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# Clinical Consensus Strategies for Interpersonal Problems Between Young Adults and Their Parents

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Abstract of the Dissertation

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The APA Presidential Task Force on Evidence-Based Practice (2006) called for more research on the practices of expert clinicians as an important component of promoting effective psychotherapy practice. Research that identifies areas of agreement among therapists can complement findings from randomized controlled trials by highlighting common practices as well as clinical innovations. The present study attempted to access consensus among expert psychologists and social workers by drawing on the behavioral-analytic model developed by Goldfried and D'Zurilla (1969) and the methodology of the *Expert Consensus Guideline Series* developed by Frances and colleagues (Frances, Kahn, Carpenter, Ross, & Docherty, 1996) with a sample of peer-nominated clinicians. This initial investigation was focused on interpersonal problems between young adults and their parents. In the first phase of the study, 54 therapists provided examples of situations that they had encountered in their practices involving young adults experiencing difficulties with their parents. In the second phase, six representative situations were

selected and presented to a sample of 171 therapists, who provided therapeutic responses that they would recommend for use during the session and in future sessions. Based on these responses, clinical strategies underlying the responses were identified. In the third phase, 113 therapists (a mean of 18.83 therapists per situation), who were nominated by their peers as therapists to whom they would refer their own friends and family, rated the effectiveness of these clinical strategies. Results indicated that peer-nominated therapists reached consensus on the effectiveness of a number of strategies; in particular, they agreed on the importance of providing empathy and validation during the session. However, the low response rate and the lack of objective criteria for determining the clinical skills of the peer-nominated clinicians raise concerns about whether these participants were expert therapists. Additional limitations and future directions are discussed.

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# Introduction

The importance of identifying empirically supported treatments has been a growing trend in mental health care, particularly with the efforts of the Division 12 Task Force to identify empirically supported interventions based on randomized clinical trials (RCTs; Task Force on Promotion and Dissemination of Psychological Procedures, 1995). However, researchers often lament that clinicians do not attend to the results of RCTs (Addis, Wade, & Hatgis, 1999; Wilson, 1998), while clinicians often lament that RCTs do not address their needs (Persons & Silberschatz, 1998). The fact that many clinicians now identify as integrative or eclectic (Norcross, Hedges, & Castle, 2002) suggests that many clinicians rely on clinical judgment to create their own admixture of approaches.

The APA Presidential Task Force on Evidence-Based Practice (2006) addressed these concerns about the emphasis on RCT findings by advocating for a broader view of how practice can be linked to research. The Task Force defined evidence-based practice as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p. 273). By including *clinical expertise* in the definition, the Task Force highlighted the importance of the knowledge and skills that therapists acquire through their clinical work. The Task Force cited findings from cognitive research showing that relative to novices, experts demonstrate skills and abilities when undertaking complex tasks, including the ability to recognize meaningful patterns, retrieve relevant knowledge, adapt to new situations, and attain better outcomes (Bedard & Chi, 1992; Bransford, Brown, & Cocking, 1999; Gambrill, 2005). The Task Force called for investigations of the practices of clinicians who obtain the best outcomes in the community in order to identify the skills employed by these experts.

Of course, studying the practices of expert clinicians is not a perfect means of identifying effective interventions. The fallibility of the individual clinician has long been recognized (e.g., Meehl, 1957). As Beutler (2000) noted, clinical experience can lead therapists to endorse interventions that are not only ineffective, but even dangerous. However, clinical wisdom can be ahead of scientific advances, often providing the context of discovery (Goldfried, 1982). As Westen, Novotny, and Thompson-Brenner (2004) observed, clinicians spend the greatest amount of time with patients and therefore have the most opportunities for observation and innovation. Citing the example of Beck, Westen et al. noted that many major psychotherapy advances originated in clinical practice. Hunsberger (2007) also observed that if psychology loses touch with clinicians' perspectives, the field risks becoming disconnected from its evidentiary base. At present, however, the experience of most practitioners cannot contribute to a reliable body of knowledge because it has not been formally articulated (Goldfried & Padawer, 1982). "Bottom-up" research on clinicians' decision-making can complement "top-down" RCT research (Eubanks-Carter, Burckell, & Goldfried, 2005; Goldfried & Eubanks-Carter, 2004; Schottenbauer, Glass, & Arnkoff, 2005; Westen et al., 2004). Peterson (2004) urged psychotherapy researchers to "exploit the collective knowledge that practitioners have accumulated in ways that contribute to scientific advance" (pp. 202-203). Sobell (1996) encouraged researchers to collaborate with clinicians as she did by involving therapists in the development of an intervention for addictive behaviors and in the design of a research study. She noted that through this collaboration, "I have reached more agencies, more practitioners, and ultimately, more clients than in my 25 years in the field" (Sobell, 1996, p. 316).

