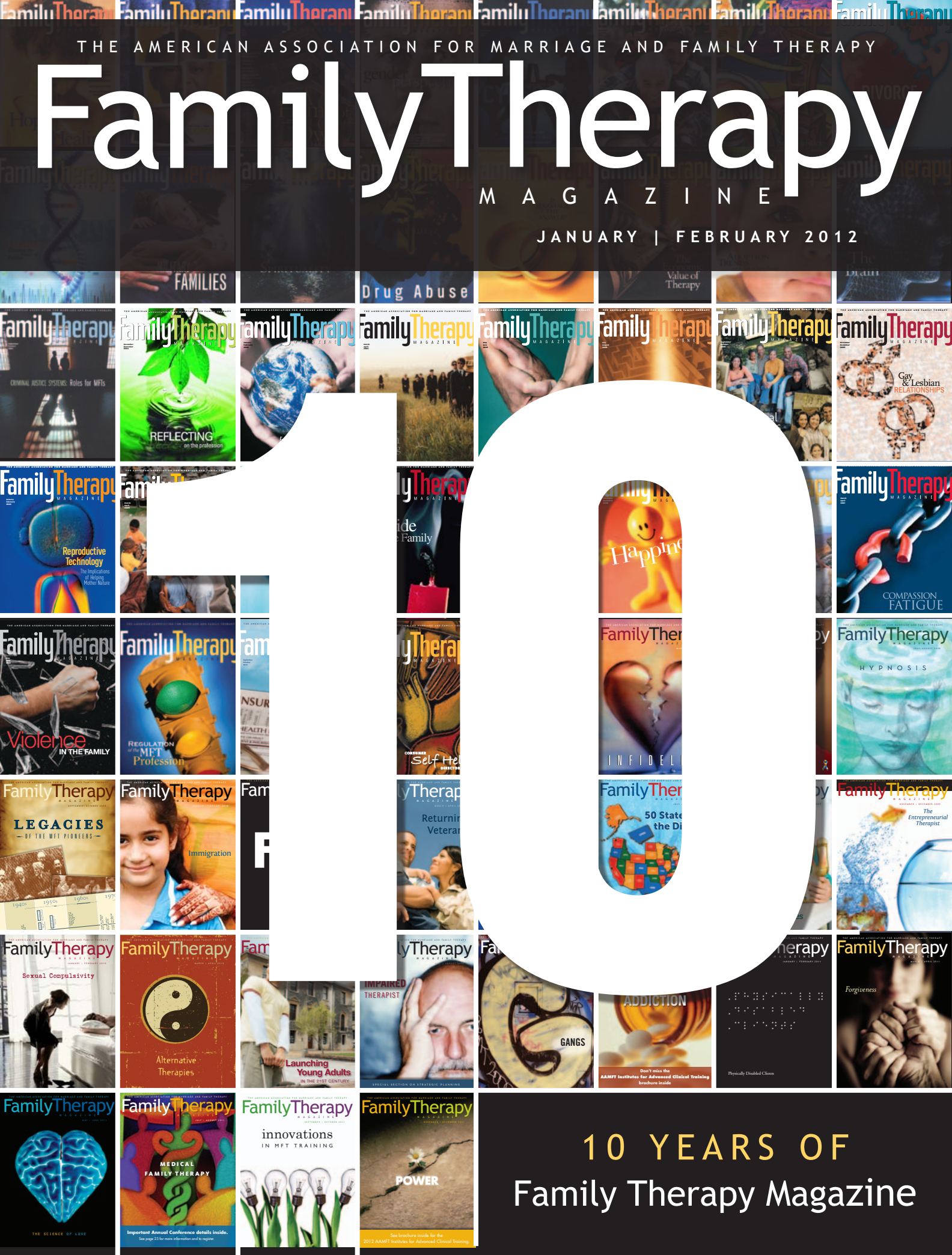

10 YEARS OF

Family Therapy Magazine

TOP TEN *MFT Myths* DISPELLED BY CLINICAL RESEARCH

Eli A. Karam, PhD

RESEARCH AND THE PRACTICE OF MARRIAGE AND FAMILY THERAPY (MFT) have often been viewed as separate endeavors. Some practitioners contend that experience is more valuable in the therapy room than anything that can be derived from research or scientific inquiry. Research, however, not only validates what we know is effective, but also can correct erroneous beliefs and clinical assumptions. These incorrect therapeutic assumptions may be the product of a selective understanding or misunderstanding of research findings. A powerful way to emphasize the importance of staying informed about new research is to demonstrate historically how it has helped to disconfirm previously held myths about MFT. In rejecting these previously unsubstantiated beliefs based on folk wisdom, empirical evidence has increased our profession's stature and aided research-informed clinicians to become more competent in both psychoeducating clients and modifying their own therapeutic views (Karam & Sprenkle, 2010).

