
CHAPTER 1

Pluralism, Diversity, and Sophistication in Family Therapy Research

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One of our main hopes in editing the second edition of *Research Methods in Family Therapy* is to enhance the status of research in the field, while also making the science of marriage and family therapy (MFT) more accessible to clinicians and students. Over the course of its history, the field of MFT has had an ambivalent relationship with research. On the one hand, the early family therapy pioneers considered themselves to be “researchers,” and both Wynne (1983) and Haley (1978) claimed that in the early days there was no distinction between therapists and researchers. Such notables as Lyman Wynne, Murray Bowen, Theodore Litz, Gregory Bateson, Don Jackson, Jay Haley, and others came to family therapy through studying interactional patterns associated with problem families (Broderick & Schrader, 1981; Sprenkle & Moon, 1996). As the field has developed, it has always had an active (if small) research tradition—and, based on a thorough review of outcome research in the field (Sprenkle, 2002), one could make a case for the claim that some of the effectiveness research in MFT is among the most impressive in the clinical social sciences.

On the other hand, one can also make a case that although MFT is now more than 60 years old, the growth of the field has depended more on its intuitive appeal than on solid research evidence for its efficacy (Nichols & Schwartz, 1995). One explanation may be that the field’s leaders were often highly charismatic individuals who were less interested in authenticating their claims than in building a following. Another explanation may be that the master’s degree was established early (1970) as the minimal entry point into the field, and most master’s-degree programs (with notable exceptions) have not offered rigorous research training. As the field grew, it also seemed to attract predominantly practically oriented clinicians who had neither the time nor the inclination for the laborious research enterprise. One study noted that over 80% of the members of the American Association for Marriage and Family Therapy (AAMFT) work in settings that can be considered predominantly clinical (Sprenkle, Bailey, Lyness, Ball, & Mills, 1997).

The result has been a research–practice gap, which, although it plagues all clinical fields, may be particularly prevalent in MFT:

The culture [of MFT] does not support research. Ours remains a field where it is still possible for a highly charismatic individual to create a model of family therapy, become successful on the workshop circuit, and get lucrative book contracts to promulgate the model without offering evidence for its efficacy beyond personal testimonies. In many ways, rock-star status is accorded the clinical model developers and the “master therapists.” Researchers, when contrasted with the “stars,” are best warm-up acts, and at worst bit players. (Crane, Wampler, Sprenkle, Sandberg, & Hovestadt, 2002, p. 76)

Sprenkle (2003) has also argued that researchers have contributed to this chasm. They too often disdain clinicians or fail to heed the wisdom of good clinicians (cf. Piercy et al., in press). Furthermore, they often do not work very hard at making their work accessible to clinicians. The first deleterious consequence of this researcher–clinician gap is that research often gets dismissed as irrelevant, incomprehensible, or both. Consequently, research does not inform practice, and thus clinicians do not refine their practice. They keep doing what they’ve been doing. Second, the gap perpetuates a false dichotomy between clinical judgment and the scientific method—when, in fact, these are two overlapping ways of knowing, both to be valued and both to be questioned. The primary benefit of the science of therapy is that it forces us to use certain rules of evidence when making assertions about effectiveness. Although science is sometimes wrong (as is clinical wisdom), the strength of the scientific method is that it is more readily correctable. Third, the researcher–clinician gap challenges the status of MFT as an ethical profession. If we are sworn to advance the welfare of clients, how can we do so if we have insufficient evidence regarding which of our interventions are effective? Fourth, the gap diminishes the credibility of the profession to outside stakeholders such as policymakers and health care providers, who increasingly demand evidence-based claims. Fifth, the gap has contributed to the “outsourcing” of MFT research to those whose primary professional identity is something other than MFT (Sprenkle, 2003). We should be grateful to the psychologists and psychiatrists who have done the majority of MFT research, but as Crane and colleagues (2002) have put it,

We have to take responsibility for setting the research agenda and training the requisite MFT researchers and stop depending on other disciplines to do it for us. . . . No one else will do research on MFT training. No one else will do research on matters that are uniquely important to [MFT practitioners]. (p. 78)

One of the major goals of the current volume, then, is to contribute to narrowing the divide between researchers and clinicians. Although the book is about research, we insisted that the chapter authors expend considerable effort demonstrating how the methods they describe are connected to the world of practice. While we think it unlikely that too many people will be able to lead professional lives where they are equally focused on the domains of research and practice, we hope at the very least that researchers and clinicians will each develop a mutual respect and appreciation for what the other group has to offer. Given the focus of the book, we especially hope that readers will come to value the varied, creative, and important ways in which research-

ers are trying to shed light on the therapeutic enterprise, and that many readers will be moved to choose “researcher” as at least one of their professional titles.