One method for collaborating with expert practitioners to investigate good clinical practice is expert consensus. Frances and colleagues (Frances et al., 1996) have employed an expert consensus method to create treatment guidelines for a number of disorders, including attention-deficit/hyperactivity disorder (Connors, March, Frances, Wells, & Ross, 2001), bipolar disorder (Keck et al., 2004), depression (Altshuler, Cohen, & Moline, 2001), posttraumatic stress disorder (Foa, Davidson, & Frances, 1999), and schizophrenia (McEvoy, Scheifler, & Frances, 1999). The authors of the guidelines observed that innovations in clinical practice often occur at a faster rate than slower-paced research efforts. Compendiums of expert opinion provide a way for clinicians to have access to advances that have been identified by experts, but have not yet completed the process of empirical validation.

The *Expert Consensus Guideline Series* is a contribution to the effort to identify and disseminate effective interventions. However, the guidelines are focused on psychiatric diagnoses and pharmacological treatments. Also, the guidelines represent the consensus of researchers. Therapists have expressed concerns about therapy guidelines being set by researchers, rather than by full-time therapists (Fensterheim & Raw, 1996). Clinicians may be more likely to accept guidelines that are developed with, rather than without their involvement. Of course, it is possible that many therapists will not be amenable to any guidelines, regardless of how they are developed. Many therapists have not been receptive to the use of treatment manuals: for example, a survey of 891 practicing psychologists (Addis & Krasnow, 2000) found that 47% of the sample reported that they never used treatment manuals, and only 5% reported that they used manuals often. However, a number of leading psychotherapy researchers have called for

greater clinician involvement in psychotherapy research efforts with the hope that such involvement will lead to more clinically relevant research that clinicians might be more receptive to using (e.g., Goldfried & Wolfe, 1998; Lampropoulos et al., 2002).

In a panel discussion of ways to bridge the gap between psychotherapy researchers and practitioners (Goldfried, Borkovec, Clarkin, Johnson, & Perry 1999), participants noted that the lack of consensus in psychotherapy damages the field's credibility. They suggested that the field might benefit from following the model of the *Expert Consensus Guideline Series* and surveying expert therapists to learn about their decision-making processes in psychotherapy. The participants noted that identifying areas of consensus among psychotherapists would also generate valuable hypotheses for further research.

The purpose of the present study was to test the feasibility of a model for obtaining consensus among psychotherapists by investigating an area of concern that has great relevance to clinical practice but has received less attention from diagnosis-specific research: interpersonal problems. Successful interpersonal relationships are integral to psychological well-being. Numerous studies have demonstrated that friendships, social support, and close couple relationships are associated with happiness, the ability to cope, and a decreased risk of depression (Myers, 2000). Conflict with romantic partners, children, and parents is the focus in the field of family and couples therapy. However, interpersonal problems are also one of the most common reasons for seeking individual treatment (Horowitz, 1979), and discussion of interpersonal relationships comprises much of the content of individual therapy sessions (Crits-Christoph, et al., 1999).

Interpersonal problems are central to individual therapy, but they can be very difficult to treat. Research suggests that clients with interpersonal problems in the region of hostile dominance have poor outcome in brief dynamic therapy (Horowitz, Rosenberg, & Bartholomew, 1993). Similarly, Borkovec, Newman, Pincus, and Lytle (2002) found that participants with vindictive, domineering relationships had poor outcomes in cognitive behavior therapy (CBT) for generalized anxiety disorder. A possible explanation of this finding is the fact that individuals with interpersonal problems have difficulties developing a good alliance with their therapist (e.g., Gibbons et al., 2003; Kokotovic & Tracey, 1990; Muran, Segal, Samstag, & Crawford, 1994; Taft, Murphy, & Musser, 2004), and the quality of the alliance is one of the best predictors of good outcome in psychotherapy (e.g., Horvath & Symonds, 1991).

Interpersonal problems is a topic of broad scope that needed to be limited for the sake of feasibility in this initial investigation of a method of accessing consensus. One way to limit this topic would be to focus on interpersonal problems associated with a particular diagnosis. However, a focus on diagnosis already dominates the research literature; one of the aims of this consensus methodology is to provide a different approach to psychotherapy research and to highlight issues that have received less attention in diagnosis-specific research. In that spirit, the scope of this topic was limited by looking at a specific type of relationship: the relationship between adults and their parents.

According to attachment theory, childhood relationships with parents (or other caregivers) provide the basis for working models, relational templates that shape the individual's experience of future interpersonal interactions (Bowlby, 1973). Researchers

have found evidence consistent with this theory: adults' memories of their relationships with their parents in childhood are associated with relationship patterns in adulthood (Collins & Read, 1990; Hazan & Shaver, 1987; Rothbard & Shaver, 1994). In addition, attachment research has linked attachment style to adult psychopathology. For example, Fonagy et al. (1996) found correlations between attachment style and diagnoses of anxiety, depression, eating disorders, and borderline personality disorder. Bender, Farber, and Geller (2001) and Fossati et al. (2003) also linked attachment style and the presence of personality disorders. Rosenstein and Horowitz (1996) found associations between attachment style and personality disorders, mood disorders, conduct disorder, substance abuse disorder, and personality disorders in adolescents.

