

Block

# 1

## **ASSESSMENT METHODS**

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## **MCFTE-001 MARITAL AND FAMILY THERAPY AND COUNSELLING**

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*“Marital and Family Therapy and Counselling”* is one of the optional papers in the second year of the Masters’ Degree Programme in Counselling and Family Therapy. It comprises both theory and supervised practicum components. The theory course (MCFTE-001) is worth 2 credits and the supervised practicum for the same (MCFTE-004) is worth 4 credits. You have to complete and clear both these components separately for successful completion of this optional paper on “Marital and Family Therapy and Counselling”. For theory course MCFTE-001, you will have continuous evaluation through an assignment, as well as term-end examination. For supervised practicum (MCFTE-004), you will have to work under the supervision of the academic counsellor allotted from the study centre you are attached with, and submit your file in the end, as per the details given in the Supervised Practicum Manual of the course (MCFTE-004).

This optional paper is designed to make learners aware of the need and potential of counselling and family therapy with specific reference to marriage and family issues. The theory and supervised practicum components are designed to provide the requisite knowledge, understanding, attitudes and skills to the learners, to enable them to make effective interventions with respect to marriage and familial problems that are turning into a major menace in the society, running countless lives.

The theory course (MCFTE-001) consists of two theory blocks.

### **THE BLOCKS**

Block 1 is on “Assessment Methods”. It provides an overview of the assessment methods which are primarily used in marital and family therapy and counselling. It re-acquaints and you with details about interview methods. Description of essential skills for family assessment has been provided. Self report scales have been discussed at length, focussing on their use in marital and family therapy. To conclude, the Block focusses on the research tools in family therapy, to develop analytical skills in the learners.

Block 2 *viz* “Marital Therapy” focusses on the applied aspects. It highlights the therapeutic interventions. Various therapies used have been explained like emotions focussed couples therapy and cognitive behavioural sex therapy. Counselling skills have been described in marriage enrichment techniques. Application aspects have been discussed at length with use of case study.

Application of what you learn in these blocks at the field level, and practical exposure is the thrust of the supervised practicum course (MCFTE-004). The details are provided in the Manual for Supervised Practicum for the Course.

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## **BLOCK 1      ASSESSMENT METHODS**

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Block 1, namely “Assessment Methods” will acquaint you with the fundamental aspects of assessment. The Block consists of four Units.

*Unit 1* is entitled “*Interview Methods*”. The Unit explains the concept and guidelines of interviewing. It highlights the useful techniques of interviewing and emphasizes the use of active listening and giving all clients equal opportunity to speak. The Unit describes importance of initial contact versus intervention stage. It outlines the difficulties that come up during interviewing.

*Unit 2* focusses on “*Essential Skills for Family Assessment*”. As the title suggests, the focus of the Unit is on assessment skills which need to be strengthened in the therapists. The Unit highlights the attitudes and styles and other aspects needed for a successful counsellor and family therapist.

*Unit 3* is on “*Self Report Scales*”. The Unit explains the concept of self report scales and differentiates between interview and self report scales. The characteristics of self report scales, ethics involved and some types of self report scales have been discussed.

*Unit 4* is on “*Research Tools in Family Therapy*”. In this Unit the emphasis is on research in clinical practice. The goals of therapeutic research, methodology, assessment tools, analysis, presentation and discussion of the results have been described.



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# UNIT 1 INTERVIEW METHODS

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## Structure

- 1.1 Introduction
- 1.2 Concept and Guidelines
  - 1.2.1 The Concept
  - 1.2.2 Guidelines
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- 1.3 Useful Techniques
  - 1.3.1 Active Listening
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- 1.6 Let Us Sum Up
- 1.7 Glossary
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- 1.9 Unit End Questions
- 1.10 Further Readings and References

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## 1.1 INTRODUCTION

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Every individual has his or her own unique experience, attitude, ideals, personality and social environment. Changes in social structure have contributed to an increase in reported conflict between family members. Mutual understanding between family members is essential to ensure a healthy family experience. There are times when a family member or a spouse in the marriage comes to the conclusion that he or she, or the family as a whole does not have the resources to deal effectively with a challenging/ conflictual situation. When the family is disturbed and the family members experience distress, the family may look for help.

Persons seeking help would want to be understood accurately and want us to make valid inferences about their marriages and families. They need our help to share with us their ideology of relationships, value systems, and efforts to bring happiness into relationships. They may have come to the counsellor/family therapist with an open mind and may be anxious to get the guidance of the counsellor/family therapist. However, it is important to keep in mind that while they want to talk, they may also be reluctant to do so. They will be afraid of being judged and may have conflicting ideas of not permitting “outsiders” to “meddle” with their family; or have perceptions that nothing can be done. They also have to come to terms with their perceptions of the social stigma of coming for counselling. Hence family members may be ambivalent and have conflict about the counselling process itself.

As the counsellor/family therapist is evaluating the clients, the clients are also forming an opinion of the counsellor/family therapist. Is he or she trustworthy?

Does he or she understand my side of the story or will he or she take the side of other family members against me? Does he or she have concern for my family? We cannot expect clients to reveal everything all at once as they will be feeling vulnerable. Information will continue to come in and many things may be disclosed as sessions progress.

Interviewing is the point of initial contact. It is an important aspect of assessing a family. The purpose of an interview is to gather information on the nature of conflict or distress the family is experiencing. Information gathered provides the basis for the intervention.

In the initial session the focus is on establishing rapport and exploration. Though the family has come for help, they may withhold certain aspects because they do not want to be judged, and they may feel that it is not necessary to reveal that much.

As sessions progress into more in-depth exploration and intervention, more direction is required. The agenda for the sessions and the techniques to be utilized is planned. The counsellor/family therapist's interviewing ability is an important factor in the success of intervention. When conducted skillfully, clients will be more open to interpretations and suggestions.

### Objectives

After studying this Unit, you will be able to:

- Understand the concept and the guidelines to conduct an for the interview;
- Learn about the concepts of sensitivity and neutrality during interview;
- Appreciate active listening and giving clients equal opportunity to express themselves; and
- Understand circular questioning.

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## 1.2 CONCEPT AND GUIDELINES

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### 1.2.1 The Concept

An interview, we all know is usually a face to face interaction conducted for the purposes of gathering information from the interviewee by the interviewer. In counselling the interview includes the client and the counsellor/family therapist. In the case of family and marital counselling, it includes the family members or the couple respectively.

Once the rapport is established, themes in initial interviews can be about collecting history about the family. The skill with which the interview is conducted determines how much useful information is gathered.

During history taking, sensitive areas have to be explored. Information on whether the family had sought help previously, or any relevant medical and psychiatric history of family members should be explored. A good history gives counsellors/family therapists an insight into the possible stressors, economic stressors, and strains the family has faced and how the family has coped with these situations in the past. In addition, the social support resources available to the family, such as helpful relatives, neighbours, or friends, etc. can be taken into consideration.

Verbal mannerisms, along the course of the interview are important sources of information. For instance, who takes the lead in starting the conversation, who has to be coaxed to speak, which family member interrupts the other's speech, how does he or she interrupt, what is the emotional content of the interaction. These become cues based on which the counsellor can formulate his or her response to the clients.

Ackermann (1966) also emphasizes the importance of non-verbal mannerisms, such as who sits next to who, does the family sit in separate groups, who makes minimal eye contact, who smiles, who cries, who appears upset, or which family members exchange looks are to be considered by the counsellor/family therapist and used along with verbal mannerisms to understand the patterns of communication and the hierarchy operating in the family.

The counsellor/family therapist's role is to help all the family express interpersonal conflicts. Often this may be a thing which some members in the family never do. Some families may be more resistant to this than others. Often in families, members can become defensive and may claim a particular member is responsible for the problem. Members may spend their time constantly justifying themselves, and rationalizing their behaviour. It is useful to make it clear to the family in the initial session itself that each individual has a responsibility to participate in the sessions if the process is to be useful.

Thus interviewing clients gives the counsellor/family therapist an idea of the clients' personalities and patterns of interaction. For instance, how do members relate to each other? What is their perception of each other? How do they handle crisis and stress? What are their difficulties, strengths and their weaknesses?

The information gathered through observation of non-verbal and verbal exchanges during history taking is utilized to develop a hypothesis about the problem which the family is facing at the present time, and to then develop an intervention to assist the clients resolve the family difficulties.

Collecting information about the family is important. This information puts the background of the family in context. In an interview with a family, the counsellor/family therapist usually has to interact with a larger number of members. Hierarchy within the family may influence who naturally speaks and who doesn't. The counsellor/family therapist has to make all members comfortable. This will be especially important when dealing with a family with children or adolescents.

In marital interview, the counsellor/family therapist is interacting with the married couple. The number of people the counsellor/family therapist has to be aware of in a session is lesser. However, the intensity of interaction may be more. Here too, the dynamics between the couple will influence who says what. If one person feels too threatened, the couple is unlikely to come back. The counsellor/family therapist must carefully maintain neutrality and make quick assessments about the couple and take the appropriate approach.

In both marital and family sessions, the counsellor/family therapist should keep in mind that there is a great variety of cultural norms and expectations within the country and even within the same community. It is important for the counsellor/family therapist to be sensitive and develop an understanding of these as sessions progress.

## 1.2.2 Guidelines

Let us now examine the guidelines for the interview method.

- The place where the interview is conducted should be comfortable. Suitable furniture, lighting, and a waiting area are important. If necessary, the room should have a fan. The place for the interview should be selected so that distractions and interruptions are minimized. Hence if there are windows on the ground floor opening into a corridor or playground, curtains or screens would be useful. Excessive paraphernalia around the room, distracting pictures in the clients' eye field etc. should be avoided. Avoid taking phone calls during a session.
- Importance should be given to establishing rapport, especially in the initial sessions. The counsellor/family therapist should not let his or her need to obtain information get ahead of putting the client at ease. He or she can start the first session on a more general note, to get an idea of the overall frame. The sessions can become more specific as they progress.
- The counsellor/family therapist should give the clients an idea about the duration of sessions and the frequency of sessions. He or she can make the clients aware that initial sessions may focus more on assessment. In family counselling, the entire family may be present for some sessions, while only certain members may be present for others. The counsellor/family therapist has to decide who to include in the next few sessions based on the initial session. In marital counselling, therapy, the counsellor/family therapist may have to specify that extended family members are not required to come for sessions. It is also preferable if the counsellor/family therapist terminates sessions after gradually leading the clients back to the present reality, and out of the session. This can be done by positively reframing at the end of the session.
- Confidentiality should be maintained, unless the client is a threat to him or herself or others or for academic discussion/supervision.
- The client should be made aware that when the counsellor/family therapist is of the opinion that the client is a threat to his/herself or others, confidentiality will be broken. This information should be given to the client at the start of the sessions when assuring the client of confidentiality.
- Payment for sessions (amount, mode of payment, when to make the payment) should be discussed in the initial contact.
- Plan for family sessions when two or more family members are present or where the client comes for help but others are psychologically present, though physically absent.
- In family sessions, it is better not to start sessions until all members are present. If one member is late, then sessions can be started when he or she arrives. However, the duration and timing of sessions should be adhered to as predetermined to avoid inconveniencing clients as well as the counsellor/family therapist. If all members are not involved in the initial session, there is a risk that when they all are finally involved, they will feel like outsiders to the group.
- It is preferred if the counsellor/family therapist avoids conversations with one member of the family, which is to be kept away from others' knowledge.

The material gathered from such a conversation cannot be utilized in sessions to help the entire family. This is because it encourages the formation of coalitions or other family members may perceive that the counsellor/family therapist has allied with one member against another family member. This will be detrimental to therapy process with the family or the couple. Instead clients can be told that the family / couple will be seen together.

- It is important to keep detailed records of session proceedings as it helps in keeping a track of information one may forget, reviewing the case and evaluating progress made in therapy and goals. Sessions notes should be maintained. In addition, it is useful to maintain a transcript of sessions on occasions. This can help bring to the focus aspects that the counsellor/family therapist may have missed or forgotten.
- Tape recording of sessions or videotaping should be done only with the full knowledge and written consent of the client.
- If individual sessions are warranted, it should be conducted by someone other than the family/ marital counsellor/family therapist to ensure neutrality.

**Check Your Progress Exercise 1**

**Note :** a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this unit.

1. What is the purpose of an interview in the context of family therapy?

.....  
 .....  
 .....

2. What are the basic guidelines to be followed when conducting an interview?

.....  
 .....  
 .....

**1.2.3 The Basic Principles**

Certain basic features are characteristic of good counselling/therapy. This can be developed through the counsellor/family therapists’ approach to the clients. Two key concepts here are sensitivity and neutrality.

**Sensitivity**

In any psychological interview, certain characteristics of the counsellor/family therapist have an important role to play. The sensitivity with which the interview is carried out is crucial. This of course depends on the sensitivity of the counsellor/family therapist who should preserve sensitivity across different types of clients.

During the process of history taking it is important that the counsellor/family therapist is sensitive to the experiences of the family members. It can be conveyed in the choice of words, avoidance of biased language, paying attention to emotional cues, supporting disclosures, preserving respect in the relationship.

Clients should not perceive that the counsellor/family therapist is judging them or allying with one member or a group of members. Antagonizing some members of the family would increase the difficulty of achieving this goal. When a member feels threatened, his or her comfort with disclosing aspect of his or her condition reduces. Hence incomplete information is gathered. Intervention based on incomplete information may be misguided, can increase resistance to intervention, and the chances of drop out increase manifold.

For instance, in a marital interview in which the wife has been complaining about the husband not being around, a counsellor/family therapist should not then turn to the husband and ask in a confrontational tone “Why aren’t you spending time with your wife?”. The counsellor/family therapist could ask the husband “Would you like to add something?” and give him a chance to express his views. If the husband doesn’t take the cue to respond it may be necessary to be a little more specific; for instance, the counsellor/family therapist could ask him “Do you agree with what your wife just said?” And after he responds, to encourage him to elaborate further if he responds briefly, “Would you like to add anything else?” If it becomes necessary to give more prompts, and the counsellor/family therapist feels that it is an issue that needs to be explored at that point in time, the counsellor/family therapist could be more specific, and say, for instance, “Could you tell me about your routine? I now have an idea of what your wife’s day is like, could you tell me a bit about your day?”.