MEGATRENDS IN FAMILY THERAPY RESEARCH

In the opening chapter of the first edition of this book (Sprenkle & Moon, 1996), the editors identified four major trends in the history of family therapy research. In the first phase, the founders of the field, as noted above, were “researcher-clinicians” who focused on the impact of therapeutic interventions on clients and their families. They frequently reviewed audiotapes of their sessions, observed each other through one-way mirrors, and spent many hours discussing sessions and formulating hypotheses. Because hypotheses were developed, tested, altered, and retested in practice settings, research had direct clinical relevance (Sprenkle & Bischoff, 1995; Sprenkle & Moon, 1996; Wynne, 1983). However, what was then considered research would not be considered very rigorous by today’s standards. Indeed, it might be labeled “soft” qualitative research, since it was impressionistic and there was not much effort to control for researcher bias.

In the second phase, the field moved from these impressionistic beginnings and started to emphasize quantitative and experimental research (Sprenkle & Bischoff, 1995). Family therapists began to operationalize some of their “fuzzy” concepts and were challenged to develop reliable and valid measures. There was a push toward outcome research to give credibility to this fledgling discipline. Some early studies compared family treatments to conventional treatments (often inpatient or individually oriented treatments) and found the family treatments to be superior to the conventional treatments on such important variables as recidivism (e.g., Langsley, Flomenhaft, & Machotka, 1969). Other outcome studies (e.g., Minuchin et al., 1975) applied a specific model of family treatment (in this case, structural family therapy) to a specific problem area (in this case, anorexia nervosa), and found the model to produce dramatic results. Even though the Minuchin and colleagues (1975) study had a major methodological limitation (no control group), the percentage of patients improving was dramatic and made the rest of the clinical world take notice.

At the same time, another group of early researchers pursued largely quantitative process research, which focused less on therapy outcomes and more on the processes occurring within therapy that contribute to the ultimate outcome (see Pinsof, 1981, for a summary of this early process research). This work would foreshadow the current emphasis on research that focuses on how and why change takes place, as opposed to just demonstrating that therapy “works” (see Bradley & Johnson, Chapter 14, this volume).

The third major trend was the qualitative revolution and the growing acceptance of methodologies that did not employ numbers (Moon, Dillon, & Sprenkle, 1990; Sprenkle & Bischoff, 1995). This movement grew out of powerful intellectual challenges to positivism (Anderson, 1990; Gergen, 1991) and the belief that quantitative research was often too “reductionistic” and linear. For example, Karl Tomm (1983) argued that attempts to operationalize circular and systemic concepts typically “kill the beast in an effort to understand him” (p. 39). Furthermore, qualitative researchers argued that family therapy had made its quantitative leap too soon and that concepts

were operationalized before they were truly and deeply understood. They called for more attention to the context of “discovery,” as opposed to the context of verification, and for descriptive research that would record in more detail the subtleties and complexities of therapy (Atkinson, Heath, & Chenail, 1991). Although these arguments were challenged by quantitative researchers (see Cavell & Snyder, 1991; Gurman, 1983), qualitative research has grown to become more acceptable and influential today.

The fourth major trend has been pluralism—a growing acceptance of a wide variety of research methods, both quantitative and qualitative. We, the current editors, welcome this trend. We live in a diverse country where political name calling and derision sometimes win out over respectful debate, tolerance, and civility. This can happen in the world of MFT research as well. We support a collaborative, learn-from-each-other stance toward MFT research methods, and have attempted to provide a sense of the richness and potential of our field’s expanding methods in this edition of *Research Methods in Family Therapy*.

There are advantages, for example, in family therapy researchers’ using both qualitative and quantitative methods, alone or in combination. As Acock, van Dulmen, Allen, and Piercy (2005) state, “Whether one uses numbers, narrative, poetry, drama, or photos as data, each points to a better understanding (or multiple understandings) of some phenomenon.” In other words, multiple methods add to family therapy researchers’ ability to capture and reflect change.

We believe that there is less tension today between quantitative and qualitative researchers. Both groups recognize that different research questions require different methods, and that different methods in turn give rise to different kinds of questions. For example, it is becoming increasingly common today for qualitative investigations to be embedded in the most rigorous quantitative clinical trials. Also, not only do qualitative insights often have clinical relevance in their own right, but they provide a richness that generates important research questions for quantitative investigation.