There is evidence that relationships with parents continue to impact individuals' social and emotional functioning beyond the early childhood years: studies of attachment style have found that the security of young adults' *current* attachment to their parents predicts their adjustment to college (Kenny & Donaldson, 1992; Lapsley, Rice, & FitzGerald, 1990) as well as their psychological well-being (Armsden & Greenberg, 1987), emotional functioning and level of perceived stress (McCarthy, Moller, & Fouladi, 2001), and the manifestation of psychological symptoms (Bradford & Lyddon, 1993). Vivona (2000) linked current parental attachment to symptoms of depression and anxiety in young adults. Mattanah, Hancock, and Brand (2004) found that the effects of parental attachment on positive academic, social, and personal-emotional adjustment to college are mediated by the individual's ability to separate and individuate from his/her parents. This finding points to the importance of young adults' ability to navigate changes in their relationships with their parents during the transition into adulthood.

It should be noted that to date, studies linking young adults' psychological functioning to their current attachment to their parents have been correlational. Thus, these studies cannot prove that problems in relationships with attachment figures contribute to psychological symptoms; other explanations of the data are possible. For example, pre-existing depression or anxiety in young adults could lead to problematic relationships with parents. This explanation would be consistent with Coyne's (1976) interpersonal model of depression, which proposes that depression negatively impacts individuals' social skills, which leads to impaired relationships and reductions in social support. Cole and Milstead (1989), using linear structural equation modeling, found support for Coyne's theory in a sample of 202 college students.

To date, longitudinal studies examining young adults' relationships with their parents and the emergence of psychopathology are lacking. However, research on adolescents' relationships with their parents suggests that problems with family members often precede the development of depressive symptoms. Sheeber, Hops, Alpert, Davis, and Andrews's (1997) longitudinal study of 420 adolescents and their mothers found that more conflictual family environments predicted greater depressive symptomatology in teens one year later, whereas adolescent depressive symptomatology did not predict deterioration in family relationships. Similarly, Stice, Ragan, and Randall's (2004) study of 496 adolescent girls found that perceptions of poor support from parents predicted future increases in depressive symptoms and the onset of major depression over a two year period. However, initial depressive symptoms and major depression did not predict decreases in perceived parental support.

Another possible explanation for the link between psychological problems in young adults and problematic relationships with parents is that depressed or anxious young adults might be more likely to *report* having poor relationships with their parents because their perceptions of the relationship are shaped by their current mood states. For example, Lewinsohn and Rosenbaum's (1987) study of a community sample of adults found that acutely depressed persons, compared to nondepressed controls, described their parents in more negative terms. However, remitted depressed participants (who had a past history of depression) did not differ from never-depressed controls in their reports of their parents' behavior. These findings support the hypothesis that current depressive state can influence the degree to which negative aspects of parents are recalled. As studies linking psychopathology in young adults to poor relationships with parents are usually based on young adults' self-reports, this alternative explanation is a possibility.

Alternatively, a third variable could be responsible for the correlations that have been found. For example, both a tendency to have problematic relationships with caregivers and a vulnerability to psychological symptoms could be caused by genetic factors. Indeed, there is evidence from twin studies suggesting that attachment is influenced by genetic factors (Minnis et al., 2007; Torgerson, Grova, & Sommerstad, 2007). As these twin studies also found that environmental factors contribute to attachment, they do not disprove attachment theory's assertion that relationships with parents provide the basis for relational templates that shape social and emotional functioning in adulthood. However, these studies do point to the limitations of correlational attachment research, which must be borne in mind when drawing links between attachment style and psychological functioning.

In sum, research on current parental attachment suggests that this relationship plays an important role in young adults' social and emotional development and the emergence of psychiatric symptoms. Emerging adulthood is an important developmental period, when individuals are navigating the challenges of exploring different directions related to love, work, and worldviews (Arnett, 2000). Investigation of clinical strategies for addressing problems with parents could help clinicians work more effectively to provide support to young adults during this time.

In this initial investigation of a consensus method with practicing clinicians, the behavioral-analytic model (Goldfried & D'Zurilla, 1969) was used to identify situations that arise in therapy when young adults are having problems with their parents, and therapists' clinical strategies for addressing these problems. Like the critical incident technique, the behavioral-analytic model calls for the active participation of individuals who report examples of their own behavior in critical situations. However, this model is more specific and functionally oriented, and includes assessment of the degree of effectiveness of each behavioral alternative in terms of its likely consequences. The behavioral-analytic model also bears similarities to the Delphi method, in which experts respond to questions and are then provided with the answers of other experts and allowed to revise their responses (Linstone & Turoff, 1975). The behavioral-analytic model uses different samples of participants to provide situations, responses, and effectiveness ratings, thereby including a greater diversity of opinion.