Making a client feel comfortable, understood, secure and accepted is the key to establishing rapport. In the initial session, clients can be put to ease by making remarks about the office/ location in general, a small introduction about the counsellor/family therapist, a general exploration about the clients’ name, occupation, where they are from, how they came to the session, a general introduction to the format of sessions (timings, confidentiality) and welcoming non verbal signals.

The counsellor/family therapist may ask the clients to be seated and then start with. “Good afternoon, my name is. . . . I will be seeing you.” Then perhaps ask “Have you been waiting long?”

If clients often get caught in traffic jams around the time of the appointment, the counsellor/family therapist could enquire “Was there a lot traffic getting here?” Another general question could be “Did you have difficulty finding the place?”; then “It is difficult to find the place the first time”. If the clients have had no difficulty, the counsellor/family therapist can remark “Oh, good that you did not have a problem”. The idea is to normalize the interaction and make the client comfortable.

Paraphrasing the client’s statements in the client’s own language is useful in helping build rapport. Statements which reflect that you acknowledge the difficulty faced and the attempts made, such as “It sounds like you have been faced with a lot of difficulties, and you still tried to spend as much time as you could with her” would help the clients feel the counsellor/family therapist is empathic and understanding.

*Factors that affect sensitivity of the counsellor/family therapist toward the client/clients*

The reasons for a lack of sensitivity on the part of the counsellor/family therapist can be many. At times the counsellor/family therapist may be too focused on obtaining information. He or she may go about it in a manner that is too hurried, without giving the required importance to building rapport with the client. As different clients take different amounts of time to get comfortable with a counsellor/family therapist, the amount of time to be spent in establishing rapport will vary from client to client.

The counsellor/family therapist may judge a member of the family, or a spouse as per his or her own personal morals. She or he may be dominating and may not let the clients speak.

A lack of sensitivity may also be due to preconceived notions the counsellor/family therapist has about a particular client. This could be based on social demographic characteristics (age, religion, gender, community) of the client, or on the basis of information from the referral source, other family members or even biases based on initial behaviours. While it is important to keep in mind the data one has, it is also important to remain unbiased.

### **Neutrality**

Neutrality refers to the counsellor/family therapist's stand of not being allied with any one family member; at the same time being allied with all members. The counsellor/family therapist has to maintain objectivity, to avoid forming a coalition with one family member against another. Napier et al (1973) state the risks of the counsellor/family therapist getting drawn into the pre-existing interaction pattern of the family. Members in the family may compete to win the counsellor/family therapist over to their side. This will result in a continuation of the same pattern of interaction within the family, and the psychological, if not physical withdrawal of other family members from the sessions, thus defeating the purpose of counselling. The ultimate goal of psychological intervention is to assist the clients in readapting to their situation. Hence in family and marital therapy and counselling, neutrality is a crucial factor.

At times it may become necessary to be especially supportive and encouraging to an individual who is excessively timid. This should not happen in a way that leads to the alienation of other family members. Over the course of a session the counsellor/family therapist should give all the members of the family a chance to express themselves and validate their experiences. This gives each member the sense that he or she is supported and understood by the counsellor/family therapist. The counsellor/family therapist's attention moves from one member to the other. Each has equal opportunity. Members should not feel that the counsellor/family therapist has allied with one person as opposed to another over the course of the entire interview.

*For example:*

Father: "She (the daughter) doesn't take bath in the morning." (Daughter and mother exchange looks).

Mother: "No, that is not a problem, she takes bath after me. He wants her to do all activities early, like when she used to go to school."

Daughter: "He used to go to work, and so he used to finish his bath early in the morning, now he is at home and sees me and so he expects me to do that."

Counsellor/family therapist: (looking at father) "What do you think?"

Father (looking at daughter) "She should be active. When she stays at home without doing anything, she sleeps late and she worries more. It's important for her to have a routine and things to do"

Counsellor/family therapist: "You are worried that your daughter may worry too much if she isn't engaged in an activity and so you feel following a routine is helpful."

Father: "Yes, that's it."

Counsellor/family therapist: (looking at daughter) "What do you think?"

This principle is followed in all the sessions with the family, from the initial session through intervention sessions up to termination. Not following this important principal of neutrality leads the family blaming one member for the problem and expectation of change on him or her. This results in members disowning the role of their own behaviours and communication style in the maintenance of the problem. It perpetuates a pattern of not owning up the responsibility and continued pathological interaction within the family.

This can be developed by asking all parties their views about an issue. This doesn't mean a person is cut short harshly. It simple means that the other person's perception/ feeling about the same problem/ situation, or a related appropriate problem/ situation are elicited. The counsellor/family therapist should also ensure that all participants in the session have an equal amount of time to speak. This helps ensure that each person has the opportunity to express and contribute to the session. Empathizing with different family members, across the course of the session and expressing this empathy verbally and non-verbally also indicates neutrality. It helps validate each person's experience, and create the feeling that his or her point is being taken into consideration, and is understood.

*Factors that affect the neutrality of the counsellor/family therapist toward the client/clients*

It may happen that the counsellor/family therapist sides more with one member or group over another. Our own histories and experiences influence our opinion and personal conceptualization of what is right, what is not and how we think things ought to be. This may lead to our identifying more with certain family members. For instance, a counsellor/family therapist may have faced a similar situation or may know of others who have faced a similar situation. It may even be an issue about which the counsellor/family therapist feels strongly. Over-identification with the family also causes the risk that the counsellor/family therapist may lose objectivity and feel as helpless as the rest of the family.

It is useful and important in these situations to remember that within the family, interactions have circular causality and not linear causality. Keep in mind that we must refrain from bringing our personal views into the intervention. Doing so amounts to pushing one's own agenda as opposed to helping the family find what works best for all its members.

The counsellor/family therapist must also have self awareness. This is necessary so as to guard from perceiving his or her own feeling as belonging to the clients

or attributing his or her own conflicts to the clients. It may become necessary for the counsellor/family therapist to work out his or her conflicts and acknowledge feelings that a client/ family elicit as these are liable to cloud objectivity.

**Check Your Progress Exercise 2**

*Note* : a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this unit.

1. What are the possible consequences of insensitive interviewing?

.....  
.....  
.....  
.....

2. What factors may might reduce the counsellor/family therapist’s sensitivity to the client?

.....  
.....  
.....  
.....

3. What is the consequence of not maintaining neutrality?

.....  
.....  
.....  
.....

4. What are the factors that might damage neutrality of the counsellor/ family therapist?

.....  
.....  
.....

**1.3 USEFUL TECHNIQUES**

**1.3.1 Active Listening**

As with individual sessions, basic counselling skills are important. An interview will be fruitful when the counsellor/family therapist is actively listening to the client/ clients. Active listening is indicated by maintaining eye contact. However, this should not be so much as to make the client feel threatened, challenged or uncomfortable. The object is to indicate that he or she has your complete attention. The counsellor/family therapist can use other body language such as leaning forward when a client is reluctant and needs some coaxing.

The content of a client's speech can be paraphrased back to him or her. This gives the client a chance to feel understood, to clear any misunderstanding on the part of the counsellor/family therapist, and prompts elaboration on the subject.

Reflecting back the emotion the client is experiencing also helps in a similar manner. In addition it validates the client's experience and conveys empathy and understanding.

It is useful to summarize what has transpired at the end of a session. This helps to put into perspective all that has occurred. Clarifications can be made and homework can be discussed.

### **1.3.2 Giving All Clients an Equal Opportunity to Speak**

It is important that all family members get an equal opportunity to speak. This includes children in the family, even if they are not directly involved. In an interview often one or a few persons do most of the talking for the family. Family members interrupt each other to disagree or defend. On occasions, especially in the initial session, members may resort to name calling or violence. These disrupt the session and defeat the process.

It should be made clear to the family that unless each member expresses his or her view point, the purpose of the session will be defeated. Every effort must be made to draw out those who are reluctant to speak.

At the start of the therapeutic process, basic ground rules can be laid down that are useful. For instance, one person speaks at a time. The others must wait for their turn to express their view point. Name calling and physical intimidation is not acceptable and the session will be terminated if members resort to these means.

Ensuring all members have a say has many benefits. The counsellor/family therapist has a view of the same issue from different perspectives and different consequences and perceptions come to light. This is not only useful for the counsellor/family therapist to understand the dynamics of the family, but it also gives family members the chance to view things from different angles, develop insights into their own interaction patterns as well as those of other members and increase their sensitivity to each other.

Giving members equal opportunity to speak increases the chance of members being engaged in the process, as opposed to passive witnesses and encourages them to take responsibility for their actions and participation in the sessions. All the members' point of view can be taken into consideration and decisions can then be taken by the family as a whole.

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## **1.4 INITIAL CONTACT VERSUS THE INTERVENTION**

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The process of interviewing itself can bring about changes in the family. There are differences in interviewing in the initial contact as opposed to the intervention stage. In the initial contact interaction between clients and therapist is geared toward making the clients feel comfortable, and then eliciting information. The counsellor/family therapist can play a more active role in encouraging participation in the initial stage. To encourage disclosure in the initial session, questions are more open ended. The main aim is to understand the motivation of the family and

their perception of the problem (Varghese and Kumar, 2003). As sessions progress, the questions become more directed, and, circular questions are used as the counsellor/family therapist moves toward formulating a hypothesis. Based on the hypothesis, an intervention is planned.

As the process of information gathering progresses, the family itself becomes aware of certain aspects of their interaction. This can start off the process of change even before the hypothesis and strategy are fully crystallized. Circular questions can be used to facilitate bringing to the awareness of family members the triggers and patterns of interaction in the family that are leading to unhealthy interaction and behaviour. Circular questions that explore sequence of interaction can be used to explore possible solutions to the problem. Members should be encouraged to interact among themselves so that their natural pattern can be observed better, instead of being routed through the counsellor/family therapist. Interventive circular questions are used mainly in the intervention stage, when the counsellor/family therapist has formulated a tentative hypothesis about the problem.

Even after the hypothesis has been formulated, it is important that the counsellor/family therapist continues to be flexible when required. This does not mean that the family controls the session, but that even when the agenda for the session has been predetermined, at times it may be necessary to be open to the issue the family wants to discuss.

A useful concept to keep in mind is that in the intervention stage of interviewing, we are trying to help the family view things differently and do things differently. It is better if the family itself can be guided to these alternatives as opposed to these being prescribed to them. This may not work in all situations. In certain cases it may be necessary to be prescriptive, for example with homework. However, this needs to be done with skill after keen observation of the family's pattern of responses to instructions. It is important so that too much resistance to the counsellor/family therapist doesn't develop.

In the intervention stage the counsellor/family therapist may challenge the family. Initially this should occur about less threatening issues, and based on how the family or individual responds, the next step is taken.

### Check Your Progress Exercise 3

**Note :** a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this unit.

#### Fill in the blanks:

- 1) Active listening can be indicated by .....and .....
- 2) The four types of circular questions are..... , ....., .....and .....

## 1.5 DIFFICULTIES

Some members of a family may feel that asking outsiders for help is something to be ashamed of, so, while they may come for counselling about a particular issue, they may not be open to discussing other issues as they may perceive them

as unconnected. Hence when one member starts to talk about a problem which he or she faces, which others feel is not the agenda for counselling, he or she may be berated for doing so. Despite certain members resistance, certain issues need to be explored for the counsellor/family therapist to develop an accurate understanding of the case and to develop an accurate formulation. In such a case, the counsellor/family therapist will need to use his or her interviewing skills to put the clients at ease, explain the need to collect certain information and elicit the required information.

If a family member is not coming for the sessions, the reason should be explored fully and the family should be encouraged to bring the member.

It is useful to explore the history of different members in the family while shifting between what is happening in the present and what happened in the past. This helps maintain the relevance of the information being gathered, and reduces the chance of family members' getting frustrated by what they may see as unnecessarily rehashing the past.

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## 1.6 LET US SUM UP

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In this Unit we have learnt that each individual has his own unique life experience, attitude and expectation. A family or a couple comes to us for help when the homeostasis of the family system or marital dyad is upset and the members experience it and some of the members may perceive that the unit itself does not have the resources to cope with the situation.

An interview is conducted to gather information about the interpersonal conflicts experienced. Rapport ensures that the family members are comfortable enough to make disclosures. Verbal and nonverbal content has to be used and this directs the interview.

For effective interviewing of a family or the couple, the counsellor/family therapist must be sensitive and must maintain neutrality. Circular questioning can be used to generate material for intervention. Often the process of information gathering using this technique helps the family or the couple to discover alternative ways of interacting that are healthier and less distressing. In the initial sessions the counsellor/family therapist's aim is to make the clients feel comfortable, to establish rapport, and to get an understanding of the problem through assessment. By the end of this phase the counsellor/family therapist should be able to develop a treatment plan. In the middle phase, the counsellor/family therapist starts intervention. The counsellor/family therapist can use circular questions to bring about change in the family/marital system. The counsellor/family therapist should retain a flexible approach so that he or she is able to revise and adapt the intervention based on the effect it has. In the final phase of therapy the counsellor/family therapist can reduce frequency of sessions and gradually terminate therapy.

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## 1.7 GLOSSARY

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**Conflict** : Clashes resulting from disagreement between family members

**Neutrality** : The therapist establishes successive alliances, and the therapist is allied with everyone and with no one at the same time

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## 1.8 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

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### Check Your Progress Exercise 1

1. The purpose of an interview is to gather information about a family. This information is verbal as well as observational. It is used to generate a hypothesis about the interpersonal conflict and bring about change in the pattern of family interaction.
2. Setting the ground rules, giving information about sessions, maintaining neutrality, allowing everyone equal opportunity to speak and being sensitive to the client.

