



**Research tells you when psychotherapy
is ethical, but ethics tells you what
research to do.**

Peter Stratton

Professor of Family Therapy
Leeds Family Therapy & Research Centre
Institute of Health Sciences
Leeds University

Research and postmodern therapy

- Research is a rich, and to some therapists alien, culture.
- Like other cultures it is one we could respect and learn from. In particular it has paid substantial attention to ethics.

Research tells you when psychotherapy is ethical

- Two meanings: 1. research tells you when an aspect of therapy is ineffective or damaging so that it is unethical to continue with it.
- 2. therapists can learn from how researchers have handled ethical issues.

The first is the more problematical.

- Can the view from research help us with the ‘basis and logic’ that we may use to make ethical judgements about our practice?
- Or should we rely entirely on our judgement of what seems right and avoid research altogether (as we largely have been doing)?
- But research has told us convincingly that individual judgement is heavily contaminated by self-serving attributions; what we wish to be true; prejudice in both the Milan and the social sciences senses.

Also

- When therapy does not engage with research, and does not find ways to get our students to read research competently, there is a risk that we will accept research claims naively, and be unable to counter them e.g. when discussing in a medical context.

Contribution of what research has developed for its own ethical practices, to thinking about the ethics of psychotherapy.

- Ethics discussion
- Ethical procedures
- Solutions to ethical dilemmas

The Handbook of Social Research Ethics.

- Mertens, D. & Ginsberg, P. (2009) Sage.

Propose a 5 level model:

Meta-ethics	<u>About</u> ethical theory
Ethical theory	Deontological
Ethical principles	Beneficence, justice and respect
Ethical rules	Confidentiality, informed consent, avoid harm
Particular cases	Information about the situation
	Ordinary moral sense

A current problem

- Research assumes we would want to know the effects of our therapy. And in fact, believes in an ethical obligation to find out. But some users have a vested interest in methods that are not most useful to us.
- So ‘evidence based practice’ can mean ‘types of therapy that can present evidence from randomised control trials.’
- = CBT

Evidence based medicine

The practice of Evidence Based Medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Sackett et al 1996

- But this is still “which cure works best”
- Please discuss how you would phrase a research question about the value of psychotherapy

Some issues for constructionist family therapy

- What does it mean to say therapy is worthwhile?
- How can our belief that it worthwhile translate into reportable measures?
- Dilemma: We have an ethical responsibility to be effective.
- But we do not find it comfortable to specify what change is required.

Research helps us be effective and demonstrate effectiveness

- It checks whether we are effective
- It makes us more effective
- It enables us to claim effectiveness
 - And cost-effectiveness
 - And acceptability
 - And cultural sensitivity
 - » Actually we need more evidence for these

Shadish & Baldwin, 2003) reviewed 20 meta-analyses

- of couple and family therapy. They concluded that:
- ‘marriage and family therapy is now an empirically supported therapy in the plain English sense of the phrase - it clearly works, both in general and for a variety of specific problems.’

Major areas of research relevant to family therapy

- Outcome
- Family processes
- Therapy processes
- Effectiveness of different therapists
- Family relationships
- Normative on family structure
- Epidemiology and social anthropology
- Analyses of provision and procedures

We do not have to stay with old research epistemologies

- Even if they suit some political agendas.
- In areas connected to therapy, research has developed away from this difficult position. Especially through rigorous qualitative methods with their own criteria.
- And the work of postmodernist thinkers in critical psychology such as Ian Parker, Erica Burman, Potter & Wetherall

Some ethical issues and solutions identified in research that may be useful in our discussions

- As I describe issues of research ethics, you might make your own connections of how they might be applied to aspects of therapy.
- For example, researchers have been concerned about the uses that will be made of the product (Ekman, ~1960). Has constructionist therapy matched this concern?
- Maybe discuss the ethics of advising B about systemics?