The fifth trend, which we believe is highlighted in the present volume, is the growing sophistication and multiplicity of family therapy methods. We discuss this trend in detail in the next section of this chapter, focusing on qualitative and quantitative (and mixed) methods separately.

SOPHISTICATION AND MULTIPLICITY

Qualitative Research

No longer can qualitative research be spoken of as one monolithic set of assumptions and methods (if it ever could). Today, qualitative research is evolving in many directions. For example, there are increasingly sophisticated, rigorous procedures mirroring quantitative methods that some qualitative researchers use to reflect participants’ experiences. Many qualitative researchers, for example, use member checks, triangulation, persistent observation, audit trails, peer review, negative case analysis, and careful inductive analysis, to give their work credibility and trustworthiness.

Other evolving methods of qualitative research emphasize different goals, and should be judged by the degree to which they achieve these goals. For example, depending on their theoretical orientation, some qualitative researchers are interested in one or more of the following questions (Piercy & Benson, 2005):

- Is the research catalytic, liberating, transformative? Does it empower?
- Does the research bring findings to life? Is it evocative? Does it have a personal impact on the reader?
- Does the researcher locate him- or herself in the process of the research, and apply reflexivity to understand and interpret the data?
- Does the research have aesthetic merit? Does it employ the standards of good writing, art, or drama?
- Are important issues addressed? Is the research worth doing?
- Does the research have verisimilitude (the appearance of being true or real)?
- Does the research invite multiple interpretations? Does it involve the reader in the meaning-making process?

One could argue, of course, that most if not all of these questions should be applied to quantitative methods as well. Still, certain qualitative methods have focused primarily on one or more of these questions. Thus Patton (2002) contends that criteria for judging qualitative research flow directly from the theory and purposes of the research. For example, according to Piercy and Benson (2005),

qualitative researchers who hold to a more realistic theoretical orientation (i.e., reality can be captured) detail elaborate methods for assuring the reliability and validity of their data (e.g., triangulation, audit trails, member checks, etc.). Social constructionist researchers, on the other hand, are more interested in interpretive methods and in assuring that their interpretations are credible and trustworthy. Critical theorists such as feminist family therapy researchers use research methods to critique society, raise consciousness, and bring about change. Qualitative researchers committed to the use of art, music, creative writing, and performance value affective as well as intellectual knowing. (p. 10)

Of course, distinctions such as these are not always this clear. For example, there is nothing to keep a feminist family therapy researcher from using aesthetic methods such as poetry, or more traditional qualitative procedures such as member checks. We embrace such complexity. After all, families are complex, and we need both qualitative and quantitative methods that capture this complexity.

In this second edition of *Research Methods in Family Therapy*, we have attempted to include a sampling of many evolving qualitative methods, and to underline the theoretical underpinnings, methodological procedures, and evaluation standards of each.

Quantitative Research

Quantitative research has burgeoned to the point where it was not possible to include all of the methods we would like to have seen represented in this volume. In order to include some new material, and to keep the book the same length, we had to make the painful decision to omit some of the topics covered in the first edition, even though these chapters remain valuable and worth reading. Some chapters were eliminated because they were redundant with new ones (Bischoff, McKeel, Moon, & Sprenkle, 1996; Greenberg, Heatherington, & Friedlander, 1996; Volk & Flori, 1996). Others, such as “Methods for Single-Case Experiments in Family Therapy” (Dickey, 1996), were eliminated because they described methods that are rarely used in family therapy research. Still others, such as “Methodological Issues and Strategies in Scale Develop-

ment” (Snyder & Rice, 1996), were omitted only because the principles of scale development are not unique to intervention research and can be found in various books on methodology (see Nelson & Allred, Chapter 12, this volume, for references). An updated chapter on this theme would clearly have been included if space were not a premium.

Virtually all forms of quantitative analysis appearing in leading social science journals are now being applied to family therapy research. This volume covers family therapy applications of such advanced techniques as canonical correlations, multiple-discriminant-function analysis, cluster analysis, multilevel growth modeling (sometimes called “hierarchical linear modeling” or other names), and various forms of covariance structure analysis (including path analysis and structural equation modeling). Some of the sophisticated software necessary to utilize these procedures is also noted or described. Since the first edition of this book, there have been major advances in the complexity and sophistication of procedures related to such methods as economic evaluation and meta-analysis. The quality and sophistication of clinical trials using family therapy approaches has improved to the point where research on family approaches to adolescent substance abuse, conduct disorder, major mental illnesses, and adult alcoholism ranks with the best clinical research in any discipline (Sprenkle, 2002). If it ever were the case, it will no longer be possible for a single individual to become competent in all forms of family therapy research, and it will become increasingly challenging to teach family therapy research courses.