The behavioral-analytic model was initially developed as a means of assessing competence in college students (Goldfried & D'Zurilla, 1969). Goldfried and D'Zurilla used the model to collect problematic situations that college students face, possible

responses that students could make in these situations, and ratings of the effectiveness of the proposed responses. The authors used these data to create a measure of competence: the items of the measure were based on the problematic situations that had been collected, and the criteria for rating responses to the items were based on the effectiveness ratings. In the years since 1969, the behavioral-analytic model has become one of the most widely used approaches for assessing competence over a variety of relevant situations (Grover, Nangle, & Zeff, 2005). The model has been used in several content areas related to clinical phenomena. For example, Funabiki and Calhoun (1979) used the behavioral-analytic procedure to collect problematic social and academic situations, and then compared how depressed and nondepressed undergraduates rated their ability to respond to the situations. They found that depressed participants' responses were consistent with predictions based on Lewinsohn's and Beck's models of depression. McGillicuddy, Rychtarik, Duquette, and Morsheimer (2001) used the model to sample problematic situations experienced by parents of substance-abusing adolescents. Ten substance abuse counselors provided effectiveness ratings of parents' responses to these problems. The authors developed a substance abuse training program based on these ratings. Grover, Nangle, and Zeff (2005) used the behavioral-analytic model to identify problematic heterosocial situations and potential responses, and used these situations and responses as the basis for a measure of adolescent heterosocial competence. The present study builds upon and extends these prior uses of the behavioral-analytic model by incorporating the methodology of the *Expert Consensus Guideline Series*. This adaptation of the behavioral-analytic model is the first effort to

apply the model to the question of what experienced clinicians who have been nominated by their peers have to say about what constitutes effective psychotherapy practice.

The first phase in the behavior-analytic model is a *situational analysis*: a survey of specific situations that are meaningful and reasonably problematical. In this study, a sample of psychologists and social workers was asked to provide situations that they had encountered in their practices involving young adults experiencing problems with their parents. The situations were categorized using the dimensions of affiliation and interdependence of the Structural Analysis of Social Behavior (SASB; Benjamin, 1974), and representative situations were chosen for each category of interpersonal problems. In the second phase, *response enumeration*, a second sample of therapists was asked to provide therapeutic responses to these situations that they would recommend for use during the session, as well as responses that they would recommend for use in future sessions. Drawing on the Coding System of Therapeutic Focus (CSTF; Goldfried, Newman, & Hayes, 1989), the clinical strategy underlying each response was identified. In the third phase, *response evaluation,* a sample of peer-nominated clinicians was asked to rate the effectiveness of the clinical strategies. Following the model of the *Expert Consensus Guidelines Series*, confidence intervals around the peer-nominated clinicians' mean effectiveness ratings were calculated in order to identify consensus on the clinical strategies.

## Phase I: Situational Analysis

### *Method*

*Participants.* Phase I questionnaires were mailed to 330 mental health professionals: 166 randomly selected social workers and 164 randomly selected

psychologists. The psychologists were recruited from the Division of Psychotherapy (Division 29) and the Division of Psychologists in Independent Practice (Division 42) of the American Psychological Association (APA). Psychologists were randomly selected from the APA's online membership directory in proportion to the size of each division (62 members of Division 29; 103 members of Division 42). These divisions were chosen because they are focused on psychotherapy practice and include large numbers of therapists. Psychologists who belonged to both divisions were designated as belonging to one division in counterbalanced order. Social workers' names and addresses were obtained from an online listing of clinical social workers who specialize in providing psychotherapy and belong to the National Association of Social Workers (NASW). NASW is the largest membership organization of professional social workers in the world, with approximately 150,000 members (*NASW*, n.d.). A reminder mailing was sent a few weeks after the initial mailing. Sixty-one individuals provided responses, for a total return rate of 18.48%. However, seven of these were unusable (two respondents failed to provide situations, and five provided situations that did not involve a client's relationship with his/her parents), which left 54 responses for a usable response rate of 16.36%. Of these responses, 29 (53.70%) were from psychologists (10 from Division 29, 19 from Division 42), and 25 (46.30%) were from social workers.

With respect to age and years of experience, the psychologist participants (mean age 61.56, *SD* = 7.08; mean years experience 31.11, *SD* = 7.97) were comparable to the memberships of Division 29 (mean age 61.6, *SD* = 11.3; mean years since degree 28.5, *SD* = 11.6; American Psychological Association, 2005a) and Division 42 (mean age 59.8, *SD* = 10.8; mean years since degree 26.8, *SD* = 10.9; American Psychological

Association, 2005b). Based on membership information available from the NASW about their entire membership (Weismiller, Whitaker, & Smith, 2005), the social work participants (median age = 60; median years experience = 30) appear to have been somewhat older and considerably more experienced than the typical NASW member (median age = 51; median years experience = 16). As data on members of NASW who primarily engage in clinical work was not available, direct comparisons between study participants and typical clinician members of NASW cannot be made.