Examples of ethical thinking in research

- Anonymity and confidentiality
- Informed consent
- The workshop at Leeds University 2009:
Researching Dementia: Are legally incompetent dementia sufferers under a duty to be research subjects?
- Recognitions of the localness of our culture that says that research is OK so long as the value outweighs the ethical cost.
- Effects on the researcher

Professional enthusiasm

- Acceptance that proposed research should be subjected to external scrutiny (ethics committees) to check on the enthusiasm of the researcher that may blind them to the ethical costs of their research
- Did you detect in this conference when there was more attention to epistemological purity than to the mundane needs of the client?

Do we have any ways of checking on the enthusiasm of a therapist for their new idea?

- Rather we have a history of being convinced by new approaches, possibly because they are espoused by a charismatic therapist who seems to achieve remarkable results
- The Results are what they select to show us – which does suggest that a dose of research ethics of the powerful prohibition of selective reporting would be useful.

Does it matter what we do?

- practitioners may start within a well defined approach to therapy but in their practice, drift into an idiosyncratic form that has not been thought through publicly. Research deals with this by manualising the therapy being applied and checking adherence to that specification.
- Would therapists do this? We found 100 isolated therapists in Western Australia who were using our research manual of systemic family therapy as a way of keeping to their agreed way of working.

Newer ethical thinking in research

- Mauthner et al, 2002 *Ethics in qualitative research* offer a feminist perspective that perhaps counterbalances the masculine ethos of research. Which widely practised approaches to systemic therapy were developed by women? Is our legacy of military hardware still influential?
- As an example of applying feminist thinking, Duncombe & Jessop (Chapter 6) point to the need to integrate methodologies with feminist epistemology but then considers the recommendation to have women conduct research interviews because they are better at an empathic understanding and gaining cooperation.
- Which they call ‘doing rapport’ and the ethics of ‘faking friendship’.

‘common factors’ research claims that what makes therapy effective:

1. Research has consistently shown that the therapeutic relationship, or alliance, is a major factor.

Are recommendations to strategically foster the alliance the same as ‘faking friendship’?

Would you like to discuss?

Another ethical development in research

- Fine et al (2001). 11 co-authors because they included inmates in conducting the research.
- Research now routinely involves ‘users’ at all stages, from planning through to reporting. Should therapists be doing this in designing clinics, planning training etc?

- in Mertens & Ginsberg (2009). See Clegg & Silfe Chapter 2:
- ‘research ethics in the post-modern context’

And jumping to Chapter 34, N.C. Burbules reviews ethical issues for research raised by the web and suggests changes to how we see ethics:

- This greater modesty, caution, and sensitivity to the perspectives of others creates a different framework. It depends less on notions of rights to be protected, and more on fostering the conditions of mutually informed choices and actions. It depends less on material and spatial metaphors such as a zone of privacy, or bounded personal spaces, to be protected, and more on discussing differences with others in an ongoing process of reasoned engagement. It depends less on explicit formal principles, and more on developing better capacities for recognizing, -and reflecting on, morally problematic situations. Finally it depends less on a utilitarian calculus of goods and harms, and more on trying to learn, retrospectively, from the unanticipated, and often unanticipatable, effects of decisions gone wrong. In each of these shifts, I am trying to replace an impersonal moral perspective that seeks to generalize what is right and wrong, or good and bad, with a learning perspective that focuses on how agents actively, and collectively think about these problems and try to learn from others what might be beyond their ken.

Recognition of limitations and new challenges

- Burbules again:
- Data bases are not really a violation of privacy but involve an authorised holder of information using in ways we would not anticipate. E.g. Amazon
- As Bauman said, marketing takes these issues on board faster than psychotherapy does, but they are coming our way. E.g. an inpatient unit for adolescent eating disorders, the kids have networks using their mobiles for sharing ideas about undermining the staff and tapping into public blogs that support anorexia. The therapy team are trying to decide how far they can ethically go: ban the phones / enter the web and disrupt it?

Recognised but unresolved

- The area of uses of data and powerful research techniques that enable researchers to know far more than the public expect.
- An intensive qualitative analysis of the first few minutes of therapy will tell you far more than the participants can imagine.
- Can clients really give informed consent?