GOALS AND PURPOSES OF THIS VOLUME

The goals of this second edition are similar to those of the first edition, except that a major purpose of the current volume is to offer a state-of-the-art description of research methods almost a decade later. In later sections, we note the specific chapters that have been updated or replaced.

As in the previous edition, we remain interested in promoting methodological pluralism and demonstrating the advantages of being multimethodological. We also hope that the reader will broaden his or her understanding of what constitutes “research.” Although white coats and number crunching may be aspects of the stereotypical vision of research, this volume continues to offer a veritable smorgasbord of legitimate, rigorous research options that may not fit the reader’s preconceptions. As noted above, we also hope to add a few planks across the chasm that divides researchers and clinicians. Finally, we hope that the reader will learn a lot about each of the methods described. Each chapter is designed to be a complete introduction to a particular method, and most of the chapters are structured similarly. They begin with a description of the assumptions and the historical development of the method, and also detail the types of questions typically addressed. Then the authors provide information on the data collection and analysis procedures. The chapters conclude with a discussion of the kinds of skills needed to use the method, the strengths and weaknesses of the approach, and thoughts regarding how the method can be used to bridge research and practice.

The guidelines for chapter authors are reproduced in Table 1.1. We gave authors the freedom to deviate somewhat from the outline when a chapter’s topic was less amenable to this structure. We also encouraged the authors to address issues of style as well as substance, in order to make most of the chapters accessible to persons with

TABLE 1.1. Guidelines for Authors

In the guidelines below, we indicate suggestions for developing the chapters. While authors should feel free to diverge from these guidelines somewhat, their purpose is to help create a consistent, coherent volume.

I. BACKGROUND

A. Creative Introduction

Provide a creative introduction to your chapter that will “hook” the reader into wanting to know more. Make your introduction concrete and accessible to clinicians who have little formal training in research.

B. Philosophical Assumptions

What assumptions underlie the methodology? How do these assumptions shape the research? Be brief here. Just hit the highlights.

C. Historical Roots and Development

How did the methodology develop both within and without the field of family therapy?

II. METHODOLOGY

In this section, we would like each author to weave at least one concrete example of the method into the abstract description. Whenever possible, this example should be from the author’s own work. If currently there are no good examples of the methodology in the family therapy research literature or the author’s own research efforts, the author should invent a research example to weave into the description.

A. Research Questions

What family therapy research questions does this methodology answer?

B. Sampling and Selection Procedures

What is important to consider in selecting participants for family therapy studies conducted with this methodology? How is selection accomplished?

C. Data Collection Procedures

What data collection procedures do researchers usually use? What factors are important to consider in collecting the data? How do researchers assess systemic variables? How are the data recorded and stored?

D. Data Analysis Procedures

What methods do researchers use to analyze the data? Give concrete examples in nontechnical language.

E. Reporting

How do researchers report the findings? What does a typical research report look like? Where might it be likely to be published?

III. DISCUSSION

A. Strengths and Weaknesses of the Methodology

What are the strengths and weaknesses of the methodology when applied to family therapy research?

B. Reliability and Validity

Discuss the relevance of the concepts of reliability and validity to your tradition/method. Are reliability and validity addressed by the tradition/method? If so, how? If not, why not?

C. Skills

What special skills are needed to plan, execute, and interpret this kind of research? What are the implications for training clinicians? Researchers?

D. Bridging Research and Practice

In what ways might this methodology contribute to bridging the research and practice communities? How might clinicians best become involved in the methodology? How might the results be made more accessible to clinicians?

E. Future Directions

What future directions would you suggest for this methodology in our field?

F. Exemplars

List in American Psychological Association style up to five articles that can serve as models for the use of your method in family therapy research.

modest research training. In addition, we asked them to provide concrete examples of the methods, as opposed to presenting abstract accounts. An added feature of the guidelines for this edition was that we asked authors to list several published exemplars, so that interested readers could read excellent examples of studies employing the methods.