Participants reported considerable diversity with respect to theoretical orientation. Participants were asked to indicate the extent to which various theoretical orientations guided their work with clients. Only three participants reported that they adhered solely to one orientation, and of these three, one participant identified this orientation as integrative. On average, participants described their clinical work as 39.76% cognitive-behavioral, 23.33% psychodynamic, 15.83% family/systems, and 12.13% experiential/humanistic/client-centered. Additional demographics information about Phase I participants is summarized in Table 1.

*Measures.* Participants were asked to think of a client they had seen for outpatient, individual therapy who was between the ages of 18 and 35 and was experiencing difficulties with his or her parents. Participants were asked to recall a time when the client's problem with his/her parents was raised in a therapy session. Participants were asked to describe this situation, and also to provide relevant background information about the client and the therapy. In order to protect patient confidentiality, participants were encouraged to change the client description in any way necessary to preserve anonymity. In order to make clear to participants the level of detail

requested, participants were provided an example situation of a young man seeking treatment for mild depression and lack of motivation, who had gotten into an argument with his mother. In addition to the situation, participants were asked to provide demographic information. A sample questionnaire is provided in Appendix A.

*Coding.* Each situation was edited for clarity by an advanced graduate student in clinical psychology. Changes made during the editing process included correcting grammatical and syntactical errors, reorganizing the order of sentences to improve clarity, and removing information unrelated to the task (e.g., descriptions of the client's course of treatment or of relationships with persons other than the client's parents). Editing changes were reviewed by an experienced clinical psychologist and another advanced graduate student, and differences were resolved through consensus. Each situation was then divided into coding segments, with each segment containing an interpersonal behavior (a behavior directed toward the other person or a reaction to the other person) or an intrapersonal behavior (an action turned inward upon the self, e.g., self-harming behavior). For example, one situation involved a 31-year-old multiracial client who was planning to have a child, and who reported a long-standing conflict with her distant, rejecting father. The situation was divided into the following coding segments:

1. The client reports that her father has been distant and rejecting of her ever since he and her mother divorced, over twenty years ago. He has two other children by a second marriage and has close relationships with both of them.

2. In session, the client reports that she and her husband are now planning to have their first child. She would like to re-establish a relationship with her father so that her child can have a grandfather.
3. The client says that she has called her father several times over the past few weeks. She has invited him to join her for dinner and other activities.
4. However, he has declined all of her offers and said that he prefers to have limited contact with her.
5. The client feels confused, sad, and hurt by her father's behavior.

Two advanced clinical graduate students independently coded these segments using the four-quadrant model of the Structural Analysis of Social Behavior (SASB; Benjamin, 1974). The SASB classifies interpersonal and intrapersonal interactions and permits assessments of interpersonal patterns. Situations were classified according to the SASB dimensions of interdependence (emancipation-control) and affiliation (hostility-friendliness). Coders also rated whether the actor in the segment was the client or his/her parent, and whether the action was directed toward the self. Interrater reliability, rated using Cohen's kappa, was .86, and differences between the coders were resolved through consensus.

*Results*

Based on the SASB coding and the content of the situations, and in consultation with a senior clinical psychologist, six patterns of interpersonal problems were identified:

*Critical parent, hostile child*—Both parent and child engage in hostile, enmeshed behaviors (16 situations; 29.63% of usable responses).

*Self-neglectful child, enmeshed parent*—The child engages in hostile, neglectful behaviors toward the self; the parent responds with either hostile or friendly enmeshed behaviors (11 situations; 20.37% of responses).

*Neglectful parent, resentful child*—The parent withdraws in a hostile manner; the child responds with hostile behavior that is either enmeshed or withdrawn (12 situations; 22.22% of total responses).

*Affiliative child, hostile and withdrawn parent*—The child tries to reach out to the parent in a friendly way; the parent withdraws in a hostile manner (7 situations; 12.96% of situations).

*Suffocating parent, hostile child*—The parent engages in friendly but enmeshed behaviors; the child responds with hostility (4 situations; 7.41%).

*Independent child, hostile and enmeshed parent*—The child branches out in an independent, self-affirming way; the parent responds to the child's independence with hostile, enmeshed behaviors (4 situations; 7.41%).

One situation was chosen to represent each category in the next phase of the study. Representative situations were chosen based on the clarity of the situation as well as contextual factors (e.g., gender of the parent and child) in order to achieve a diverse set of situations. The six situations are provided in Appendixes B – G.