### Check Your Progress Exercise 2

1. The clients may drop out of counselling/family therapy. They may not reveal all the information they can. This may lead to misguided and ineffective intervention. Clients may become resistant to the counsellor/family therapist.
2. Being in a hurry to collect information. A counsellor/family therapist who is dominating sessions and pushing his or her own agenda will be unable to pick up on all aspects of the dynamics in the family and will not be able to elicit all the required information. Having preconceived notions about a person or socio-demographic characteristics of the client/clients will cloud the objectivity of the counsellor/family therapist.
3. When neutrality is not maintained, the counsellor/family therapist may fall into the pattern of interaction followed by the family, which may involve blaming an individual. The counsellor/family therapist may allow him/herself to get aligned with certain family member/members. This will result in him being unavailable to the rest of the family and having an incorrect view about what should be done to help the family.
4. When the counsellor/family therapist does not allow all members in the family equal opportunity to contribute, it damages neutrality. The counsellor/family therapist who is influenced by his or her own life experiences, emotions and ideas of what should be the pattern of interaction in the family and remains biased against a particular member will not be able to retain neutrality and do what is best for the family.

### Check Your Progress Exercise 3

1. eye contact, reflecting back to the client
2. problem definition, sequence of interaction, comparison clarification and interventive.

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## 1.9 UNIT END QUESTIONS

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1. What are the guidelines to be kept in mind when interviewing during a family session?
2. What effects sensitivity and neutrality?

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## 1.10 FURTHER READINGS AND REFERENCES

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Ackerman, N.W. (1966). *Treating the troubled family*. New York. Basic books.

Franklin, P. and Prosky, P. (1973). A standard initial interview. In: Bloch, D.A., *Techniques of family psychotherapy: A primer*. New York: Grune and Stratton Inc.

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## UNIT 2 ESSENTIAL SKILLS FOR FAMILY ASSESSMENT

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### Structure

- 2.1 Introduction
- 2.2 Assessment Skills
  - 2.2.1 Conceptual Skills
  - 2.2.2 Perceptual Skills
  - 2.2.3 Behavioural Skills
- 2.3 Attitudes and Styles of a Successful Counsellor/Family Therapist
- 2.4 Terminating Sessions
- 2.5 Additional Aspects to Keep in Mind
  - 2.5.1 Identifying the Need for Individual Sessions
  - 2.5.2 Identifying the Need for Adjunct Intervention
- 2.6 Let Us Sum Up
- 2.7 Glossary
- 2.8 Answers to Check Your Progress Exercises
- 2.9 Unit End Questions
- 2.10 Further Readings and References

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### 2.1 INTRODUCTION

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The initial focus in any interaction between a counsellor/family therapist and the clients is on establishing a rapport, and building a good working alliance. Assessment is an important step in family therapy. Before a specific intervention plan is developed, a good amount of assessment should be done. The counsellor/family therapist is required to collect detailed information about the clients and maintain an objective stance throughout the process. The process of assessment can be challenging and the counsellor/family therapist needs to possess skills to carry it out. Members may be reluctant to disclose some information. One member may insist on speaking for another, squabbles may break out, voices may be raised. Throughout this the counsellor/family therapist should remain calm and in control and should not lose sight of the object of the session. The counsellor/family therapist may set certain ground rules that are to be maintained in session. If required, the counsellor/family therapist may terminate a session, or give the clients a time out if they misbehave, but even this should be done in a calm and controlled manner. A counsellor/family therapist would try to help family members express themselves in an appropriate manner, and an important way of doing this is by demonstrating this behaviour him/herself when interacting with the clients.

Research has shown that the more active the counsellor/family therapist is in the sessions, the better is the outcome. Hence it is better if the counsellor/family therapist is not simply a passive listener throughout the assessment process, but

actively generates questions and encourages clients to speak, through the communication of empathy and interest. The counsellor/family therapist can reassure other members in the family that they will get their turn to speak. He/she can also rephrase, and positively reframe to control escalation, and contain the situation in the session.

It is very useful if the counsellor/family therapist can generate positivity in the session. This can be done through positive reframing, and validating the client's experience. The process of therapeutic intervention does not become effective overnight, and generating positivity is important in sustaining the client's emotional strength. This gives clients the capacity to go through the assessment and intervention phases and gradually implement various changes in their interaction patterns. This does not mean that the counsellor/family therapist's entire focus is on validating the client. The counsellor/family therapist's focus should be on developing an understanding of the clients. Most clients are more comfortable once they sense that the counsellor/family therapist is trying to understand them, their experience and the position they are coming from and isn't judging them.

A counsellor/family therapist is also required to maintain a balance between sticking to the agenda for assessment, as well as maintaining flexibility, to include what may be relevant but was not on the agenda for the session. He or she is required to take a decision on whether the information being provided is relevant and whether to follow the new trail of information in the same session or schedule it for another day. This decision is also based on how exploring it will affect therapy and how important it is to the client.

### Objectives

After studying this Unit, you will be able to:

- Develop suitable skills for assessment;
- Learn about conceptual, perceptual and behavioural assessment skills;
- Gain knowledge of some of the attitudes and styles of a successful therapist; and
- Appreciate the importance of feedback, flexibility, creativity, hope and persuasiveness.

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## 2.2 ASSESSMENT SKILLS

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Figley and Nelson, (1990), categorized skills into 3 types: conceptual, perceptual and behavioural. Conceptual skills refer to those skills that are related to the counsellor/family therapist's ability to understand what the pattern of interaction in the family is indicative of. Perceptual skills refer to the ability of the counsellor/family therapist to pick up on the verbal and nonverbal information. This is the information used by the counsellor/family therapist in conceptualization. Behavioural skills are the skills that the counsellor/family therapist has that facilitate the elicitation of information. For successful assessment the counsellor/family therapist needs to develop all three types of skills. The counsellor/family therapist needs to have the right understanding about families. He or she needs to have theoretical knowledge about family interaction prior to starting counselling. He or she then needs to be able to perceive information; this will allow him or her to conceptualize the family he or she is seeing. The counsellor/family therapist needs to be able

to elicit the information by using his behavioural skills. These skills are not used independently of each other; they facilitate each other. Some of the skills listed by Figley and Nelson (1990) are given below.

### 2.2.1 Conceptual Skills

#### The Family Life Cycle

The counsellor/family therapist should have theoretical knowledge. This includes information about the various family life cycle stages. This will help the counsellor/family therapist understand what is expected of a family at a certain stage and identify when something that should be achieved in one family life cycle stage is not. What is or is not achieved in a life cycle stage effects the functioning of the family. For example, when a child reaches adolescence in the family, some degree of autonomy is given to the child. The degree of autonomy and the area in which it is given may vary culturally, but if the family is unable to make this transition, difficulty may arise. Consider a family in which the adolescent is very shy. She may not be able to do a task which requires interaction, even if family members give her the opportunity, if in earlier life cycle stages when she expressed discomfort about such tasks, family members had found it easier to do the task themselves than encourage her to try. If the counsellor/family therapist is unaware of these aspects of the family environment, he or she will not be able develop an adequate hypothesis.

#### Formulating a Hypothesis

From the theoretical knowledge that the counsellor/family therapist has, and the information that he or she is able to elicit, the counsellor/family therapist has to develop tentative hypothesis, which may be built on or discarded as assessment progresses. The hypothesis is useful in guiding the information gathering process. Hypothesis is usually based on past relationship experiences and learning of index family members before starting of the index family and repetitive interactional patterns currently triggered by individual or family events and their role in maintaining the presenting problem by bringing to the system a quality that it was otherwise lacking. For example: a couple in which the wife complains that the husband comes home late all the time and doesn't talk to her much, and the husband complains that the wife is always scolding him. Assessment may reveal that the husband and his family were reserved in expressing feelings and so he found it difficult to share all his feelings with his wife. His wife had come from a family in which everyone was expressive and she may come into the marriage expecting the same of her husband. When it didn't happen, she may repeatedly ask him about his feeling. She may have scolded him about not talking about them and criticize him when he did talk of them. In her family people didn't hesitate to express their feeling and so this style wasn't a problem. However in the couple relationship, when her husband is more sensitive, this style may not be something the husband is comfortable with. When the couple is unable to meet and adjust to one another's needs, they may develop a pattern of her nagging him while he may respond by withdrawing further and come up with ways to avoid her. This may make her more frustrated resulting in her confronting him more and him avoiding her more.

After making a tentative hypothesis, the counsellor/family therapist continues to gather information. If the information disproves the hypothesis, the counsellor/family therapist needs to discard the hypothesis. The counsellor/family therapist

may also revise or modify the hypothesis as sessions progress. It is important for the counsellor/family therapist to objectively evaluate information. If the counsellor/family therapist is unable to retain this objectivity, he or she may get biased, and this bias may colour the process of assessment. He or she may not consider contradictory information when developing the hypothesis and the intervention. The counsellor/family therapist may even collect only the information that confirms his or her hypothesis, while failing to collect the information that disproves it. Thus, a somewhat scientific approach towards various evidences from family interactions is required along with openness to use contrary information.

### **Defining a Problem Interpersonally**

When doing family and marital therapy/counselling it is important for the counsellor/family therapist to be able to conceptualize the problem in terms of the pattern of interaction between persons.

For example, the parents of a child may complain that their child is disobedient, and does not listen to them. Both parents may agree that the child is very stubborn and difficult to handle. Further assessment may reveal that the child's father may blame the child's mother, saying that she stays at home all day, and is more in touch with the child but does not discipline him. The therapist could accept this at face value and hypothesize the child's mother is overindulgent and coach the mother to be more firm with the child. This may be true, and attempts at gathering information may corroborate this. However, a more careful exploration could reveal that when the mother attempts to discipline the child, her efforts are undermined by other family members, perhaps even by the father himself. It may also turn out that as the father has limited time with the children at the end of the day, when they ask him for anything he prefers not to say no as he feels it is a way to express his love for the children. The child may be a favourite child within the family and other extended family members may intervene when his mother attempts to set limits. Hence the child doesn't face any consequences for his or her actions. Thus having a linear hypothesis may explain part of the problem, without looking at the systemic factors that contribute to it.

### **2.2.2 Perceptual Skills**

#### **Recognizing coalition messages**

The counsellor/family therapist should be able to interpret verbal and non verbal cues that indicate that there is a coalition against one member. For instance the father and child may sit closer together and the mother may sit a little apart. During sessions father and child may exchange looks. They may spontaneously minimize and justify difficulties created by each other or defend each other against any accusations made by the mother, and lay the ultimate blame on the mother. These are indications that the two members may have formed a coalition against the mother.

### **2.3.3 Behavioural Skills**

#### **Genogram**

Collecting information from the family about the genogram, that is information about all the family members, the age, health and occupation, is a useful skill. According to Thwaites (1999) it gives the family a chance to warm up gradually, with a task that is not demanding or challenging, and all family members can be

involved in the task. It gives the counsellor/family therapist a chance to establish rapport with the family. Three-generation genogram is quite useful with visual depiction of members (Mc Goldrick et al 1999). Males are depicted with squares, females with circles, marriage with a single horizontal line. Children are indicated (by a square/circle) at the end of a vertical line from the horizontal line joining the square (father) and circle (mother). An abortion is indicated by a dot at the end of the vertical line. An extra-marital relationship is indicated by a dotted line between the respective persons.

### **Displaying neutrality**

This concept has already been discussed in detail in the previous Unit on interviewing. Neutrality is displayed in the style of questions, language used, and not being vague in what one is saying. Neutrality is quite a challenge in couple sessions. The counsellor/family therapist should avoid use of strong words and labels that they give to each other. He or she should put questions to the clients without implying blame to either. A counsellor/family therapist working with a family or a couple as opposed to working with an individual, has more members to deal with. An individual therapist has to develop rapport with one person. The counsellor/family therapist has to develop a rapport with many. An important step in developing rapport and a good working alliance with the family/ couple is displaying neutrality.

### **Supporting family strengths**

It is very important for a counsellor/family therapist to support the family's strengths. The counsellor/family therapist is modelling behaviour that is desirable in the family. He or she would want family members to positively reinforce good behaviour and positive aspects of each other. Whenever there is an opportunity to appreciate and encourage the strengths of the family, the counsellor/family therapist should use it. In addition, acknowledging and supporting the strengths helps the family become more aware of them. It validates the efforts they have been putting in and contributes to developing a sense of hopefulness.

### **Clarifying interaction patterns**

The counsellor/family therapist should have the skill to track the pattern of behaviours and interactions in the family. This means tracking the exact sequence of events. The counsellor/family therapist should start with what people were doing before the incident occurred, and follow events as they occur, all the while filling in each person's behaviour as the interaction unfolds. Question templates can be as follows:-

What was father/mother/sibling doing when child came home, -Who spoke first and what did that person say? - How did father/mother/child respond to that? -How did he/she respond? - What were the others doing at the time?-Then what happened? - How did the argument end? - Where did father/mother/sibling/child go then? - Who approached who first? - How did they interact? - What did they talk about? - How did the others respond?

### **Using circular questions**

This technique can be used in interviewing to get information. Here the train of thought of the client can be traced back or followed through. This allows uncovering of the sequence that leads to a particular behaviour or emotion. (Brown, 1997 and Nelson, et. al., 1986) Within a family this pattern involves all the members. Hence it is used to get the input of all family members. For

instance, this technique is used to explore the perception/opinion of other members on an issue after the same question is posed to one member. Similarly the sequence of emotions, behaviours or incidents that occur in the family can be traced. Thus the relationship between family members is seen as circular rather than linear or causal.

### Types of circular questions

- *Problem Definition:* These are used initially. The purpose is to get information on the perception of different family members about the problem.
- *Sequence of interaction:* These questions focus on who does what, when, and how it differed from behaviour patterns that occurred previously. All the family members' opinions are sought.
- *Comparison/classification:* Here differences and similarities between family members are the focus. The perception of the relationship between two people in the family by the other members is explored and differences and similarities are uncovered. Changes over time are explored and hypothetical "if then" situations are explored.
- *Interventive:* Here questions are phrases to give interpretations, suggest indirectly and even challenge at times.