A SPECIAL CHAPTER FOR GRADUATE STUDENTS

As in the first edition of this book (Dickey, 1996), we have included a special chapter for graduate students. Research is a new topic for many graduate students. In Chapter 2, “A Graduate Student Guide to Conducting Research in Marriage and Family Therapy,” Lenore M. McWey, Ebony Joy James, and Sara A. Smock provide a useful insider’s guide for graduate students who are just becoming acquainted with the family therapy research process. Their chapter includes advice “from inception to defense” on such topics as authorship credit; seeking institutional review board approval; and issues related to selecting research questions, methodology, sampling, data collection, and analysis. The advice comes from the authors themselves, as well as from researchers across the country, who responded to questions that McWey and her colleagues posted on a listserv sponsored by the AAMFT. There is a lot of wisdom in this chapter. It should be a useful resource to orient new students to many of the issues and expectations they will face in their graduate research training.

QUALITATIVE METHODS IN THIS VOLUME

Qualitative Methods Updated from the First Edition

Several of the chapters on qualitative methods have been updated from the first edition. For example, Silvia Echevarria-Doan and Carolyn Y. Tubbs have updated the previous chapter on grounded theory in the current Chapter 3, “Let’s Get Grounded: Family Therapy Research and Grounded Theory.” In the chapter, they discuss some of the more recent debates concerning “objectivist” traditional views of grounded theory in contrast to developing “constructivist” views. (In line with our own thesis, they make the case that there is a place for both views in the field of family therapy research.) Similarly, they expand on the strengths and weaknesses of grounded theory methodology, ways in which grounded theory bridges research and practice, and possible future directions of grounded theory methodology in family therapy research. Finally, the authors discuss a recent study examining client strengths and resources, to illustrate how the family therapy researcher might apply grounded theory data analysis and reporting.

Similarly, in “The Use of Phenomenology for Family Therapy Research: The Search for Meaning” (Chapter 4), Carla M. Dahl and Pauline Boss elaborate both historically and in terms of present applications. Historically, they explain that their assumptions about phenomenology are less connected to the transcendental models of Husserl and Heidegger (himself a Nazi), and more to the models of these men’s students and successors, who “survived Nazism but were not sullied by it.” Their interpretive phenomenology is one that appreciates perceived and socially constructed knowledge. They describe well what phenomenology is and is not, and have added a

fascinating section on ethics that addresses some of the sticky issues involved in studying personal experiences.

In Chapter 5, “Focus Groups in Family Therapy Research,” Fred P. Piercy and Katherine M. Hertlein expand on the previous edition’s focus group chapter by adding relevant current literature (the use of focus groups in academic journals has increased threefold in recent years) and attending to relevant ethical issues related to group interviewing. Focus group research, initially developed to tap the thinking of consumers, is a flexible qualitative method that family therapists can use for a wide range of purposes, including needs assessment, intervention material development, marketing, program design, strategic planning, and formative and summative evaluation. Although focus groups and family therapy are clearly different processes, many family therapists, by virtue of their work, already possess some of the requisite skills of focus group facilitation (e.g., comfort with group interaction, the ability to invite discussion).

Emphasizing Participation, Action, and Change: Action Research

The “gold standard” for some qualitative methods is the degree to which they empower participants to address problems and change oppressive systems. In action research, the researcher values collaboration and applying indigenous knowledge over strict experimental controls. In Chapter 6, “Action Research Methods in Family Therapy,” Tai J. Mendenhall and William J. Doherty not only describe the theory and practice of action research methods, but provide plenty of excellent examples. They highlight the power of collaborative partnerships with community participants to generate useful knowledge and to solve local problems. Rather than the traditional goal of research (i.e., bringing incremental understanding to a problem that might eventually benefit a larger population), action research emphasizes the importance of understanding that can be applied to real problems here and now.

More Sophisticated Ways to Manage Data: Computer-Aided Qualitative Data Analysis Software

As anyone who has conducted qualitative research knows, qualitative methods can generate a mountain of data. In Chapter 7, “Computer-Aided Qualitative Data Analysis Software: General Issues for Family Therapy Researchers,” Jennifer L. Matheson reviews the strengths and limitations of current computer-aided qualitative data analysis software (CAQDAS). She discusses how CAQDAS can help qualitative family therapy researchers manage their data before, during, and after their analyses. According to Matheson, qualitative software is no panacea. At the same time, technology has advanced to the point where analysis software is becoming more user-friendly, accessible, and robust; it provides a means for the qualitative researcher to manipulate words, film clips, audio interviews, photographs, client-generated art, and more.

The increased use of CAQDAS flies in the face of some people’s view of qualitative research as necessarily less technologically sophisticated than traditional quantitative research methods. As qualitative analysis procedures become more refined, and as CAQDAS provides a technological means of managing large amounts of data, it will be difficult to pigeonhole all qualitative researchers as “low-tech” in their methods.