## Phase II: Response Enumeration

### *Method*

*Participants*. Each of the six Phase II questionnaires was mailed to approximately 200 mental health professionals: 100 randomly selected social workers (members of NASW listed in an online database of clinician social workers), and 100 randomly

selected psychologists (38 members of Division 29 and 62 members of Division 42) whose names were taken from online membership directories as in Phase I (due to administrative error, one situation was sent to only 98 social workers and 98 psychologists, a second situation was sent to 99 social workers and 99 psychologists, and a third situation was sent to 99 social workers and 100 psychologists). A reminder mailing was sent out several weeks after the initial mailing. A total of 171 individuals responded (a return rate of 14.33%), with an average of 28.50 (*SD* = 5.24) participants responding per situation. Of these respondents, 85 (49.71%) were psychologists (32 from Division 29, and 53 from Division 42), and 86 (50.29%) were social workers.

The age and experience levels of the psychologist participants (mean age 59.78, *SD* = 9.12; mean years experience 31.10, *SD* = 8.83) were comparable to the memberships of Division 29 (mean age 61.6, *SD* = 11.3; mean years since degree 28.5, *SD* = 11.6; American Psychological Association, 2005a) and Division 42 (mean age 59.8, *SD* = 10.8; mean years since degree 26.8, *SD* = 10.9; American Psychological Association, 2005b). The social work participants (median age = 59; median years experience = 30) appear to have been somewhat older and considerably more experienced than the typical NASW member (median age = 51; median years experience = 16; Weismiller et al., 2005).

Similar to Phase I, the majority of participants reported that they were guided by more than one theoretical orientation. Additional demographics information about the respondents is provided in Table 1.

*Measures.* Participants were presented with one of the six representative situations generated in Phase I. Participants were asked to think about how they might

advise a colleague who was seeking consultation on the case. Participants were asked to provide up to five responses that they would advise the colleague to use during the therapy session. Because it was possible that participants would provide a limited range of suggestions for in-session interventions (e.g., only providing support and obtaining more information), participants were also asked to list up to five themes or issues that they would advise the colleague to pursue in future sessions. Participants were also asked to provide demographic information. A sample questionnaire is provided in Appendix H.

*Classification.* In order to reduce a large number of responses to a more manageable set of clinical strategies that could be rated in the next phase of the study, a list of clinical strategies initially based on responses to the first two situations was created. Participants' responses to the first two situations were sorted into categories taken from the Coding System of Therapeutic Focus (CSTF; Goldfried et al., 1989). The CSTF classifies therapist responses into one of 17 categories of interventions (e.g., providing support, focusing on emotions, focusing on expected/imagined response of another person). After the responses were sorted, they were translated into clinical strategies. Strategies are at a higher level of abstraction than techniques; the same strategy may underlie topographically different techniques (Goldfried, 1980; Goldfried & Padawer, 1982). For example, the strategy of enhancing client awareness exists at an intermediate level above the techniques of self-monitoring and interpretation, and below the theories of CBT and psychodynamic therapy. During the process of translating participants' responses into strategies, the goal was to capture the function of the intervention in everyday language that would be understandable to clinicians of various

theoretical orientations. In some cases, a single strategy captured all of the responses in a category; in other cases, multiple strategies were needed to adequately describe the responses in a category. Translations were evaluated by both graduate student coders and the senior psychologist, and any disagreements were resolved through consensus. Once a list of strategies for the first two situations was completed, this list was then used to classify the responses for the remaining four situations. When necessary, additional strategy labels were devised and evaluated following the same process described above. Table 2 provides examples of original responses, CSTF coding categories, and strategy labels for some of the responses to the situation of the young woman with the distant father described above.

*Results*

The classification of responses into strategies resulted in a total ranging from 34 to 44 strategies ($M$ = 39.33, $SD$ = 3.67) for each of the six situations. A full listing of the strategies generated for one of the situations is provided in Table 3. The strategies for the other situations are included in Appendixes C - G.

## Phase III: Response Evaluation

*Method*

*Participants.* The goal in Phase III was to recruit a sample of expert clinicians. The method chosen to obtain such a sample was to identify experienced clinicians who were nominated by their peers. The extent to which this method succeeded in identifying a sample of expert clinicians is addressed in the Discussion section.

To identify psychologists, emails were sent to the directors of clinical training of 142 doctoral programs in psychology listed in the APA guide to *Graduate Study in*

