

## **Making use of outcome research in Family Therapy and Systemic Practice**

Peter Stratton, Emeritus Professor of Family Therapy, University of Leeds

The evidence to support each psychotherapy approach comes from both general and model-specific research. However, while clients and providers are increasingly demanding evidence of effectiveness, many psychotherapists are not in a position to provide this evidence. They may also struggle to implement research-informed therapies. The Association for Family Therapy aimed to create an update of their previous review of the evidence base for Family Therapy and Systemic Practice (FTSP) (Stratton, 2016). The review aimed to offer an example of how research findings can be compiled for practitioners' use and to inform suggestions for improving therapy practice.

The ten most relevant journals from 2010 to mid-2016 were hand-searched for relevant research papers. During this period, seven rigorous surveys of outcome evidence had been published. While it was not realistic nor necessary to comprehensively analyse original research reports, all reviews and surveys were reviewed and combined with the most recent specific studies to draw some strongly based conclusions:

1. Outcome studies suggest that, where the evidence exists, the wide range of therapies that come under the heading of FTSP consistently demonstrate effectiveness.
2. A second analysis aimed to identify all the conditions for which there was evidence that systemic family and couple therapy was effective. This analysis indicated 40 conditions in children and 32 in adults for which it is legitimate to claim that some form of FTSP makes a useful contribution to treatment.
3. There are at least six major systemic therapy programmes, resulting from sustained and substantial investment. Partly through the confidence and enthusiasm of their originators, each has been widely used and intensively researched. All have strong evidence of effectiveness in different contexts although we have no evidence that any one of them is superior.
4. FTSP is shown to have benefits beyond diagnosable conditions, in dimensions such as parental relationships, quality of communication in the family and ability to care for family members with chronic physical and psychological problems.
5. It is noticeable that the areas in which research is concentrated do not cover the full range of Family Therapy work. Research funding, and the generation of evidence, follows political priorities and neglects other areas of need in the population. Lack of evidence means that people whose suffering has been neglected by research funding risk being deprived of services.

6. There is a problematic relationship between outcome research and process research. Very little of the research studying outcomes provides a detailed description of the therapy processes that contributed to its effectiveness; very little process research ties interventions to convincing evidence that they are responsible for positive outcomes.

*Conclusions:* It is useful for practitioners to have access to a compilation of the evidence for their therapy and there are good grounds for adopting a wide definition of the therapy for which there is supportive evidence, but the available evidence is necessarily limited. This situation will be helped if psychotherapists working in a variety of contexts collaborate with researchers to help them ensure that their research is relevant to everyday practice.

Stratton, P (2016). *The Evidence Base of Family Therapy and Systemic Practice*. Association for Family Therapy, UK. Online copy available at [www.aft.org.uk](http://www.aft.org.uk)