Circular questions can help the counsellor/family therapist understand the pattern of interaction more clearly.

For instance, a family may report that the daughter got upset with the father. The counsellor/family therapist can then ask the family what happened.

Father: She (daughter) got angry because she had wanted to eat what the parents were eating.

Daughter: Father got angry because I asked for food.

Counsellor/family therapist: When and where did this happen?

Daughter: When we went shopping my parents had ordered for some snacks and I also asked for some, but father got angry.

Counsellor/family therapist: Oh. How did you realize he was angry?

Daughter: I knew because of the way he spoke. Because of the tone in which he spoke.

Father: She had just eaten some other snacks.

Counsellor/family therapist: (nods) . . . . How did you realize that she was angry?

Father: I could make out from her face. When she is angry she will not look at me and she will have an angry expression.

Counsellor/family therapist: (turning to mother) . . . Did you know what she had eaten? When did she eat?

Mother: She had eaten pani –puri from the stall just before we crossed the road and reached there.

Counsellor/family therapist: Were you able to hear they were saying?

Mother: (Nods) Yes, I could hear them. She (daughter) turned to me and said that as we had been walking around a lot, she was hungry again.

Counsellor/family therapist: Then what happened?

Mother: I told her she could have something and her father got her the snack.

Counsellor/family therapist: (To father) What happened when her mother said that she could have a snack?

Father: She asked me for money to buy the snack, and I told her to eat mine while I bought another.

### **Stopping clients from talking**

At times when seeing a family or a couple it may occur that one member tends to dominate the sessions. He or she may be the one who answers the questions that the counsellor/family therapist asks any of the family members. The counsellor/family therapist can mention that he would like to hear this family member's opinion before asking the question. The counsellor/family therapist can also discourage others from replying through non verbal behaviours, such as turning to the person who he or she is addressing and keeping eye contact with them, and repeating the question. In some cases the counsellor/family therapist can explicitly state that each person will be given a chance to talk and that when one person is talking the others should not interrupt till that person has finished talking.

### **Staying in present**

When assessing the family or couple, the counsellor/family therapist may be gathering information about one particular aspect. Often clients may bring up other issues. These may be related, for instance a client may start to give an account of what has happened in the past in a similar situation that contributed to their behaviour. A client may also bring up an unrelated incident, for example an incident happened when someone else did something. It is the counsellor/family therapist's job not to get side tracked by the information and steer the process to focusing on the issue at hand. If the counsellor/family therapist is unable to do this, he may wind up feeling lost and overwhelmed as he will not be able to see the pattern of interactions in any incident, though he has a general idea of many incidents.

### **Validating the families' reality**

It is important that the counsellor/family therapist acknowledges the position that the family is in, the things they have been through, the difficulties that they struggle with and the strain it put on each of them. This helps the communication of understanding. If the counsellor/family therapist is in too much of a hurry to complete assessment and does not take time to communicate these things to the family, the family will not be as open and will not be at ease. The counsellor/family therapist also loses valuable opportunities to build on the working alliance with the clients. This will affect the success of therapy.

### **Preserving continuity across sessions**

While doing assessment it is important that continuity is maintained across sessions. Clients may have spoken about many things in one session. They can be eased into the next session by summarising what was discussed in the previous session, by acknowledgement of the family's difficulties and achievements. Following this, the agenda for the current session can be raised.

### Coaching client communication

The counsellor/family therapist can coach the clients to speak more openly by paying proper attention when they speak, by communicating his or her interest verbally and nonverbally, by paraphrasing and mediating when the speaker is interrupted. Giving the family a good understanding about the purpose of family therapy, the role of the system and the importance of each individual contributing to sessions is also useful. In certain cases a member of the family may not be allowed opportunity to speak in the home environment. When he or she voices an opinion it may be belittled, or dismissed. Reinforcement is useful in coaching clients to speak. The counsellor/family therapist can also encourage the other family members to reinforce the client’s communicating. At times the counsellor/family therapist can advise the family that they can restrict discussion of certain issues to the sessions alone. This gives the counsellor/family therapist the opportunity of mediating discussions about issues that are very controversial. This reduces the chance of escalation of the situation in the family at home, and helps clients to talk. The counsellor/family therapist can also positively rephrase what clients say, with an emphasis on their good intention, as opposed to the result of the behaviour. This also facilitates discussion and reduces the risk of escalation. When the client is able to speak in an environment that is not threatening, he or she gets the chance to learn to speak more freely.

### Asking future oriented questions

Future oriented questions help the counsellor/family therapist develop an understanding of what things are important to the clients. It helps the counsellor/family therapist discover what the clients want of themselves and each other in the future. It also helps make clients more open to negotiation. Asking future oriented questions is useful in helping clients develop perspective and bring to their awareness that they have come for sessions with the objective of improving things in the future and not to remain stuck with the past, and facilitates exploration of solutions. For example: questions such as what are you doing after this session? How are you planning to spend your leave? What are your vacation plans? What would you like to do after you finish this course? What are your plans for the future with your husband? How would you like your relationship to be in 2 years/10 years? What kind of relationship would you like to have with your wife/child/parent?

#### Check Your Progress Exercise 1

**Note :** a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Name 3 kinds of assessment skills.

.....  
.....  
.....

2. Name 5 behavioural skills a counsellor/family therapist should have.

.....  
.....  
.....

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## 2.3 ATTITUDES AND STYLES OF A SUCCESSFUL COUNSELLOR/FAMILY THERAPIST

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### **Capacity to take feedback from the family**

The counsellor/family therapist should be able to take feedback from the family, about the usefulness of sessions, or the negative fall-out of sessions. Some techniques may not work with some families, or may worsen the situation. In such cases the counsellor/family therapist should be able to understand this, instead of labelling the family as pathological and getting into a power struggle with them.

### **Flexibility**

The counsellor/family therapist is more likely to be successful if he or she has a flexible world view, that is, if he or she is able to see that different things work for different people and one way is not always better for a particular family or couple. If the counsellor/family therapist is very anxious and unsure, he or she may be too flexible or too rigid. The counsellor/family therapist should have the flexibility to revise the agenda for the session, to give importance to the family's agenda when required.

### **Creativity**

A counsellor/family therapist who is creative is more likely to generate suggestions that can be accepted and implemented by the family. The counsellor/family therapist may be able to modify his or her approach and come up with different alternative ways of approaching clients to gather information as well as to generate changes within the family.

### **Maintaining hopeful attitude**

While it is important to generate hope in sessions, this does not mean that the counsellor/family therapist should give the clients reassurances that all will be well. Any statements about the possible outcome should be based on the reality of the situation. During sessions hope is generated in clients through positive rephrasing and highlighting the strengths of a family. For example the counsellor/family therapist can say, "As a family you all have come together and decided to take active steps to come up with a solution. You all have tried to solve the problem in various ways and you have decided that counselling might be useful. It would not be an easy decision to take. But it shows that you all are willing to work to solve it which is the first and most important step." If the counsellor/family therapist does not have hope for the family or couple, he or she is unlikely to be able to sustain his or her own energy to work with the clients. When the counsellor/family therapist him/herself loses hope, he or she is less likely to be able to think of different approaches to deal with the client, or guide them toward working on their difficulties. Hence a counsellor/family therapist who is hopeful can transmit this hope to the clients.

### **Persuasiveness**

Persuasiveness is a useful skill to have as a counsellor/family therapist. The counsellor/family therapist may have to persuade reluctant family members to

engage in sessions. This can be accomplished by conveying to family members that the counsellor/family therapist can give suggestions, but the bulk of the work is up to the clients. What works for one family may not work for another. All individuals and families are different and clients and counsellor/family therapist have to try out various options. The counsellor/family therapist can make statements such as “I am not here to ‘judge’ anyone; I am here to facilitate whatever changes each of you CAN make. By working on these issues together we will be able to understand each other better and figure out what changes are feasible for all of us.”

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## **2.4 TERMINATING SESSIONS**

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The termination of sessions is also important as it plays a role in whether the clients will be comfortable coming for the next session or not. Therapy sessions can become anxiety- provoking to the clients as they may upset the homeostasis in the family. If a session was particularly threatening, terminating it with a brief summary, emphasizing the positive intentions of the clients can reassure and give hope to the family members.

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## **2.5 ADDITIONAL ASPECTS TO KEEP IN MIND**

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### **2.5.1 Identifying the Need for Individual Sessions**

During family or marital sessions at times it becomes necessary to have individual sessions with certain members.

In marital therapy this is necessary when one or both members’ distress is so high that it will lead to an escalation, causing the individuals to get hurt because of the way in which the spouse presents his or her experiences. In such a situation the counsellor/family therapist should have an equal number of sessions with both the spouses to help reduce their anxieties and coach them before returning to the conjoint session format.

In family therapy sessions, individual sessions may be required especially if the family includes an adolescent. In that case, the counsellor/family therapist may need to have some separate sessions with the adolescent to understand his or her point of view and to build trust, and separate sessions with the parents to address parenting issues. In cases when issues are related to other kind of family issues, sessions can be planned between the members whose relationship needs to be strengthened. For instance, if there are issues with regard to in-laws, then the relationship between the spouses needs to be strong. Hence sessions may be planned for the husband and wife to help them develop their understanding and acceptance of each other so that they can deal with the rest of the family as a team. Similarly session may be held for siblings, for them to learn about each other, and to learn how to support each other, and negotiate. In some cases it may be necessary to have parent child sessions, for instance mother-daughter or father-son sessions to strengthen the bond between the respective parent and child.

Thus while the general rule in family therapy is to see all the members together, and in marital therapy it is to see the couple together, there are certain times when exceptions are made.

However, there is a risk of the counsellor/family therapist getting confused about events when sessions occur in the format of concurrent sessions when assessing the family or couple. This is because different people within the family or different spouses may give different versions of an event. This may confuse the counsellor/family therapist. The chance of these differences in versions of events reduces significantly, when it is a conjoint session format. It is easier to track the sequences of events and to seek clarification in the conjoint session.

### 2.5.2 Identifying the Need for Adjunct Intervention

In the capacity of a family or marital counsellor/family therapist one is likely to come across different kinds of issues that different families have. In some cases it might be that a member of the family requires more specialized intervention. During assessment it may come to light that one family member has pervasive low mood, and feels that there is no point in living, that there is nothing he can do which can make things better and that no one can do anything that will help the situation. His appetite may be poor; he may have stopped going to work and may be crying often. He may feel like he wants to commit suicide and that it is better if he dies. In such a case, it is essential that the person is referred to a psychiatrist for evaluation and treatment. In some cases it may emerge that one person requires individual therapy. In such a case the counsellor/family therapist should recommend this to the client, and should not try to be both the family as well as the individual counsellor/family therapist as the two roles may result in a conflict of interests and a loss of neutrality.

#### Check Your Progress Exercise 2

*Note* : a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. How should a session be terminated?

.....  
.....  
.....

2. What are some examples of when other types of adjunct treatments are required?

.....  
.....  
.....

## 2.6 LET US SUM UP

Assessment is a very important part of family therapy and marital therapy sessions. The verbal and non-verbal interaction patterns among clients in session can enrich the assessment process. The sensitivity of the counsellor/family therapist and his or her conceptual, perceptual and behavioural skills along with the clients' characteristics determines the outcome of the therapeutic process. A counsellor/family therapist should also keep in mind that there are certain limitations to come to terms with. He or she may need to recommend adjunct interventions

at certain times. The counsellor/family therapist should understand when it is his or her own need to change the family in a particular manner, or when his or her own biases are colouring the process. Drawing conclusions very early in the sessions, and losing sight of the systemic view can even result in client drop-out during the assessment stage itself. Supervision from a senior counsellor/family therapist and peer group can be very useful.

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## 2.7 GLOSSARY

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**Circularity** : The capacity of the therapist to conduct his investigation on the basis of the feedback from the family in response to the information he solicits about relationships and, therefore, about difference and change (Selvini *et al.*, 1980).

**Hypothesizing** : The formulation by the therapist of a hypothesis based upon the information he possesses regarding the family he is interviewing. The hypothesis establishes the starting point for his investigation as well as his verification of the validity of this hypothesis based on specific methods and skills. If a hypothesis is proven false, the therapist must form a second hypothesis based upon the information gathered during the testing of the first (Selvini *et al.*, 1980).

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## 2.8 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

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### Check Your Progress Exercise 1

1. Three kinds of assessment skills are conceptual skills, perceptual skills and behavioural skills
2. Behavioural skills a counsellor/family therapist should have are: displaying neutrality, supporting family strengths, clarifying interaction patterns, using circular questions, stopping clients from talking, staying in the present, preserving continuity across sessions, validating families' reality, coaching clients on how to speak more openly and asking future oriented questions.

### Check Your Progress Exercise 2

1. When therapy sessions become anxiety-provoking to the clients, terminating it with a brief summary, using positive reframing and validation can serve to reduce the anxiety of family members.
2. Adjunct treatments are required when a child or adult requires a psychiatric evaluation, or when an individual requires individual therapy.

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## 2.9 UNIT END QUESTIONS

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1. Describe some of the assessment skills a counsellor/family therapist should have.
2. What are the situations in family and marital counselling/therapy when individual or concurrent sessions may be held?