Top 10 Highest Attended Sessions at AAMFT Annual Conferences

1997 *Learning Edge: Live Supervision with Salvador Minuchin*
565 attendees

1997 *Healing After Infidelity Through the Therapeutic Use of Forgiveness with Frederick DiBlasio*
550 attendees

1995 *Three Strength-Based Therapies with Steven J. Wolin, William M. O'Hanlon and Lynn Hoffman*
501 attendees

2002 *Inclusive Therapy: Dealing with Inner and Outer Bigotry with William M. O'Hanlon*
389 attendees

1996 *Learning Edge Series with Karl M. Tomm*
383 attendees

2006 *To Leave or to Stay: Working with Couples on the Brink with William Doherty*
377 attendees

1997 *Passionate Marriage: Sex, Love, and Intimacy in Emotionally Committed Relationships with David Schnarch*
358 attendees

1996 *Shattered Vows: Healing the Trauma of Infidelity with Shirley Glass and Tom Wright*
349 attendees

2006 *Traumatic Loss, Healing, and Resilience with Froma Walsh*
347 attendees

2001 *Putting "Marriage" Back Into Marriage Therapy with Michelle Weiner-Davis*
323 attendees

Contending that what we do is both a combination of art and science, the following are 10 examples of how research has reshaped traditional clinical wisdom and informed the practice of marriage and family therapy.

10 Create emotional enactments to treat schizophrenic family members.

From the late 1940s to the early 1970s, the concept of the "schizophrenogenic mother" was popular in the family therapy lexicon. Although research later confirmed that maternal communication could not cause schizophrenia, such a blaming, pathologizing concept without a basis in scientific fact, may have caused a great deal of harm for families and the profession. In fact, MFT techniques in working with these types of families centered on creating highly emotionally charged enactments (Whitaker, 1958). Current, evidence-based family psychoeducational models (McFarlane, 2002) are diametrically opposed to this position, creating therapeutic strategies that seek to reduce "expressed emotion" in the family system in order to reduce rehospitalization, symptoms, and distress while improving family members coping and functioning.

9 Only former addicts who use high levels of confrontation should treat substance abusing clients in individual therapy.

Traditions harking back to the intense, confessional 12 step groups from the 1970s and 1980s have held that partners be segregated, that treatment be confrontational, and that former addicts are the best therapists. Behavioral Couples Therapy (BCT), a partner-involved, non-confrontational treatment for substance abuse that teaches skills to promote partner support for abstinence and emphasizes

relationship skill building, has been proven to be more effective than individual therapy at shaping abstinence skills and improving couple relationships (Fals-Stewart et al., 2000). This body of research has also demonstrated that a personal history of previous substance abuse has no bearing on a therapist's results.

8 Anger predicts relationship satisfaction and success.

Many therapists used to believe that the expression of anger undermines relationships, therefore therapeutic techniques should be designed to block this intense emotion. The research of John Gottman (1999), however, challenged conventional wisdom about what accounts for relationship success and failure. The amount of anger observed in premarital interactions had no predictive validity in the future success of the marriage in his longitudinal research, as happy couples were as likely to express anger in discussions as those who decided to eventually divorce. The extent to which couples reciprocated anger in their interactions also did not predict relationship success, thus demonstrating that it is normal for even happy couples to react negatively when facing negativity. Although anger does not correlate with divorce, Gottman discovered that contempt, defensiveness, criticism, and stonewalling are the most significant predictors of relationship failure.

7 Couples therapy is considered a failure if the marriage is not saved because divorce always results in negative outcomes for children.

Even though approximately half of all married couples divorce, historically many MFTs would consider the therapy unsuccessful if they were unable to save a relationship. Early research on children of divorce had a negative view of adjustment to post-divorce life, citing depression, academic difficulty, and other psychopathology as frequent outcomes (Wallerstein, 1989). This research may have inadvertently scared some parents into remaining in destructive or incompatible relationships because of fear of the impact of divorce on their children. As compared to this research that was flawed, due to lack of control group and other threats to validity, the longitudinal work of Mavis Hetherington (1990) and Constance Ahrons (2007) is more methodologically sound and optimistic about children of divorce. In fact, there is no specific evidence that children who go through divorce are any worse off than those who stay in a family system with parents who are openly conflictual and hostile with one another. Now we know that there is opportunity for meaningful psychoeducation and therapeutic work with divorcing and bi-nuclear families, as MFTs can teach ex-spouses how to work together in the best interests of their children. Although divorce involves a difficult transition period for the entire family system, many children whose parents learn to co-parent effectively, go on to do well and make the necessary adjustments to have healthy adult romantic relationships.

6 Partners with a history of domestic violence should never be seen conjointly.

Within the field of intimate partner violence (IPV), there is a popular belief about never treating couples conjointly. Batterers and victims are typically treated individually or in gender segregated groups. While intimate terrorists may never be good candidates for any type of therapy, partners who have endured situational violence, on the other hand, may be ideal candidates for a couples intervention. Research conducted by MFTs (Stith, Rosen, & McCollum, 2003) demonstrates that carefully conceptualized couples treatment that is supportive in nature appears to be at least as effective as traditional treatment for IPV. Couples therapy can provide a controlled, regulated structure for partners to discuss highly conflictual and emotionally charged topics. As relationship distress is a powerful predictor of partner aggression (O'Leary, Heyman, & Neidig, 1999), improvements in a couple's functioning combined with the acquisition of conflict resolution skills may reduce the reoccurrence of IPV.