Applying Findings: Translation Research

Carolyn Y. Tubbs and Linda M. Burton describe how researchers can extend the findings of their research to the general public in Chapter 8, “Bridging Research: Using Ethnography to Inform Clinical Practice.” Specifically, they discuss “translation research,” in which a researcher takes the essential features of effective evidence based practices and applies them to nonresearch settings. Tubbs and Burton illustrate the iterative process of translation research by describing how findings from a large, multisite ethnographic study generated cultural insights that helped them refine a parent management training model. Their chapter not only represents the logical application of qualitative research findings, but is a good example of how qualitative and quantitative findings can enrich each other, and consequently the lives of those we serve.

Research that Emphasizes Reflexivity, Critical Theory, and Aesthetic Methods of Data Representation

In this edition, we have also included qualitative methods that grow out of both critical and postmodern theory, and that focus on evolving standards of reflexivity and evocative impact. For example, Katherine R. Allen and Fred P. Piercy’s chapter, “Feminist Autoethnography” (Chapter 9), applies both a critical and a reflexive stance to understanding and addressing oppression in human relationships. A feminist lens helps the researcher identify inequities and the larger systems that maintain them. A more personal, autoethnographic lens allows the researcher to go back and forth between inner vulnerable experience and outward social, historical, and cultural aspects of life, searching for deeper connections and understanding. The combination of feminism and autoethnography, according to the authors, offers a more fully human method of inquiry. Allen, in her own sharing, demonstrates the power of this method to “touch the soul.”

Similarly, in Chapter 10 (“Performance Methodology: Constructing Discourses and Discursive Practices in Family Therapy Research”), Saliha Bava describes performance methodologies and alternative forms of data representations (poetry, split dialogues, hypertext, interpretive writing, collages) that blur the boundaries among academic writing, literature, and art. These methods extend interpretive qualitative research to include an evocative process of performance, community meaning making, and shared generative inquiry. And, like Allen and Piercy, Bava “walks the walk.” Her chapter is itself an example of a performance in discourse construction and discursive practices in research.

Allen, Piercy, and Bava all push the boundaries of traditional research, both qualitative and quantitative. Some will say that what they present is not research. Our view is that there are many ways to understand a phenomenon, and that performance and reflexive autoethnography have something to offer our field. According to Bava, “to diverge is to create,” and although autoethnography and performance may not meet the traditional standards of research, they do (when well done) meet the evolving standards involving reflexivity, aesthetics, and evocative power that we mention above.

What Directions Will Qualitative Methods Take?

In Chapter 11, “Future Directions for Qualitative Methods,” Ronald J. Chenail reflects on what he calls the scientific, artistic, and participatory styles of qualitative re-

search, and possible future directions for each. His chapter serves to introduce the reader to the increased use of the Internet and other emerging methods, such as autoethnography, portraiture, recursive frame analysis, the Zaltman Metaphor Elicitation Technique, metasynthesis, appreciative inquiry, and narrative inquiry. In doing so, Chenail invites us to consider new ways to think about qualitative research.

Similarly, we hope that our collection invites the reader to view qualitative research as a rainbow of evolving methods, many with varying goals and specifications. With these new methods come new ways to conceptualize and carry out family therapy research.

MIXED METHODS IN THIS VOLUME

The methods described in Part III of this book are neither inherently qualitative nor quantitative. Mixed methods often incorporate dimensions of both approaches, and allow the researcher to capitalize on the synergistic interplay between quantitative and qualitative approaches. Of course, more “pure” qualitative and quantitative methods can also be combined within the same study, so the mixed methods are not the only way to achieve this synergy.

Survey Research

In Chapter 12, Thorana S. Nelson and David D. Allred present a revision of the first edition’s chapter on “Survey Research in Marriage and Family Therapy.” They define survey research as a “method of collecting data from or about a group of people and asking questions in some fashion about things of interest to the researcher for the purpose of generalizing to a population represented by the group or sample” (p. 211). The data the researcher seeks can be qualitative or quantitative, and this choice has a considerable influence on the kinds of sampling used, the nature of the questions asked, and the ways data are analyzed and reported. There is considerable new material in this chapter, including detailed attention to use of the Internet in survey research.

The most clear-cut mixed method is probably the one described by Linda Stone Fish and Dean M. Busby in Chapter 13, “The Delphi Method.” In every case we have seen in the family therapy literature, this method has combined a qualitative analysis of a panel of experts’ responses to a series of open-ended questions with a quantitative analysis of the same panel’s responses to the researcher’s summary of the open-ended responses. The Delphi methodology enables the researcher to formulate a consensus about an issue in the field without the expense of bringing experts together physically; it has the added advantages of confidentiality and freedom from peer pressure or the undue influence of outspoken panel members. The authors note a number of new studies utilizing this method, which has become popular with students because it does not demand large samples, advanced statistical expertise, or vast financial resources.