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## 2.10 FURTHER READINGS AND REFERENCES

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## UNIT 3 SELF REPORT SCALES

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### Structure

- 3.1 Introduction
- 3.2 The Concept
  - 3.2.1 A Self Report Scale
  - 3.2.2 An Interview Versus a Self Report Scale
- 3.3 Characteristics and Utility of Self Report Scales
  - 3.3.1 The Utility and Advantages of Self Report Scales
  - 3.3.2 The Characteristics of a Good Self Report Scale
  - 3.3.3 Steps to Maximise the Utility of Self Report Scales
  - 3.3.4 The Disadvantages of Self Report Scales
- 3.4 Ethics
  - 3.4.1 Ethical Issues
  - 3.4.2 Points to Keep in Mind
- 3.5 Some Self Report Scales
  - 3.5.1 Family Assessment Self Report Scales
  - 3.5.2 Marital Assessment Self Report Scales
  - 3.5.3 Self Report Scales to Analyse the Individual's Health in the Context of Family and Marital Therapy
- 3.6 Use of Self Report Scale in Intervention
- 3.7 Let Us Sum Up
- 3.8 Glossary
- 3.9 Answers to Check Your Progress Exercises
- 3.10 Unit End Questions
- 3.11 Further Readings and References

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### 3.1 INTRODUCTION

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At initial contact the counsellor/family therapist usually aims to establish rapport and assessment using interviews. In the context of family and marital intervention, the family or the couple are the source. While the interviewing process is important in gathering information, it is not the only method available. Scales have also been developed to assess clients. In this Unit, we will take a look at the self report scale. It is a supplement to interviewing and is a useful device to capture and quantify information about the relationship between people.

Data from a well-conducted interview usually gives an excellent overall picture about various factors that play a role and the interaction of these various factors. This data is not always easy to interpret. In addition sometimes it might be necessary to quantify some aspect of a relationship for other reasons. While it is necessary to understand global aspects of a relationship, at times it is also important to see specific dimensions. When it comes to isolating a certain

aspect, the data from an interview can become overwhelming. It becomes difficult for the counsellor/family therapist to view a single factor in isolation and evaluate it. It may be necessary for a counsellor/family therapist to judge if a particular approach or intervention strategy works with a client of particular characteristic. Qualitatively analysing the data from an interview and making comparisons with data from other interviews is tedious. It takes time and skill and this is not always feasible. In addition, there is a risk that the individual biases of the counsellor/family therapist may colour the interpretation of such data. Mean while, the client cannot be kept waiting while the counsellor/family therapist is trying to make a decision on whether a particular pattern of functioning warrants intervention, or not. This is especially true for a counsellor/family therapist with limited experience.

There are times in therapy when the counsellor/family therapist becomes overwhelmed with information and is unable to make accurate judgements and may at times feel that her or his biases are effecting in interpreting. In such a situation, administering a self report scale may help restore the required level of objectivity.

The counsellor/family therapist may not have a clear idea of what cues to follow in the interview. She or he may select one particular theme to follow during the course of the interview that is important, but may inadvertently miss some information which is important in contributing to an aspect. The self report scale is a tool which can assist in overcoming some of the lacuna in the interview.

### Objectives

After studying this Unit, you will be able to:

- Understand about a self report scale is;
- Differentiate between a self report scale and an interview;
- Learn about the characteristics of a good self report scale and when to use it;
- Understand the ethical issues;
- Obtain details about some self report scales; and
- Learn about application of self report scale in intervention.

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## 3.2 THE CONCEPT

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### 3.2.1 A Self Report Scale

A self report scale is an assessment tool that relies on the individual's perception of the situation. The source of information is the individual himself. It is comprised of many items. An item is statement or question to which the individual responds. The individual has to choose his response from a series of options. Some self report scales may require a simple yes/no response. Others may be more complicated. For instance, they may contain a continuum on which the experience can be rated, such as, 1- never, 2- sometimes, 3- usually, 4- always. Each option will have a particular score. After the individual finishes answering the assessment tool, the counsellor/family therapist can score the responses according to the scoring key. The score is interpreted according to the norms. A self report scale may tap multiple dimensions related to a concept, and may yield total scores and subscale scores, for instance the Marital Quality Scale yields

both total and subscale scores, while Beck’s Depression Inventory yields a single total score.

### 3.2.2 An Interview Versus a Self Report Scale

Both an interview and a self report scale facilitate the collection of information from an individual. In an interview, the counsellor/family therapist will have a broad idea of the area he or she wants to explore. As the interview progresses the counsellor/family therapist narrows down the focus and the counsellor/family therapist’s enquiries will be guided by the responses of the client. In a semi-structured interview the counsellor/family therapist will have in mind, certain open ended questions related to certain fixed areas. These will be the overall areas in which the counsellor/family therapist wishes to collect information. However even here, within these areas the interview will be guided by the responses of the client. Thus, an interview is individualized to the client. Since each family and each couple is different, the interviewing process will have to vary accordingly, to tap the specific problem area in more detail than other areas. Therefore the objective comparison between families and couples with this qualitative data is not easy. Comparison may become necessary if the counsellor/family therapist is to be able to understand what is within normal, and what he or she should identify as an area requiring intervention.

In a self report scale, all clients will answer the same questions. It is designed to obtain information about a specific area. After scoring the responses of the client, the counsellor/family therapist will be able to compare the client’s score in the area with the norms provided. This will give the counsellor/family therapist an idea of the client’s difficulty level in that area compared to the population in the normative sample.

#### Check Your Progress Exercise 1

**Note :** a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this unit.

1. What is the difficulty experienced in analyzing information from an interview?

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.....

2. What is a self report scale?

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.....

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## **3.3 CHARACTERISTICS AND UTILITY OF SELF REPORT SCALES**

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### **3.3.1 Utility and Advantages of Self Report Scales**

A self report scale is an easy way of gathering information about the relationship. Through the interview process, the therapist will be able to collect a lot of information about what they perceive to be the problem, what are the stressors, coping pattern, social support etc. Over the course of sessions, the counsellor/family therapist may come to realize that he/she would like to elicit information regarding a specific area and may be understand it better through comparison. For example, the counsellor/family therapist may want to collect information specifically about marital communication. In such a situation, a self report scale, which measures marital communication pattern, can be administered to the individual. This would help the counsellor/family therapist collect detailed information on how an individual experiences the communication pattern in his or her marriage.

A self report scale yields data on one specific area, and when administered to an adequate number of people it is possible to compare individuals' performance and interpret accordingly. When a scale is developed, it is administered to a sample of the population that it is developed for. The scores of this population are recorded, and the various individuals' performances on the scale are compared and interpreted. These form the norms against which clients' responses on the test are compared (Korchin 2004). Norms are available for a good self report scale, and the counsellor/family therapist will be able to interpret the individual's scores against a background of others with similar socio demographic characteristics, facilitating the development of an objective understanding. Using this comparison the counsellor/family therapist will become aware about the extent of difficulty or strength in the area. The scale facilitates a uniform process of gathering information as the same questions are administered to all the clients and no aspect of the area to be assessed is accidentally missed.

A self report scale can help identify areas that need to be worked on in therapy. Once a scale is administered the information that is gathered is interpreted. Based on an analysis of the overall score the counsellor/family therapist can decide if the area warrants intervention. An item analysis will shed even more light on the specific aspects of the area in which the client experiences difficulty. The scale can also be administered over the course of therapy. It can be administered to clients at different periods of time to track changes and to see if the intervention is making changes in the interaction patterns experienced by the individuals.

### **3.3.2 Characteristics of a Good Self Report Scale**

A self report scale should contain items relevant to the construct being evaluated (this is known as internal consistency). For example, the counsellor/family therapist feels that he or she wants to take a closer or more objective look at marital quality; he or she will choose a tool that measures this construct. A good tool of marital quality will contain items which collect information about things that add to or diminish marital quality, so that on the whole the scale measures what it claims to measure. This is known as the validity of the scale (Singh, 2004).

When all items consistently contribute to measuring marital quality, they have internal consistency.

The items should be clear and straightforward enough to elicit the same information when administered at another point of time the scale should have (all other things being constant), i.e. reliability (Singh, 2004).

The test results should be interpreted through comparison with norms (Singh, 2004), which are appropriate i.e. through comparison with other individuals with similar cultural and socio-demographic characteristics. If the norms that are used have not been standardized on a suitable population, then it is possible that the results cannot be interpreted accurately. For instance the score that indicates difficulty in marital communication for a client from an urban background may not be the same as that of a client from a rural background. If the scale has been administered to an urban sample for purposes of standardization, and norms are developed for this population, then they should be interpreted with caution, if used on an individual from a rural socio-demographic background. Scales that are developed and standardised in the west cannot be blindly utilized in the Indian context.

A self report scale in which items are framed in language that is simple and easily comprehensible will yield better results. The scope for misinterpretation is greater when the language used to frame the items is complicated.

### **3.3.3 Steps to Maximise the Utility of Self Report Scales**

Picking the right scale is an important aspect to maximizing utility. A counsellor/family therapist should be careful about the scale he/she chooses. One may come across scales that yield different kinds of information. Picking the right scale saves both the counsellor/family therapist's and the client's time. The scale should not be too tedious to complete or to score. If the tool is very long, there is a greater chance that the client will lose concentration and get tired out during the process. This might affect the accuracy of the responses made. If the scoring process is very complicated and tedious, the counsellor/family therapist may not be able to allocate the time required to score the test, in which case the exercise may go waste. In addition, the counsellor/family therapist is more likely to make mistakes while scoring and arrive at the wrong interpretation. Hence, even though a self report scale has very good psychometric properties, it is important to consider practical aspects when selecting the tool. The counsellor/family therapist should balance the information that a scale yields with the process of testing.

The scale chosen should be the most suitable to elicit the information needed. For instance, if the objective is to assess the overall marital satisfaction, then assessing marital communication may not be the best tool. Using a tool that taps marital satisfaction itself would be more relevant.

The counsellor/family therapist should develop a good rapport with the client before commencing any assessment. This serves a crucial purpose. Firstly, this will make it easier for the client to approach the counsellor/family therapist for clarification regarding items they have doubts on. Secondly, it will make clients more likely to inform the counsellor/family therapist if they do not feel up to doing assessment on a certain day, due to fatigue etc. Thirdly, it makes it more likely for the client to ask for a break if they feel the need. The overall result

will be, responses by the client which are reflective of their overall position, rather than their position on a particularly difficult day.

It is important to ensure that the client is not fatigued at the start of testing. When a person is fatigued, he or she is likely to have poor concentration, is more likely to misinterpret items, is more likely not to clarify doubts and press on just to get the process over with. The client may just select items without reading them carefully. This will lead to inaccurate results on the test. When the therapist interprets and assumes these results to be true, without considering the other variables, his or her understanding of the client will also become tainted.

Administering a number of scales to the client may cause the risk of the client becoming fatigued and disgruntled with the process. Answers given by the client then become less likely to represent their experience. Most often the clients may be too polite to tell the counsellor/family therapist that they are too tired to concentrate.

It is important to give the client adequate breaks if more than one assessment tool is being utilized. Different tests may even be administered over a few days. This will help avoid the difficulty caused by fatigue.

For self report tests it is important to give instructions in a simple and comprehensible manner. If instructions are very complicated, the client is more likely to get confused or misinterpret. They are also more likely to de-motivate a client who is already troubled. Therefore, it is important that instructions are given as simply as possible.

It is useful if the counsellor/family therapist would check with the client, if he or she has understood the instructions. A useful way of doing this is to ask the client what he/ or she has understood of the instructions given, and allowing the client to paraphrase them back to the counsellor/family therapist.

Though it may be easier and more time efficient for the counsellor/family therapist to simply hand over the instrument to the client, while he or she is engaged in other work, this is not a desirable way of conducting an assessment. The client will find it easier to clear doubts, if the counsellor/family therapist explicitly states that he or she can be approached for clarification. The counsellor/family therapist should therefore inform the client he/ she can clarify doubts and then ensure that he or she is available for this.

The counsellor/family therapist should also keep behavioural observations of the client during the process of testing. If a client doesn't verbalize difficulty with concentration or understanding, the counsellor/family therapist will be able to notice these difficulties if he/ she is present and paying attention to the client. These observations can help the counsellor/family therapist decide on when to give the client a break, whether to postpone or suspend testing, whether to consider the test as valid and to interpret the test as per the norms available. Observation can even add to the interpretation of responses on a test.

### **3.3.4 Disadvantages of Self Report Scales**

Scales are designed to have a specific focus, and give information about this focus. If adequate interviewing is not done, the background or circumstances to the client's situation cannot be understood and important aspects of a situation will be missed. Interpretation of the counsellor/family therapist based on the

client's responses will not be complete or accurate. Clients may have difficulty understanding certain items. This may be due to the way the item in the tool is framed or language fluency of the client.

Clients may not seek clarification on items if they feel self-conscious, if they are not motivated for this style of assessment or if they are already tired out from answering too many assessment tools prior to this.

Clients may not be objective in their report and if this is the only source of information, it may not give an accurate picture. Clients may be motivated to give socially desirable answers.

**Check Your Progress Exercise 2**

**Note :** a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Name four characteristics of a good self report scale.

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2. Name two advantages of a self report scale.

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3. Name one disadvantage of a self report scale.

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### 3.4 ETHICS

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#### 3.4.1 Ethical Issues

Sometimes counsellor/family therapists may consider using self report scale as a short cut to a proper interview with the client. Self report scales cannot replace effective interviewing. A self report scale should serve to supplement the information gathered during the interviewing process. The choice of the self report scale is determined by the information gathered during the interviewing process. It should be a secondary source of information for intervention. It gives information on the client's strengths and weakness that can help to shape the course of intervention. It can also provide feedback on the progress in therapy. Even a battery of self report scales cannot be the only source of information when planning intervention. In fact using only a battery to assess areas of

intervention will put the counsellor/family therapist at a disadvantage and would hence be harmful to the client. The process of interaction with the client during the interview provides valuable information and feedback to the counsellor/family therapist on what style and approach will work with a client. A battery of tests will not give a counsellor/family therapist a hold on non-specific factors in the therapeutic process such as therapeutic alliance.