*Clinical Psychology* (2006). The email message requested that the recipient nominate three experienced clinicians to whom he or she would feel comfortable referring a friend or family member for therapy. The email also invited the recipient to forward the email message to colleagues who could also submit nominations. The initial email was followed by two reminder emails. If the director of clinical training did not respond to these emails, then email nomination requests were sent to up to two faculty members in the program who taught and/or supervised clinical practice. In addition to contacting doctoral programs, email requests were sent to the training directors of 383 psychology internship programs listed in the online directory of the Association of Psychology Postdoctoral and Internship Centers (2006). A similar process was used to recruit clinical social workers. Email requests were sent to the directors of field education for 159 masters-level social work programs listed in the *Directory of Colleges and Universities with Accredited Social Work Degree Programs* (Council on Social Work Education, Inc., 2003). Emails were also sent to two additional faculty members in each program who taught and/or supervised clinical practice. These recruitment efforts resulted in responses from 186 individuals: 48 individuals from doctoral programs in psychology, 52 individuals from psychology internships, and 86 individuals from social work programs. These respondents provided a total of 482 names of clinicians. Twenty of these clinicians were not invited to participate either because they were ineligible (e.g., psychiatrists) or because mailing addresses could not be located for them. The remaining 462 names were divided evenly among the six situations, resulting in a total of 77 clinicians (43 psychologists, 34 social workers) invited to evaluate the responses for each situation by completing a questionnaire. Reminder mailings were sent a few weeks later.

Due to a low response rate during the summer months, a third reminder was sent to a subset of participants initially contacted during the summer. A total of 113 clinicians responded, 62 psychologists (54.87% of the sample) and 51 social workers (45.13%), for an overall response rate of 24.46%. Response rates varied by situation, ranging from a high of 25 responses to the first situation (response rate of 32.47%) to only 11 responses to the fourth situation (response rate of 14.29%), resulting in a mean of 18.83 (*SD* = 4.96) respondents per situation.

With respect to age and years of experience, the psychologist participants (mean age 52.43, *SD* = 9.14; mean years experience 26.00, *SD* = 8.27) were younger and somewhat less experienced than the average members of Division 29 (mean age 61.6, *SD* = 11.3; mean years since degree 28.5, *SD* = 11.6; American Psychological Association, 2005a) and Division 42 (mean age 59.8, *SD* = 10.8; mean years since degree 26.8, *SD* = 10.9; American Psychological Association, 2005b). The social work participants (median age = 57; median years experience = 25) appear to have been somewhat older and more experienced than the typical NASW member (median age = 51; median years experience = 16; Weismiller et al., 2005). Additional participant characteristics are provided in Table 1.

*Measures.* The peer-nominated clinicians were sent a questionnaire that included one of the six situations chosen in Phase I and a list of the clinical strategies generated in Phase II. Participants were asked to read the situation and to make two ratings for each clinical strategy: how effective they thought the strategy would be if it were used during the session described, and how effective they thought it would be if it were used in future sessions. Effectiveness ratings were made using a nine-point scale in which 1 =

ineffective; 2 and 3 = usually ineffective; 4, 5, and 6 = somewhat effective; 7 and 8 = usually effective; and 9 = extremely effective. Participants were also asked to provide demographics information. A sample questionnaire is provided in Appendix I.

*Results*

*Effectiveness ratings.* Following the methodology employed in the *Expert Consensus Guideline Series*, consensus ratings were identified by calculating the mean and the standard deviation to establish a 95% confidence interval (CI) around the mean for ratings of effectiveness within the session and effectiveness in future sessions. Consensus ratings were then assigned to each strategy to indicate the category into which the 95% CI of the mean score fell. (If the CI spanned two categories, then the category into which the lower end of the CI fell was used.) Items with a CI at or above 6.5 were labeled "usually effective"; items with a CI between 3.5 and 6.49 were labeled "somewhat effective"; and items with a CI below 3.5 were labeled "usually ineffective." Within the "usually effective" category, items rated 9 by at least half of the respondents were also labeled as "extremely effective." The effectiveness ratings for the strategies for the situation involving the woman with a distant father, described above, are presented in Table 3. The ratings for the other five situations are included in Appendixes C - G.

The majority of the strategies (52.62% of during-session strategies and 67.75% of future-session strategies) received moderate ratings and were labeled "somewhat effective." These strategies can be found in the full listings of the ratings for each situation provided in Appendixes B - G. The following presentation of the results will focus on items rated extremely effective, usually effective, and a subset of the items labeled usually ineffective.

*Extremely effective strategies.* Seven strategies were given ratings of 9 by at least half of the raters for that situation. One during-session strategy was from Situation 3, which concerned a suffocating mother and a hostile daughter: "Validate and explore the client's feelings about the situation with her mother." The remaining strategies with the label "extremely effective" were all from Situation 6, which involved a young man who was experiencing tension with his parents after he came out to them. Two of these strategies were similar to the Situation 3 strategy in that they involved validation and empathically exploring the client's feelings: "Explore and empathize with the client's feelings of loss and rejection" (both during the session and in future sessions), and "Validate the client's strengths and achievements" (in future sessions). The remaining strategies were specifically related to the particulars of the situation, and were affirming of the client's decision to come out: "Explore the client's feelings about coming out" (during the session); "Explore how coming out to his parents has impacted the client's anxiety and depression" (during the session); "Help the client to accept himself and his sexual orientation" (in future sessions); and "Help the client understand that homosexuality is not pathological" (in future sessions). During-session "extremely effective" strategies are marked with asterisks in Table 4; future-session "extremely effective" strategies that were also labeled as "usually effective" in other situations are marked with asterisks in Table 5.