5 Adding additional sessions will equate to more therapeutic gains.

If an initial round of therapy doesn't spark a client to change, then adding additional sessions must be necessary to increase therapeutic gains, right? Ken Howard developed the "Dosage-Response Model" to respond to this assumption by evaluating therapy as related to its effectiveness at various dosages (Kopta, Howard, Lowry, & Beutler, 1994). Dosage in this model is equated to number of sessions. This research highlighted that most clients experience significant change early in treatment, with 50 percent of clients showing clinically significant improvement after 8 sessions. For those who do not initially improve with therapy, however, more and more effort is required to achieve results. Therefore, there is a law of diminishing returns when adding more sessions if a positive change in the client's feeling state does not occur in this early stage of therapy. Sometimes a referral to a therapist who may be a better fit for the client may be a more prudent option than the prospect of more therapy with the current therapist. This research demonstrates the importance of monitoring outcome on an ongoing basis to assess when our therapy is not benefiting our clients.

4 Women are from Venus and men are from Mars.

Although this belief has dominated pop culture for the past several

decades, there is a dearth of research evidence to support the claim that the sexes are significantly different. Research demonstrates that men and women are more similar than they are different in terms of communicating in their committed relationships (Canary & Emmers-Sommer, 1997). Many of the purported differences in the gender literature are related more to flaws in the studies themselves, such as errors in recollection in self-report studies, or individuals' reports that are constrained by a social desirability bias. Gottman's (1999) research highlights that men and women want remarkably similar things in marriage, and that both genders report that deep friendship is the most vital component of an enduring marriage. Lists of other variables that actually predict marital satisfaction show that there are only slight differences in how the men and women rate what is really important to them in an intimate relationship.

3 Successful couples therapies should focus on problem solving strategies.

In the 1970s and '80s, traditional behavioral couples therapy (TBCT) was lauded by clinicians and researchers alike for both its practical problem solving and behavior exchange strategies, as well as impressive outcome evidence (Jacobson & Margolin, 1979). Despite this considerable support for TBCT in the literature, model innovator and researcher Neil Jacobson was interested in studying the substantial numbers of couples for whom TBCT did not seem a benefit. Estimates indicated that although TBCT was efficacious, only about half of all couples who participated in therapy experienced clinically significant change, and nearly one-third of these couples experienced a pattern of relationship deterioration over time (Jacobson, Schmaling, & Holtzworth-Monroe, 1987). Using this research as a basis to revise and improve the model, Jacobson and Andrew Christensen developed Integrative Behavioral Couples Therapy (IBCT) to address concerns about long-term maintenance of gains and focus on emotional acceptance and tolerance techniques. Providing further evidence that couples therapy should expand beyond this traditional narrow scope of teaching problem solving skills, Gottman (1999) estimated that 69 percent of all problems couples encounter are ultimately perpetual issues that can't be solved. Ultimately, Gottman concluded that it's the quality of the dialogue and the mutual validating of each partner's position, not the solving of the problem itself, which will predict the success of the relationship.

2 My MFT model is superior to yours.

Meta-analyses point to a large effect size of around .8 for psychotherapy as compared to no treatment at all (Smith & Glass, 1977). While there is no doubt MFT works, meta-analyses show no differences between bona fide treatments. Shadish and colleagues (1995) concluded: "Despite some superficial evidence apparently favoring some orientations over others, no orientation is yet demonstrably superior to any other. This finding parallels the psychotherapy literature generally" (p.348). So, while MFT has demonstrated relative efficacy, there is little evidence for differential efficacy among different models.

1 Specific ingredients of models are primarily responsible for therapeutic change.

The Empirically Supported Treatment (EST) movement, analogous with the medical model, contends that specific ingredients in therapy models are responsible for change. By overlying a single methodology, the randomized clinical trial (RCT), researchers may oversimplify the complexity of psychotherapy by excluding important client (i.e., hope and motivation level), therapist, and alliance variables that are integral to outcome. Common Factors proponents use empirical evidence to argue that these key non-specific components in treatment outcome have far more to do with therapeutic success than with any specific therapeutic technique or model, no matter how clearly articulated or manualized (Sprenkle, Davis & Lebow, 2009). In fact, the work of Michael Lambert (2001) suggests that specific ingredients from models may only account for around 15 percent of the improvements clients make in therapy. In another groundbreaking meta-analysis research, Bruce Wampold

(2001) presents strong evidence that differences among therapists contribute more to outcome variance than the treatments they practice. Although this will continue to be a highly debated issue within our profession for the foreseeable future, Wampold argues the evidence convincingly corroborates a contextual model for therapy and disconfirms the prevailing, specific ingredient-centered medical model. ■

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