A client who is already feeling overwhelmed with his or her situation may experience testing as an additional burden to their already difficult life. Testing may disturb clients emotionally; it may cause them to realize things that they have not realized before, about themselves as well as about their relationships. It may bring up issues and past instances that they have forgotten. Hence, it is important to judge when and whether to administer certain self report scales. The presentation of the testing exercise to the client becomes important. If the situation is already a crisis and if the atmosphere in sessions is tense, and the counsellor/family therapist is unable to contain the anxiety of the client, and feels overwhelmed by it, testing may provoke the client further. On the other hand, if presented correctly, at the right time it can serve to direct and contain the situation.

A counsellor/family therapist may become curious about a client's performance on the scale, and so becomes tempted to administer it. However, if the scale is not designed to yield information relevant to framing the intervention, it only serves to satisfy the curiosity of the counsellor/family therapist. In such a situation, administration of the scale is a waste of the client's time and is unethical. Only relevant tests should be administered.

### 3.4.2 Points to Keep in Mind

1. The consent of clients should be taken prior to testing.
2. Results and response sheets should be kept confidential.
3. Clients should be permitted to stop the test if they wish to do so.

#### Check Your Progress Exercise 3

*Note* : a) Read the following question carefully and answer in the space provided below.

b) Check your answer with that provided at the end of this Unit.

1. List three of the points to be kept in mind during testing.

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 .....  
 .....

## 3.5 SOME SELF REPORT SCALES

### 3.5.1 Family Assessment Self Report Scales

In the context of family, certain family assessment scales are given below. These are administered to an individual to collect information about the family functioning and identify problem areas.

Sl. No.	Name of the Tool	Author	Year	Details
1	McMaster Family Assessment Device	Epstein et al.	1983	This is a 60 item self report scale; Assesses general functioning, relational functioning, problem solving, communication roles, affective responsiveness, affective involvement and behaviour control.
2	Family Interactions Patterns Scale	Bhatti, Krishna and Ageria	1986	Six subscales pertaining to leadership, communication, role, reinforcement, cohesiveness and social support system; Provides overall cut offs and the subscales cut off
3	Family Environment Scale	Moos and Moos	1976, 1981	This is a 90 item self report scale; Assesses 3 dimensions—relationships, personal growth and system maintenance
4	Colorado Self-Report of Family Functioning	Bloom	1985	This is a 75 item self report scale; Assesses 15 dimensions of family functioning on a 4 point rating scale.

### 3.5.2 Marital Assessment Self Report Scales

In the context of exploring the marital relationship, a few self report scales are given below. They should be administered to both partners to avoid getting a biased view of the marital relationship.

Sl. No.	Name of the Tool	Author	Year	Details
1.	Conflicts Tactics Scale	Straus	1975	Assesses physical and other types of marital aggression
2.	Sexual Interaction Inventory	Lopiccolo and Steger	1974	Self report inventory to assess sexual adjustment and sexual satisfaction of heterosexual couples; 6 questions on a 6 point rating scale

3.	Marital Communication Inventory	Bienvenu	1970	Assessing quality and quantity of communication between the partners; 46 items on a 4 point rating scale; higher score implies better satisfaction
4.	(Evaluating and Nurturing Relationship Issues, Communication and Happiness) ENIRCH Marital Inventory	Olsen, Fournier and Druckman	1983	Multidimensional scale; 14 scales with 125 items; idealistic distortion- social desirability scale, marital satisfaction, personality issues, communication- feelings, attitude and level of comfort, conflict resolution, financial management, leisure activities, sexual relationship, child and parenting, family and friends, equalitarian roles, religious orientation, marital cohesion and marital change
5.	Marital intimacy Questionnaire	Van den Broucke, Vertommen, Vandereycken	1995	It is a 56 item self report questionnaire; Scored on a 5 point scale assessing 5 components of marital intimacy, namely intimacy problems, consensus, openness, affection and commitment
6.	Marital Quality Scale	Shah	1991	It is a 50 item self report measure; Scored on a four point scale; 12 factors namely understanding, rejection, satisfaction, affection, despair, decision making, discontent, dissolution potential, dominance, self disclosure, trust and role functioning

### 3.5.3 Self Report Scales to Analyse the Individual's Health in the Context of Family and Marital Therapy

Some self report scales that have a wide application can also be used in marital and family counselling. While the focus in marital and family counselling is the family or marital system, it is necessary to recognize, at times that an individual within the system may need to be evaluated to decide if he or she needs to be referred for some individual counselling sessions. Some tools that are useful to make individual assessment are as follows:

Sl. No.	Name of the Tool	Author	Year	Details
1	Becks Depression Inventory	Beck et. al.	1961	This is a 21 item self report scale, scored on a 4 point rating scale, used to assess depressive symptoms.
2	General Health Questionnaire	Goldberg and Hiller	1979	This is a 12 item self report scale, scored on a 4 point rating scale, used to detect possible diagnosable psychiatric disorder.

## 3.6 QUALITATIVE AND THERAPEUTIC USE OF SELF REPORT SCALES

During the process of therapy the therapist may come to realise that the couple or family has difficulty in certain aspects of the relationship. The relevant self report scales can also be administered and used to build awareness in the couple/family of the areas in the relationship which need to be worked on. The items on a tool can help the clients identify and narrow down what they individually feel is lacking in the relationship, and can help motivate them and help to develop collaboratively a focus area. For instance, the score on a scale may indicate difficulty in intimacy between spouses. This gives a clear overall of an area which the couple's relationship is lacking. When doing the test the couple, or one of the spouses may come to realize that neither he/she nor the spouse try to do things to please each other. This helps to give the couple a focus for what they would like in the relationship. The couple can then collaboratively generate the kind of things they would like to do for each other, by using the themes that came up in the self report scale.

## 3.7 LET US SUM UP

While the primary instrument for assessing the family or marital system is the interview, the self report scale is a useful tool that adds to the information. It facilitates objectivity in assessment and facilitates comparison. However, in the context of intervention, careful thought has to go into deciding the appropriate self report scale and deciding when to administer the scale. Blindly interpreting,

and planning intervention on this basis can be detrimental to the clients. The tool can bring various problems to the attention of the counsellor/family therapist, but there may be situations where it would be prudent for the counsellor/family therapist to address certain aspects, or certain problems that are indicated in assessment and not others. There may be various other extenuating variables that need to be considered in intervention. Even if scales indicate a weakness in a particular area, if the client is not ready for an intervention, the client will become resistant or the situation will escalate.

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## 3.8 GLOSSARY

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**Norms** : The average performance on a particular test made by a standardization sample.

**Reliability** : Refers to the precision and accuracy of the measurement or score. This consistency of scores is reflected in the reproducibility of results.

**Validity** : Refers to the degree to which a test measures what it claims to measure.

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## 3.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

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### Check Your Progress Exercise 1

1. Qualitatively analysing the data from an interview and making comparisons with data from other interviews is a difficult process. It takes time, which the counsellor/family therapist may not always have. In addition it also takes skill, which the counsellor/family therapist may not have due to a lack of training or aptitude. Hence it is not always feasible. There is also a risk that the individual biases of the counsellor/family therapist may colour the interpretation of such data and neutrality will be adversely affected.
2. In a self report scale, all clients will answer the same questions. It is designed to obtain information about a specific area. After scoring the responses of the client, the counsellor/family therapist will be able to compare the client's score in the area with the norms provided. This will give the counsellor/family therapist an idea of the client's difficulty level in that area compared to the population in the normative sample.

### Check Your Progress Exercise 2

1. A good self report scale has good validity, reliability and appropriate norms and the items should be worded in simple language which can be easily understood.
2. It facilitates a uniform process of gathering information. The same questions are administered to all the clients. No aspect of the area to be assessed is accidentally missed.
3. Clients may be motivated to give socially desirable answers, due to the fear that the therapist or their spouse will think badly of them.

### Check Your Progress Exercise 3

1. The consent of client should be taken prior to testing, the client's results and response sheets should be kept confidential and the client should be permitted to stop the test if he or she wishes to do so.

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### 3.10 UNIT END QUESTIONS

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1. What is the difficulty experienced in analyzing information from an interview?
2. What are the characteristics of a good self report scale?
3. What are the advantages and disadvantages of self report scales?
4. What steps can be taken to maximize the utility of a self report scale?
5. What are the important ethical principles to keep in mind about utilizing self report testing in intervention?
6. Name 5 self report scales used in family or marital assessment.

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### 3.11 FURTHER READINGS AND REFERENCES

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# UNIT 4 RESEARCH TOOLS IN FAMILY THERAPY

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## Structure

- 4.1 Introduction
- 4.2 Research and Clinical Practice
- 4.3 Goals of Therapy Research
- 4.4 Methodology
- 4.5 Assessment Tools Used in Family Therapy
- 4.6 Analysis, Presentation and Discussion of the Results
- 4.7 Let Us Sum Up
- 4.8 Glossary
- 4.9 Answers to Check Your Progress Exercises
- 4.10 Unit End Questions
- 4.11 Further Readings and References

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## 4.1 INTRODUCTION

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Research, regardless of the field and the purpose, basically is carried out in order to describe, explain and predict a phenomenon. The aim is to describe a process that has not been fully understood. Research is like a detective story; it begins with a mystery and ends with the resolution of that mystery. In this process, a rigorous, systematic and scientific approach is essential. This Unit highlights the process of research highlighting the assessment tools, which form an important part of any study. The results of any study are influenced enormously by the tools chosen. Therefore, the clinician has to be aware of the advantages and disadvantages of using a particular tool, constructs measured, sample intended for, other statistical criteria of reliability, validity and the norms provided. The Unit will also highlight the different tools used in different fields in psychotherapy like tools used specifically for children, parents and family.

### Objectives

After studying this Unit, you will be able to:

- Understand the relationship between research and practice;
- Define goals of therapy research;
- Discuss ethical issues and methodology of research; and
- Be able to do research in one's own practice.

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## 4.2 RESEARCH AND CLINICAL PRACTICE

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Counselling and family therapy research aims to increase our knowledge regarding the nature of therapeutic interventions, the patients who will most benefit from those interventions, and the results that can be expected from those interventions. Therapists would want to know whether the treatment will work and is it appropriate for the client presenting with the particular set of concerns. They would also want to know the clinical characteristics of the patient that will affect the outcome of the treatment.

### *Impact of Research on Practice*

- To examine specific therapies for specific disorders
- Understanding which patients will benefit from what kind of intervention
- Developing effective treatments for disorders
- Understanding the different variables during therapy which influence the outcome
- Offers important sets of methodologies for assessment, a set of instruments that can be directly used in clinical practice.

### *Impact of Practice on Research*

- In developing the methods that become the subject of research
- Opens up avenues for research and influences the research question
- Providing feedback to the researcher
- The clinicians are the consumers of research and can test the findings that the research study generates

Research and practice in psychotherapy, therefore, should provide feedback to inform and influence each other. That is, clinical practice gives rise to questions in research and research helps to answer the questions raised in clinical practice.

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## 4.3 GOALS OF THERAPY RESEARCH

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### *Ethical Issues*

The ultimate responsibility for the ethical treatment of the research participants lies with the person conducting the research (the researcher himself/herself). There are specific guidelines from the American Psychologists Association (APA) regarding the ethical issues while conducting research. Listed below are some of the important points:

- The examiner should use tests that are appropriate for both the specific purpose for which they are testing and also the persons to be examined.
- They should be well informed about current research on the test and also be able to evaluate its technical merits with regard to such characteristics such as norms, reliability and validity
- They should also draw conclusions carefully keeping in mind the other basic sociodemographic profile and pertinent information about the individual.

- The tests are copyright protected and it is illegal to use them without the prior permission of the author. Some of these tests are available for free use where as others need to be bought from the author.
- It is also unethical to use tests without a clear clinical or research agenda. Gathering data without an ethically approved research plan and without consent from client is also unethical.
- The test results should be shared with the clients in such a way that it is readily understandable and free from technical jargon and labels.

### Check Your Progress Exercise 1

**Note :** a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Briefly state the goals of therapy research.

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2. Outline the link between therapy and practice.

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3. What are the ethical issues in using Assessment Tools?

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## 4.4 METHODOLOGY

Methodology refers to the different principles and procedures that direct research. This should help in understanding the interaction between the various variables as well as verify the hypothesis.

There are two main approaches to research:

- Quantitative
- Qualitative

Quantitative research is a formal, objective, systematic process in which numerical data are utilized to obtain information about the world. Objectivity, deductiveness, generalizability and numbers are features often associated with quantitative research.

Qualitative research is effective in obtaining culturally specific information about the values, opinions, behaviours and social contexts of a particular population. It provides the ‘human’ side of an issue like identifying intangible factors like gender roles, religion, etc whose role may not be readily apparent. It helps in gaining a rich and complex understanding of specific phenomenon and this is more important than eliciting data that can be generalized to other geographical areas or populations.

**Table 1: Main Dimensions on which Quantitative and Qualitative Approaches Differ**

	Quantitative	Qualitative
Objectives	To predict causality; and quantify variation	Describe and explain variation, individual experiences and relationships
Question Categories	Close ended	Open ended
Flexibility	Design stable from the beginning till the end. The participants’ responses do not affect how or what questions the researcher asks next	The participants’ responses determine how or what questions the researchers ask next.
Data format	Numerical	Textual
General Framework	The method structured, undertaken to confirm hypotheses and the tools are rigid.	The method more flexible, seeks to explore hypotheses and the tools less rigid.

Qualitative research along with quantitative research helps us interpret and understand the complexities of a given situation and its implications.

**Research Design**

It is a plan or a sketch of how to carry out a study. Knowing what the research question which forms the basis of the study is, and having made a number of predictions (hypotheses) about what is to be expected as the outcome, a plan is needed to test the predictions and explore the issue. Design is that practical plan which has to be ethical, scientific and comprehensive.

Research design has to specify what variable is being studied and simplifies the situation so that irrelevant influences in a study can be separated from objects of focus. The better a study is able to rule out implausible or alternate explanations to a particular phenomenon, the more methodologically sound it is.

**Types of Designs**

There are many different types of designs that can be used in a research study. Which design to use will depend on different factors like: the aims of the study, nature of the information to be collected, ethics and the cost to carry out the study.

