

Constructing an outcome measure for therapy with relational systems: Practitioner Research Networks in action.

Peter Stratton

Leeds Family Therapy & Research Centre, University of Leeds

A group of therapists, with support from the Association for Family Therapy, but without research funding, undertook to create an outcome measure appropriate to Systemic Family Therapy (SFT). In the process we have operated a number of projects in the form of Practitioner Research Networks (PRNs), some of which are described in this article. Because SFT has a conceptualisation of psychological distress that is radically different than that of other psychotherapies, we felt that existing outcome measures would fail to capture therapeutic change that is achieved by working with clients' relationships. The project was modelled on the CORE outcome measure (Evans et al, 2000), and because it has similar objectives but is geared to systemic therapy it became called the SCORE project.

Systemic family therapy, like other psychotherapies, has a recent history of neglecting research but is moving towards a greater engagement both in taking value from research (Stratton, 2007a) and increasingly with practitioners undertaking research. While the outcome question has limited usefulness in psychotherapy (Stratton, 2007b), "does it work" is a legitimate question for clients, managers, and therapists to ask. We want to give practising therapists a tool for evaluating their own work as well as providing a well constructed outcome measure for use in research. In addition we intend the SCORE to be informative in detail about therapeutic change in ways that will assist research into effective processes in SFT. The items in the final version of SCORE can be viewed as an account of the changes that therapists attempt to foster in their clients' relationships. Clinical applications of SCORE will then be able to indicate which of the changes are achieved in which circumstances.

The SCORE PRN

The SCORE team is a group of family therapists in varied locations and professions who have come together to work on developing a self-report outcome measure. This PRN has operated with regular face-to-face meetings to work on the construction and psychometric development of the outcome measure. The core PRN was extended through email discussion lists and by sending pilot versions to practitioners who had themselves worked on outcome measures.

In the current phase a network of some 16 clinics is participating in generating data for the project. As these clinics are spread throughout the UK a major initial part of the work has been in obtaining national ethical approval via COREC. This second phase of the PRN operates largely through email though we have found that getting a

clinic's contribution started facilitated by a preliminary visit to go through the procedures with them and to share learning and feedback from existing members of the network.

The non-clinical sample.

A rather different network was set up early in the project through the participation of 22 trainees on the Leeds MSc in SFT. Entry to the qualifying training requires an existing professional qualification and work setting so this is a practitioner group. Because NHS ethical approval was still being pursued, this group, under supervision, took on a collaborative project to pilot the SCORE with a non-clinical sample. Ethical approval was obtained from the ethical committee of the University Psychology Department. The rationale was that the forms and levels of functioning in a non-clinical sample were what we aimed to help the families in therapy to achieve. Each trainee administered the SCORE to a minimum of three people with a brief to achieve as much diversity (gender, ethnicity, age etc) as possible. This study found an interesting dimensional structure to the questions and a correlation of the total score with self report of level of family difficulty.

The expert sample.

Another PRN involved three qualified family therapists who each took a version of SCORE to three highly experienced therapists, recorded individual interviews with them as they worked through the questions, and then each conducted qualitative analyses of the sample of nine interviews (Stratton, McGovern, Wetherell and Farrington, 2006). Perhaps the most consistent finding was the enthusiasm of therapists to use the research measure for creative clinical purposes.

Overview

Our experience around developing this outcome measure has been that PRNs can take many different forms. Where one member of the team has greater research experience a "hub and spokes" pattern of communication tends to develop, however much effort is put into fostering dialogue among the whole group. But shared email has been a very effective vehicle for much of the work, without having to resort to more sophisticated communication systems. Large PRNs based on quantitative data are administratively complex, while the small PRN conducting qualitative study created methodological complexity in co-ordinating the analyses. But so far, all of the different formats have been highly productive.

The core SCORE PRN

The current SCORE team consists of: Julia Bland (Maudsley Hospital), Peter Stratton (Leeds University), Emma Janes (SLAM), Judith Lask (Institute of Psychiatry), and Grania Clarke (Tavistock Clinic).

References

- Evans, C; Mellor-Clark, J; Margison, F; Barkham, M; Audin, K; Connell, J; McGrath, G.
(2000) CORE: Clinical Outcomes and Routine Evaluation. *J. Ment. Health* 9:3, 247-255.
- Stratton, P. (2007a) Enhancing Family Therapy's Relationships with Research, *Australia and New Zealand Journal of Family Therapy* 28. 177-184.
- Stratton, P. (2007b) Formulating research questions that are relevant to psychotherapy. *Mental Health and Learning Disabilities Research and Practice*. 4. 83-97.
- Stratton, P., McGovern, M., Wetherell, A. and Farrington, C. (2006) Family therapy practitioners researching the reactions of practitioners to an outcome measure. *Australian and New Zealand Journal of Family Therapy*. 27 pp. 199–207.

Peter Stratton is Professor of Family Therapy at Leeds University and Chair of the UKCP Research Committee. P.m.stratton@ntlworld.com. Papers available on www.psyc.leeds.ac.uk/staff/p.m.stratton/