Intensive Research

There are several approaches that focus on intensive examination of individual units of analysis, and they may use both qualitative and quantitative methods of data collection and data analysis. The first edition included chapters on “Case Study Research”

(Moon & Trepper, 1996) and “Methods for Single-Case Experiments in Family Therapy” (Dickey, 1996).

In this second edition, Chapter 14 by Brent Bradley and Susan M. Johnson covers “Task Analysis of Couple and Family Change Events.” Task analysis is a method for intensive study of therapist and client behaviors that lead to change in therapy. Although outcome research is important, this form of process research will probably become increasingly significant, since it addresses the very practical question of what specifically is helpful or unhelpful in therapy. Bradley and Johnson carefully examine the key tasks and steps of two important events in emotionally focused therapy—blamer softening and the resolution of attachment injuries. We expect that this chapter may be a favorite among clinicians, since the results give some clear direction regarding what to do (or not to do) within sessions.

Program Evaluation

In this age of accountability, family therapists must be able to identify clear intervention goals and to evaluate whether or not they have reached these goals. The field of program evaluation science can help. In Chapter 15, “Program Evaluation Science and Family Therapy,” Jay A. Mancini, Angela J. Huebner, Eric E. McCollum, and Lydia I. Marek introduce family therapy researchers to program evaluation and its possible applications to family intervention programs. They provide two examples of intervention programs and then illustrate how to evaluate them systematically. They suggest the use of a logic model that links needs identification and analysis, desired results, measurable indicators, activities, monitoring, and resources. Their suggestions should be helpful to family therapists wishing to evaluate an intervention program.

QUANTITATIVE METHODS IN THIS VOLUME

Experimental Research

The chapter in the first edition on experimental research has been rewritten as “Clinical Trials in Marriage and Family Therapy Research” (Chapter 16), by Kevin P. Lyness, Stephanie R. Walsh, and Douglas H. Sprenkle. Clinical trials use the basic experimental paradigm, which calls for a clear manipulation of an independent or treatment variable, the random assignment of subjects to experimental and control groups, and careful attention to keeping the experimental and control groups similar in all ways other than on the treatment variables. The chapter talks about the stages of clinical trials, makes important distinctions (e.g., the difference between efficacy research and effectiveness research), and emphasizes the importance of making the interventions transportable to real-world settings. Although randomized clinical trials have been criticized, they have also become the “gold standard” for wider audiences such as the government and health care providers, and the field of MFT will probably be judged by its success or failure with this method.

In Chapter 17, “Meta-Analysis in Family Therapy Research,” Karen S. Wampler, Alan Reifman, and Julianne M. Serovich note that meta-analysis is an empirical method for summarizing different quantitative research investigations. It also has many advantages over the traditional narrative review of the literature based on statistical significance. The researcher uses a common metric, known as an “effect size,” to

examine standard increments of change across a number of studies. Although it is not limited to experimental research, meta-analysis has been used most often in family therapy to summarize the effectiveness of interventions when grouped by such categories as model of therapy. In this revised chapter, the authors report on the proliferation of studies using this technique in the past decade, and note exciting new developments in this evolving method. Although the method is not without its critics, it has gained acceptance as one of the most useful methods for establishing treatment efficacy.

Another chapter on a method that is not limited to experimental research—Chapter 20, “Multilevel Growth Modeling in the Context of Family Research”—deserves mention here (see “Advanced Quantitative Methods in This Volume,” below). Researchers can incorporate this advanced technique into clinical trial research to determine family members’ trajectories of change, and to help ascertain why some members get better and some get worse.

Economic Evaluation Methodology

In Chapter 18, “Economic Evaluation Methodology for Family Therapy Outcome Research,” David P. Mackinnon makes a strong case for the need to demonstrate the economic benefit as well as the effectiveness of treatments. In this extensive revision, he shows how cost-effectiveness research (the term that was used in the title of the chapter in the first edition) is only one aspect of a full economic evaluation of treatment. The new chapter also presents a more sophisticated methodology that is tailor-made for the target audience of the economic evaluation. In addition, the chapter shows the extent to which economic evaluations have been applied to many more family therapy studies in the past decade, even though the method is still underutilized. We support Mackinnon’s belief that a major benefit of family therapy may be its economic advantages over other modalities.