True experiments aim to determine the cause – effect relationship. These designs have maximum control over the independent variable and strongest basis for drawing inferences. The investigator assigns subjects randomly to groups, vary conditions and also control possible bias within the study. Any true experiment will have an independent and a dependant variable. Independent variable is the one that is manipulated by the examiner to see how it affects the dependent variable. The dependent variable is the outcome or the behaviour that the researcher measures anticipated to have been affected by the independent variable. Any method to deal with the extraneous variable that may affect the study is called the control. To be a True Experiment, BOTH - manipulation of the independent variable as well as Random Assignment of subjects/participants to groups must be present.

There are many different forms in experimental designs like factorial designs, randomized designs, etc that we have not discussed here in the Unit.

Quasi experiments almost are like true experiments except that there is no random assignment of the subjects to groups. The aim here, like in true experiments, also is to determine the cause-effect relationship. There still is one group, which gets the Independent Variable, and one that does not, but subjects are not randomly assigned to groups.

There are many different types of quasi-experimental designs; one of the most common is the non-equivalent group design. There is a posttest and a pretest for an experimental and a comparison group but, there is no random assignment to these two groups. There are other types of quasi-experimental designs like Proxy Pretest Design, Double Pretest Design, Nonequivalent Dependent Variables Design, etc.

Single Case Designs are designs where the researcher attempts to demonstrate an experimental treatment effect using single participants, one at a time.

Correlational Studies strive for prediction; they cannot establish cause and effect. These attempt to determine how much of a relationship exists between variables. To show strength of a relationship we use the Correlation Coefficient  $r$ . The coefficient ranges from  $-1.0$  to  $+1.0$

- $-1.0$  = perfect negative/inverse correlation that is, when one variable increases or decreases, the other moves in the opposite direction. Ex: food intake increases and hunger decreases
- $+1.0$  = perfect positive correlation that is, when one variable increases or decreases, so does the other variable. Ex: studying and test scores
- $0.0$  = no relationship

In-depth Interviews are wide ranging and explore issues in detail. They encourage the subjects to express their views in depth. Focus Groups are conducted with a small number of subjects who are brought together to discuss the topic of interest. The group size is kept deliberately small so that the members do not feel intimidated but can express opinions freely. A topic guide to aid discussion is usually prepared beforehand and the researcher usually ‘chairs’ the group, to ensure that range of aspects of the topic are explored. The discussion is frequently tape recorded, then transcribed and analyzed.

In the Direct Observation method, the researcher aims to become immersed in or become part of the population being studied, so that they can develop a detailed understanding of the values and beliefs held by members of the population.

### *Assessment Tools*

There are different methods of assessment in marital and family therapy. Paper-and-pencil methods, genograms and direct observational methods and clinical interviews are commonly used. Measurement tools can be judged on a variety of merits. These include practical issues as well as technical ones. All instruments have strengths and weaknesses—no instrument is perfect for every task. Some of the practical issues that need to be considered include:

- Cost
- Availability
- Training required
- Ease of administration, scoring, analysis
- Time and effort required for respondent to complete measure

Along with the practical issues, measurement tools (especially surveys, tests and scales) may be judged on the following technical characteristics:

The assessment tools can be classified according to the sources of report as, self-report, family members rating one another and rating scales by objective raters.

Range of focus can either be whole family or the ones that measure only the subsystems.

It is clearly impractical to test every aspect of a particular process under investigation, though desirable. The tests actually study a small but carefully chosen sample of an individual's behaviour, hoping to generalize from the specific to the global. For this purpose, this sample must be representative of the overall area, both in terms of types and number of items. It would be impossible to develop a representative test of any aspect of behaviour, unless the behaviour has been fully observed in advance. Though it is very essential for the test designers to have a sound knowledge of their particular area, it is equally important that therapists, as the ultimate users of the test, to understand a good deal about the behaviour being studied.

*Standardization* – A good assessment tool should be able to ensure that the scores reflect the behaviour that we are interested in, as opposed to some other factor. Other factors can affect the performance of the individual, like the instructions given prior to the administration, motivational factors, anxiety of the subject, methods of collecting data and scoring procedures. Unless every individual completes the test in identical, standardized conditions, any differences observed might be due to procedural variations rather than the actual differences.

*Norms* – There is no predetermined pass or fail level in psychological tests. In majority of the tests, individual scores are compared with other scores, which have been previously measured by the test designer. This is obtained by first

administering the test to a large, representative sample (standardization sample) of those for whom the test will be subsequently used. This provides us with the norms, which is a simple measure or a series of measures, indicating how people typically perform on this test.

*Reliability* – The tool used in the study should actually be sensitive to whichever aspect of the environment it is measuring and accurately detect any changes which may occur. That is, the test should consistently measure what it is supposed to be measuring. There are different types of reliability like test- retest reliability, alternate form reliability and split half reliability.

*Validity* – The extent to which the test accurately measures what it is supposed to be measuring is called validity. A number of methods are available which demonstrate the fitness of particular tools. There are different types of validity like content validity, face validity, criterion related validity, construct validity.

**Check Your Progress Exercise 2**

**Note :** a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. What is a research design? Name two types of designs.

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2. Define validity and reliability.

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3. State the criteria for a good assessment tool.

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**4.5 ASSESSMENT TOOLS USED IN FAMILY THERAPY**

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There are a number of tools developed in marital and family therapy research. The following tables give information regarding some of the important ones.

**Table 2: Scales Used in Family Therapy**

Sl.No.	Name of the Tool	Details
1	FACES (Family Adaptability and Cohesion Evaluation Scales) IV	Family Cohesion and Family Flexibility; 42 items total; include two balanced and four unbalanced scales; Balanced Cohesion and Balanced Flexibility- scores are linear scales so that the higher the score, the more positive; 4 Unbalanced Scales assess the low and high extremes of the two dimensions called Disengaged and Enmeshed for the Cohesion dimension and Rigid and Chaotic for the Flexibility dimension. The higher the score the more problematic the family system; six family types were identified and they range from happy to unhappy and are called: Balanced, Rigidly Cohesive, Midrange, Flexibly Unbalanced, Chaotically Unbalanced and Unbalanced
2	Family Satisfaction Scale	14 items; Satisfaction related to family adaptability and cohesion
3	Parent-Adolescent Communications	20 items; separate parent and adolescent forms available; open family communication and problems in family communication
4	System for Observing Family Therapy Alliances	Observational rating scale of client behaviour reflecting strong and weak alliances in the therapy; measures emotional connection with the therapist and engagement in the therapy process, feeling of safety within the system and a shared sense of purpose in the family
5	Family Concept Assessment and Rating Scale	
6	Family Therapy Assessment Exercise	Useful in training therapists in the area of family therapy

7	Family Strengths	12 items; family pride and family accord
8	Quality of Life	25 items; 11 content categories – personal well being, time, neighbourhood and community, education, adolescent concerns, mass media, home-physical space, family life, employment, family members, home-household responsibilities, health and religion, friends and extended family
9	FILE (Family Inventory of Life Events and Changes)	72 items; family stress and strains— intra family strains, conflict, parenting strains, marital strains, pregnancy and child bearing strains, finance and business strains, work family transition strains, illness family ‘care’ strains, losses, transitions “in and out” and legal strains.
10	A-FILE (Adolescent-Family Inventory of Life Events and Changes)	50 items; adolescent stress and strains; transitions, sexuality, losses, responsibilities and strains, substance use, legal conflict, total recent life changes and total past life changes
11	F-COPES (Family Crises Oriented Personal Evaluation Scales)	29 items; family coping strategies – acquiring social support, reframing, seeking spiritual support, mobilizing family to acquire help and passive appraisal
12	Beavers Timberland Family Evaluation Scales	Self report measure; global scale and four subscales— conflict, leadership, cohesion and emotional expressiveness
13	Systemic Therapy Inventory of Change	Assesses therapy progress; Includes individual scales to assess individual, couple, family and child functioning and therapeutic alliance
14	Family Typology Scale	Primarily depicts the family type 28 items pertaining to four family types—normal cohesive, egoistic, altruistic and anomic types

Assessment Methods

15	Global Assessment of Relational Functioning	Rating scale for any relationship unit (couple or family); 100 point scale which helps assigning a number to the quality of the relationship
16	Index of Family Relations	Measures the severity of family relationship problems as seen by the respondent. Scores range from 0 to 100 where higher scores indicate greater amounts of family discord.
17	Index of Parental Attitudes (IPA)	Measures the severity of problems in a parent-child relationship as seen by the parent. Scores range from 0 to 100 where higher scores indicate greater problems with the parent-child relationship
18	Child Attitude towards Father/Mother	Designed to measure the severity of problems in a parent-child relationship as seen by the child. Scores range from 0 to 100 where higher scores indicate greater problems with the parent-child relationship.
19	Index of Brother/ Sister Relations	Designed to measure the severity of problems with sibling relationships. Scores range from 0 to 100 where higher scores indicate greater problems with the sibling relationship.
20	Family Relationship Measure	35-item, multiple informant rating scale assessing dimensions of family functioning and beliefs; six subscales: Cohesion, Beliefs About Family, Deviant Beliefs, Organization, Support, and Communication. From these scales, three higher-order factors are generated: Cohesion, Structure, and Beliefs.
21	Personal Authority in the Family System Questionnaire (PAFSQ)	132-item instrument in 5 point likert scale which measures 8 non overlapping constructs of

		spousal intimacy, spousal fusion/individuation, intergenerational fusion/individuation, intergenerational intimacy, nuclear family triangulation, intergenerational triangulation, intergenerational intimidation, and personal authority
22.	Relational Ethics Scale	24-item instrument in a 5 point Likert scale which measures the constructs of trust and justice, loyalty, and entitlement on two subscales relating to the family in which one was raised and one's relation with a person of equal status
23.	California Inventory for Family Assessment	182 items; 14 items in each scale—warmth, time together, nurturance, physical intimacy, consistency, openness/ self disclosure, conflict avoidance, anger/ aggression, separation anxiety, possessiveness/ jealousy, emotional inter-reactivity, projective mystification, authority/ dominance
24.	Scale for Assessment of Family Enjoyment within Routines	Routines-based interview is an assessment tool designed for professionals working with families to develop functional intervention plans; The family chooses which concerns they would like to have addressed as outcomes or goals. Progress on outcomes or goals may be measured over time; professionals can identify the independence, engagement, and social competence of the child, and the concerns and priorities of the family; waking up, diapering/ dressing, feeding meals, traveling, hanging out/ watching TV, bath time, nap time/ bed time, grocery store, outdoors.

**Table 3: Global Assessment of Marital Relationship  
(Tools which give a single score of marital functioning)**

Sl No.	Name of the Tool	Details
1	Marital Adjustment Scale	15 items; self report ; assessment of the degree of agreement and disagreement with spouse on marital issues (sex, affection and philosophy of life), level of companionship and ability to resolve conflict constructively; scores range from 2- 158, with higher scores indicating better adjustment
2	Positive and Negative Quality in Marriage Scale	Six item self report measure; Enquires about the positive and the negative dimensions of a relationship
3	Areas of Change Questionnaire	34 item self report scale; Listing specific areas of marital functioning and asking the degree to which change is desired from their partners in each area; Two parts administration – part I – desired change and part II is perceived change; Ratings range from -3 to +3 , negative ratings indicating a desire for the partner to decrease the behaviour and positive indicating the desire for the partner to increase the behaviour.
4	Relationship Styles Inventory	Assesses parallel, complementary and symmetrical interaction patterns by evaluating — control and use of money, decision making, change and stability and information transmission related to family dynamics; 63 items in the true/ false format; The subjects get three separate scores for parallel, symmetrical and complementary interaction patterns; maximum score of 36 for each type of interaction and the total score of 108.
5	The Interpersonal Perception Method	Self report to be answered by each spouse separately; 720

		questions put under 60 categories termed as 60 dyadic issues; 12 question under each
6	Marital Contract Assessment Blank	Based on the concept of “open marriage” with the subscales of ‘here and now’ living and realistic expectations, greater respect for personal privacy, open and honest communication, role flexibility, open companionship, equality of power and responsibility, pursuit of identity and mutual trust; 56 forced choice items with 7 for each of the 8 sub scales
7	Marital Status Inventory	Assess the dissolution potential of marriage; 14 questions with true-false format; scores range from 1- 14 with higher scores indicating greater instability
8	Marital Satisfaction Scale	73 items in a 5 point rating scale format measuring the global satisfaction in marriage
9	Relationship Belief Inventory	Developed for the systematic assessment of 5 dysfunctional beliefs about intimate relationship-disagreement is destructive, mind reading is expected, partners cannot change, sexual perfectionism is a must and sexes are different in their personality and relationship needs
10	Marital Instability Index	14 questions; scores ranging from 1- 14, with higher scores indicating greater instability in the marriage
11	Quality Marriage Index	
12	Marriage Comparison Level Index	32 items; 7 point rating scale; assesses spouse’s perception of the degree to which their marital relationship comes up to their expectations
13	Relationship Assessment Scale	Generic scale of relationship satisfaction; 7 point Likert scale

**Table 4I: Measures that Assess Specific Dimensions of Marital Relationship**

Sl No.	Name of the Tool	Details
1	Marital Roles Inventory	Based on the interaction of marital roles of spouses. Roles have 2 aspects — each spouse's performance of roles in his own role set and spouse's expectation of how the other spouse will perform in the roles in his/her role set.
2	Marriage Role Expectation Inventory	Seven areas assessed — personal characteristics, authority, care of children, social participation, education, home making, employment and support. 71 statements, each item with a 5 point rating scale; has a male and female form; 34 items describe behaviours and attitudes indicative of an equalitarian relationship with spouse and 31 items indicate a traditional patriarchal marital relationship
3	Marital Patterns Test	3 main scales — affection given, affection received and domination; 24 items referring to behaviour and attitude of subject and spouse with 3 alternatives
4	Caring Relationship Inventory	Gives 7 scores on nurturing love, romantic love, altruistic love, self love, being love, peer love and deficiency love; in yes/ no format with separate male and female forms
5	Bem Sex Role Inventory	20 personality characteristics for both masculinity and femininity scale
6	Personal Report of Spouse Communication Apprehension	Communications Apprehension is a personality type syndrome in which high apprehension in communication outweighs the projected gain from interaction. 50 items in Likert scale