But do we want ethics committees?

- They are developing with an ethos of avoiding any possible risk and are now undermining research.
- Or we could say we regulate ourselves
 - Like the banks do

Contributions from therapeutic ethics to research

- Tell researchers what we need to know to keep therapy ethical
- Could we collaborate to devise a research methodology that is based in the values of psychotherapy rather than being imposed from agriculture or physical medicine?
- Systemic therapy's sensitivities to ethical issues that research may overlook
- Our awareness of the political, of power, and of dominant societal assumptions and how these will have a hidden influence on what and how research is done and how it is interpreted.

Conclusions: joining on the common ground

- Researchers are struggling with these issues and we could contribute and so make research of more use to us. But we must engage from the inside not as suspicious or disparaging onlookers.
- For example, there is much common ground in Denzin & Giardina 2006 *Qualitative research and the conservative challenge: combating methodological fundamentalism*.
- And the same authors' 2007 *Ethical futures in qualitative research*. See chapter 4 “*qualitative inquiry and the politics of evidence: working within these spaces rather than being worked over by them*”

- Can the view from research help us with the ‘basis and logic’ that we may use to make ethical judgements about our practice?
- Perhaps it can be informative about the ‘subjective implicit choices’ that guide our actions. Informing us about what prejudices to look out for.
- Leading to: the need for a specification of what research can offer. So that we can both ask researchers to work in this way, and so that therapists can become encouraged to do the research themselves

Ethical responsibility

- If we believe that the population should have constructionist family therapy available to them:
- We have an ethical responsibility to give CFT credibility
- By engaging with research

If all psychotherapists devoted 1hr each week to research...

- It would transform our image and credibility
- quickly turn to a neighbour and tell them what you will decide you have to not do for 1 hr each week in order to make the space for your engagement with research.
- Then, when you have heard their suggestion, tell them how much more worthwhile, good for their clients, fulfilling and growth enhancing the hour spent on research would be.

Ability to maintain a relational approach

Generic therapeutic competences

Knowledge and understanding of mental health problems

Knowledge of, and ability to operate within, professional and ethical guidelines

Knowledge of a model of therapy, and the ability to understand and employ the model in practice

Ability to engage client(s)

Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view'

Ability to deal with emotional content of sessions

Ability to manage endings

Ability to undertake generic assessment (relevant history and identifying suitability for intervention)

Ability to make use of supervision

Basic systemic competences

Knowledge of the rationale for the systemic approach

Knowledge of systemic principles that inform the therapeutic approach

Knowledge of systemic theories of psychological problems, resilience and change

Knowledge of systemic approaches that enable therapeutic change

Ability to initiate a systemic intervention

Ability to initiate and undertake a systemic assessment

Ability to develop engagement

Ability to develop systemic formulations and to help clients identify appropriate goals

Ability to establish the context for a systemic intervention

Ability to maintain and develop a systemic approach

Ability to work in a reflective manner

Ability to monitor progress in the intervention

Ability to facilitate communication across the system

Ability to manage endings

Specific systemic techniques

Ability to use systemic hypotheses

Ability to use circular questions

Ability to use systemic techniques to promote change

Ability to work towards resolving problems

Ability to use map systems

Ability to make use of enactments

Ability to work with a systemic team

Problem specific competences/specific adaptations -

Couple therapy for Depression: Jones & Asen

MFG for Depression:

Eating Disorders: Lock et al

Eating Disorders Eisler et al

MST Conduct Disorder Henggler et al

MDFT Drug Misuse: Liddle

BSFT Drug misuse Szapocznik et al

Emotion Focused Couples Therapy Johnson et al

Attachment Focused Family Therapy Daimond et al

Functional Family Therapy Alexander et al

Metacompetences

Generic metacompetences

capacity to use clinical judgment when implementing treatment models

capacity to adapt interventions in response to client feedback

Systemic specific metacompetences

Ability to make use of the interpersonal perspective

Ability to hold a non-pathologising view of the system.