Relational/Predictive Research

Relational/predictive research describes the relationships between/among variables and/or ways to predict variables from the knowledge of other variables. Analytical techniques used range from simple correlation and regression to such complex procedures as structural equation modeling.

In Chapter 19, “Approaches to Prediction: Correlation, Regression, and Classification Techniques,” Douglas K. Snyder and Laurel F. Mangrum describe the use of correlation and related techniques to examine factors that contribute to marital stress and couples’ responses to marital therapy. The presentation of methodology is divided into two major sections. The first, “Basic Techniques,” describes correlation, regression, partial and semipartial correlations, and multiple regression. The second section, “Advanced Techniques,” introduces the reader to canonical-correlation analysis, multiple-discriminant-function analysis, and (new to this revision) cluster analysis. The authors have also updated their citations of literature and have included references to new software packages.

Although included in the special section (Part V) on “Advanced Quantitative Methods” (see below), Chapter 21 on “Covariance Structure Analysis: From Path Analysis to Structural Equation Modeling” merits mention here, since it focuses on ways to study the complex relationships among multiple variables.

ADVANCED QUANTITATIVE METHODS IN THIS VOLUME

In this edition, we have included two chapters by Margaret K. Keiley and colleagues that focus exclusively on advanced quantitative techniques at the cutting edge of family therapy research. They are intended primarily for doctoral-level students and graduates, or for those trained at the master's level who have strong quantitative backgrounds and interests. Unlike most of the other chapters, they assume prior knowledge of intermediate statistical concepts. However, the authors have also used many concrete illustrations throughout their treatment of these methods to make the material come alive. If read slowly and carefully, these chapters, though challenging, will be rewarding. They are especially valuable for those readers who want a state-of-the-art understanding of where quantitative clinical science is going.

In Chapter 20, "Multilevel Growth Modeling in the Context of Family Research," Margaret K. Keiley, Nina C. Martin, Ting Liu, and Megan Dolbin-MacNab demonstrate how this method can be utilized to address how family members get better, get worse, or remain the same over time. Multilevel growth modeling also addresses the issues of why some family members grow differently and why some get better and some get worse. They illustrate the method through a careful analysis of the response to treatment of 123 women with drug addictions and their partners. Since this method is longitudinal, it should be of great value to a field with an inherent interest in the course of treatment results over time.

In Chapter 21, "Covariance Structure Analysis: From Path Analysis to Structural Equation Modeling," Margaret K. Keiley, Mary Dankoski, Megan Dolbin-MacNab, and Ting Liu describe one of the most powerful tools for answering the kinds of complex questions that arise in family research. Since family relationships are complex and multifaceted, the researcher needs complex statistical techniques to examine the relationships among variables and to determine the ways in which certain sets of variables predict other sets of variables. For example, do emotional support and sexual communication predict marital satisfaction, and to what extent are these predictor variables mediated by sexual satisfaction? This is but one of many concrete examples used by the authors to guide the reader through the different types of covariance structure analyses, such as path analysis, confirmatory factor analysis, and structural equation modeling. Although these methods are somewhat challenging to learn, they should have long-term payoffs for the MFT field, given our need to study the complex nature of family life.

SOME FINAL THOUGHTS ON APPROACHING THIS VOLUME

Although research can sometimes feel like a daunting enterprise, we hope that this book conveys the authors' enthusiasm and passion for these methods. We also hope that the book will help to demystify the research process somewhat. For students, we would certainly suggest beginning with Chapter 2 by McWey and colleagues; it is written in a way that is user-friendly and nonthreatening. For those new to quantitative research, Chapter 16 by Lyness and colleagues on clinical trials might be a good jumping-off point, followed by Chapter 17 by Wampler and colleagues on meta-analysis. For those new to qualitative research, a good entry point might be Chapter 5 by Piercy and Hertlein on focus groups, or Chapter 3 by Echevarria-Doan and Tubbs

on grounded theory methods. These four chapters are especially clear exemplars of the quantitative and qualitative paradigms, respectively, and assume little prior knowledge. To get a feel for the mixed methods, we suggest Chapter 14 by Bradley and Johnson on task analysis, which is also clinician-friendly. Almost all of the chapters are self-contained, so we hope that readers will be guided by their interests rather than by the invariant order of our table of contents.

We hope that the book, approached in this way, will make the research enterprise more exciting for clinicians. There are really few questions a clinician might ask that are not amenable to research—provided that one allows for the kind of methodological pluralism set forth here. As promised, we have provided a smorgasbord of methodological options for doing family therapy research. We hope you will enjoy the feast!

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