7	Dyadic Trust Scale	Views 'trust' as an integral feature of human relationships; 8 items in a 7 point rating scale
8	American Family – 1974	5 point rating scale with higher scores indicating higher conflicts; investigated the unidimensionality of marital role satisfaction and two aspects which may detract from satisfaction if the bipolar model is valid namely role stress and role conflict
9	Marital Autonomy and Relatedness Inventory	24 items in a 3 point rating scale with 4 items in each sub scale – relatedness, hostile control, acceptance, hostile detachment, control and autonomy
10	Personal Assessment of Intimacy in Relationship Scales	36 items with 6 items for each of the 5 dimensions of disclosures which are emotional, social, recreational, intellectual and sexual intimacy and an additional conventionality scale
11	Miller Social Intimacy Scale	Assess the level of social intimacy experienced in marriage, dating relationships or friendship; 17 items
12	Feeling Questionnaire	18 questions for assessing positive affect towards the spouse
13	Waring Intimacy Questionnaire	Assess various aspects of intimacy – conflict resolution, affection, cohesion, sexuality, identity, compatibility, expressiveness and autonomy; 90 items with 10 items for each of the subscales and social desirability
14	Love Attitude Scale	42 items with a 5 point rating scale each of the 6 love styles measured by 7 items – romantic passionate love, game playing love, friendship love, possessive dependant love, logical shopping list love and all giving self less love

15	Sex, Love and Marriage Scale	8 items in Likert scale with scores ranging from 8-40
16	Marital Adjustment Questionnaire	Studies the personality qualities, emotional factors, sexual satisfaction, marital role and responsibility, relationship with the in laws, attitude towards family planning and children, interpersonal relationships
17	Marriage Adjustment Inventory	Factors of social participation, bringing up children, food habits, temperament, sexual satisfaction, love and affection, personal daily activities and likes and dislikes
18	Inventory of Marriage	Twenty item self report; Sharing of social activities, satisfaction of emotional needs, sexual relations, attitude towards spouse, desire to maintain and continue the existing relationship

**Table 5: Measures that Assess Specific Dimensions as well as a Global Measure of Marital Relationship**

Sl No.	Name of the Tool	Details
1	Marriage Personality Inventory	Measures dyadic item constellations; 24 profile scores—growing up years, life style preferences, personality traits, growth inviting, life engaging, flexibility, dependability, satisfaction and completion of items; 200 items with a 3 point rating scale; 4 forms available—individual personality, match mate, premarriage courtship and marriage
2	Dyadic Adjustment Scale	Measures the severity of the relationship discord in couples; 32 items; Scores range from 0-151, higher values indicating favourable adjustment; Items load on four factors—dyadic

		consensus, dyadic cohesion, dyadic satisfaction and affectional expression
3	Marital Satisfaction Inventory - R	Provides an overall indication of relationship satisfaction (global distress) and subscales measuring affective communication, problem solving communication, aggression, time together, disagreement about finances, sexual dissatisfaction, role orientation, family history of distress, dissatisfaction over children and conflict over child rearing
4	(Evaluating and Nurturing Relationship Issues, Communication and Happiness) ENIRCH Marital Inventory	Multidimensional scale; 14 scales with 125 items; idealistic distortion- social desirability scale, marital satisfaction, personality issues, communication – feelings, attitude and level of comfort, conflict resolution, financial management, leisure activities, sexual relationship, child and parenting, family and friends, equalitarian roles, religious orientation, marital cohesion and marital change

## 4.6 ANALYSIS, PRESENTATION AND DISCUSSION OF THE RESULTS

This forms the last part of the research study where the information that has been gathered is reappraised with the research question along with the rationale and the theoretical basis of the study.

### *Evaluating research*

When reading articles in the journals describing the work of other people one has to do it critically, adopting a questioning perspective. It could be that the limitations of an early study provide the readers with an impetus for their own work.

The first aspect would be the literature review and background information-

- Are there any aspects of research issues that may have been overlooked or not fully considered?
- Does the review provide a sound basis for the research question?
- Do the hypotheses follow logically from the previous studies?

The next area of importance is the design:

- Is it practical?
- Ethical problems?
- Is there any better way of doing this?
- Are all the relevant aspects covered?

A close inspection of the procedure may divulge the problems experienced by the researcher which may show whether the research question has been adequately answered.

When understanding the results, it might be more complex since the actual data might not be available for the reader.

- Are the results clearly presented? Hypothesis refuted or proved?
- Are the issues from the literature review adequately addressed?
- Analysis relevant? And adequate?
- Data suggest anything that could have been overlooked?

When reading the discussion part of the study, it is important to consider:

- Whether the authors have clearly considered and stated the results?
- Whether the authors have been able to effectively explain any unexpected results in the study?
- Have the authors related the research findings to the question?
- Have the limitations of the work been discussed?
- Does the study add anything to our understanding of the original issue?

### ***Conducting a Research Study – Doing research on one's own practice***

Research, actually, does not always require video tapes, coding systems, or very big budgets. In fact, to understand and deal with the subtleties of the therapeutic relationship, clinicians must act like researchers everyday, forming hypotheses, collecting data and assessing the influence of therapy. If the same is done more consistently and methodically, it can make clinical practice more informed.

- Asking a research question based on one's own observation in the practice – most frequently encountered problems? Average number of sessions per client? Subjective measures of outcome? Attainment of goals?
- Review of literature for the relevant information in the area
- A hypothesis based on the available information
- A study that would be practical and effective
- Tools that would best suit the study keeping in mind the constructs measured by the tool and its statistical properties
- Data collection and documentation of the process
- Analysis of results and sharing the information with colleagues to provide feedback about clinical practice

### Check Your Progress Exercise 3

**Note :** a) Read the following questions carefully and answer in the space provided below.

b) Check your answers with those provided at the end of this Unit.

1. Name three scales used in family therapy research and marital therapy research.

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2. Outline the steps involved in conducting a research study.

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## 4.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

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### Check Your Progress Exercise 1

1. To understand the different forms of therapy, the whole process of therapy, develop effective therapies for specific disorders
2. Research helps in developing effective therapies, examine specific therapies for specific disorders, to understand which patients will benefit from what kind of intervention. Clinical Practice helps in opening up avenues for research questions and offers feedback to the researcher.
3. The examiner should have in mind to choose tests that are appropriate for both the particular purpose for which they are testing and also the persons to be examined; the tests are copyright protected and it is illegal to use them without the prior permission of the author; they should be informed about the current research about the test and also be able to evaluate its technical merits with regard to such characteristics such as norms, reliability and validity; they should draw conclusions carefully keeping in mind the other pertinent information about the individual; the test results should be shared with the clients in such a way that it is readily understandable and free from technical jargon and labels

### Check Your Progress Exercise 2

1. It is a practical plan or a sketch of how to carry out a study. It has to be ethical, scientific and comprehensive. Research design has to specify what variable is being studied and simplifies the situation so that irrelevant influences in a study can be separated from objects of focus. The better a study is able to rule out implausible or alternate explanations to a particular

phenomenon, the more methodologically sound it is. True experiments and Quasi experiments are two examples of research designs.

2. **Reliability** — Reliability is the consistency of a measurement, or the degree to which an instrument measures the same way each time it is used under the same condition with the same subjects. In short, it is the repeatability of your measurement. A measure is considered reliable if a person's score on the same test given twice is similar. It is important to remember that reliability is not measured, it is estimated. There are different types of reliability like test- retest reliability, alternate form reliability and split half reliability.

**Validity** — The extent to which the test accurately measures what it is supposed to be measuring is called validity. A number of methods are available which demonstrate the fitness of particular tools. There are different types of validity like content validity, face validity, criterion related validity, construct validity.

3. **Criteria for a Good Measurement Tool** are good reliability, validity and norms available for the particular population to be used. It also has to be easy to administer and score.

### Check Your Progress Exercise 3

1. Family Satisfaction Scale, Parent- Adolescent Communications Scale, Marital Satisfaction Inventory
2. Asking a research question; reviewing the relevant literature; planning a type of study which is scientific, ethical, comprehensive and feasible; selecting relevant tools based on the constructs that they measure, norms, validity and reliability; carrying out the study; analysis of results and discussing the results keeping mind the original research question.

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## GLOSSARY

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<b>Control</b>	: Any mechanism, device or manipulation whose function is to minimize the effects of some extraneous or confounding influence in a study.
<b>Design</b>	: The formal part of a research study in which all elements necessary to test a hypothesis are identified and detailed — such elements include independent and dependent variables, extraneous elements and controls, relevant experimental manipulations and significance levels to be applied.
<b>Effect Size</b>	: A statistic that often is used in therapy research to indicate the magnitude of the difference in outcomes (or “effects”) found in a research study between alternative treatments or between a treatment and an un - or minimally treated control group.
<b>External Validity</b>	: A concept that refers to the inferences that can be accurately drawn from a research study's findings,

specifically the confidence with which findings can be assumed to “generalize” or extend to situations, people, measures, times, and so on other than those particular to the study. A study’s research design and methodology are major determinants of the external validity of its findings.

- Extraneous variable** : A variable present in an experiment which might interfere with or obscure the relationship between an independent and dependent variable.
- Generalization** : The ability to apply findings from a sample to the population at large. This is only possible when samples truly reflect population characteristics, otherwise findings are situation specific.
- Hypothesis** : Specific prediction about some aspect of the universe, based on the more general beliefs which comprise a theory.
- Informed Consent** : The agreement of the subject to participate in research, based on a full understanding of the aims of the study, and their own rights in respect of confidentiality and ethical treatment.
- Internal validity** : A concept that refers to the inferences that can be accurately drawn from a study’s findings, specifically the confidence with which a causal relationship can be assumed to exist between a study’s independent variables (e.g., forms of therapy) and dependent variables (e.g., outcomes or effects in a therapy study). The fit between a study’s hypotheses, research design, and methodology is a major determinant of its internal validity.
- Likert scale** : A type of scale in which the numbers are replaced by response categories, usually in terms of how much a subject agrees with a particular statement. Possible responses are typically: strongly agree, agree, don’t know, disagree, and strongly disagree.
- Norms** : Measures of typical or normal performance on psychological tests, usually measured in terms of mean scores and measures spread for specific subsections of population, though sometimes presented as a proportion or percentage of a sample producing particular scores.
- Percentiles** : A cumulative measure of the proportion of individuals who score at, or below, particular points on a measuring scale.
- Population** : The entire set of entities, which comprise the group, or sub group of subjects which are the objects of study, and in which the entire range of an outcome measure is represented.

- Randomization** : A process whereby subjects are randomly assigned to groups in a study, the purpose being to compare them on some outcome measure.
- Practice Effects** : A tendency for performance on certain types of test to improve over time simply as a result of practice. The effect can often lead to artificially reduced measures of reliability.
- Procedural Variations** : An occasional tendency for apparent differences among subjects on particular tests to reflect variations in testing procedures as opposed to actual variations on some trait.
- Psychotherapy Outcome** : Measures presence and magnitude of both immediate and long term changes that result from therapeutic intervention.
- Psychotherapy Process** : Assesses what happens during therapy, examining the therapist behaviours, client behaviours and interactions between the therapist and the clients during treatment.
- Rating Scales** : Measuring scales on which there is a range of numerical responses available for the respondent.
- Manipulation of the IV** : Manipulation of the IV occurs when the researcher has control over the variable itself and can make adjustments to that variable.
- Random Assignment** : Randomly placing participants into groups/ conditions so that all participants have an equal chance of being assigned to any condition.
- Sample** : A subset of population which forms the subject basis for a study. It is assumed that the sample will be representative of the population from which it has drawn such that the observations on the sample will allow inferences to be made about the population.
- Scientific Method** : A set of established procedures to investigate, scrutinize or study an issue, usually conducted according to a set of predetermined guidelines and procedures.
- Situation Specificity** : Describes the tendency for many research findings to be relevant only to the sample or situation in which the study was carried out. A function of rigorous sampling and controls, which remove a particular study too far from reality.
- Standardization** : The process of ensuring identical administration, data collection and scoring of tools.

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## 4.11 FURTHER READINGS AND REFERENCES

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Ables, B. S. (1997). *Therapy for Couples*. San Francisco: Jossey Bass

Lambert Michael J. (2004). *Garfield and Bergin's Handbook of Psychotherapy and Behaviour Change*, Wiley and Sons Inc.

Roth, Anthony and Fonagy, Peter (2005). *What Works for Whom?, Second Edition: A Critical Review of Psychotherapy Research*, New York: Guildford Press.

Lebow, Jay (2006). *Research for the Psychotherapist: From Science to Practice*. New York: Routledge, Taylor and Francis Group.

Journals that could provide more information about marital and family therapy research

- Journal of Marital and Family Therapy
- Journal of the Marriage and Family
- Family Process
- American journal of family Therapy
- Journal of Clinical and Counselling Psychology

# **MCFTE-001 MARITAL AND FAMILY THERAPY AND COUNSELLING**

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## ***OPTIONAL PAPER 1***

### **Block 1 : Assessment Methods**

- Unit 1 : Interview Methods
- Unit 2 : Essential Skills for Family Assessment
- Unit 3 : Self Report Scales
- Unit 4 : Research Tools in Family Therapy

### **Block 2 : Marital Therapy**

- Unit 5 : Emotion Focused Couples Therapy
- Unit 6 : Cognitive Behavioural Sex Therapy
- Unit 7 : Marriage Enrichment Techniques
- Unit 8 : Interviewing Skills and Circular Questioning in Assessment – A Case Study

**Manual for Supervised Practicum (MCFTE-004)**