*Usually effective strategies*. Seven strategies were labeled as "usually effective" during the session. These strategies are listed in Table 4. Several of these strategies were closely related to the "extremely effective" strategies described above. The strategy of validating and exploring the client's feelings about his/her parents, which was rated

extremely effective in Situation 3, was rated usually effective in Situation 1 (which featured an affiliative child and a hostile, withdrawn parent) and Situation 2 (which featured a neglectful parent and a resentful child). Three of the "usually effective" items, drawn from Situations 1, 2, and 5 (self-neglectful child, enmeshed parent), were identical or nearly identical (differing only because they referred to a specific detail of their particular situation) to the "extremely effective" strategy from Situation 6 of exploring and empathizing with the client's feelings of loss and rejection. The remaining usually effective strategy also involved empathy: "Empathize with the client's wish that her father would change" (Situation 1).

A larger, more diverse group of 61 strategies were rated as being usually effective in future sessions. Strategies that appeared in more than one situation are listed in Table 5. Similar to the during-session ratings, strategies of validating and empathizing in future sessions were rated highly. Strategies labeled usually effective in more than one situation also included other supportive interventions, such as focusing on self-care, sources of support, and coping skills, as well as examining patterns in relationships.

*Usually ineffective strategies.* The usually effective strategies described above comprised, on average, only 4.69% of the total strategies in a situation. By contrast, 42.70% of during-session strategies were labeled "usually ineffective" for use during the session. Strategies that received this label in more than one situation are listed in Table 6. Consistent with their endorsement of providing validation and empathy during the session, participants gave low ratings to strategies that shifted the focus away from supporting and exploring the client's immediate experience. Ineffective strategies that appeared in more than one situation included more intellectually oriented interventions

such as looking for relationship patterns, including patterns involving the client's relationship with the therapist. A few ineffective strategies involved trying to psychoeducate the client about developmental stages or stages of grief.

Several "usually ineffective" strategies emphasized the parent's experience rather than staying focused on the client's in-session feelings. In particular, the strategy of "Help the client to understand his/her parent's perspective" was rated as usually ineffective during the session in all six situations. Increased involvement with the parent was also generally discouraged: strategies that encouraged the client to express his/her feelings to the parent were rated ineffective, and the strategy of holding a family therapy session was rated as ineffective in five situations. Finally, items that shifted the focus away from the client's problem with his/her parents by suggesting that the conflict with the parents was not the primary issue, or by focusing on the client's history of anxiety or depression or his/her life and career goals, were also rated as ineffective in more than one situation.

It is important to note that strategies rated as ineffective during the session were not necessarily viewed as poor strategies by the raters: two strategies (exploring whether the client's hopes and expectations for relationships were realistic and encouraging the client to seek support from others) were rated as ineffective during the session, but received the label "usually effective" in future sessions. Both strategies describe interventions that are encouraged by many therapy approaches, but could seem unempathic and distancing to a client experiencing distress in the session.

On average, 26.79% of the strategies for each situation were rated as ineffective in future sessions. These strategies are listed in Table 7. Similar to the during-session

ratings, strategies involving relationship patterns, increased involvement with the parent, and a focus on the client's career needs were rated as ineffective. However, in contrast to the in-session strategies, no future-session strategy received ineffective ratings across multiple situations. This is consistent with the fact that a greater diversity of strategies were rated as usually effective in future sessions.

In one instance, a future-session strategy received markedly different ratings in two different situations. "Explore whether the client has a history of trauma or abuse" was endorsed as "usually effective" in Situation 5 (self-neglectful child, enmeshed parent), but was rated as "usually ineffective" in Situation 6 (independent child, hostile and enmeshed parent). This difference may stem from participants' consideration of client characteristics, as the client in Situation 5 had engaged in self-harming behaviors, which have been linked to a history of abuse (Low, Jones, & MacLeod, 2000).

*Timing of strategies.* For use during the session, 42.70% of strategies were labeled "usually ineffective" and only 4.69% were labeled "usually effective." In future sessions this pattern was reversed, with 5.46% of items labeled "usually ineffective" and 26.79% labeled "usually effective." In order to investigate ratings differences based on the timing of the intervention, paired *t*-tests comparing the in-session and future-session effectiveness ratings were conducted for each strategy. Given the high number of *t*-tests, a Bonferroni correction was conducted. This correction called for *p* levels ranging from .001 for Situation 5 to .002 for Situation 1. For the sake of consistency, a *p* level of .001 was used for all six situations. The *t*-tests revealed significant differences for, on average, 29.61% of the strategies per situation. These significant changes were all shifts from lower in-session ratings to higher future-session ratings. Thus, a limited number of

strategies were regarded as effective for use during the session, but a larger group of strategies were rated as effective in future sessions. The distribution of the effectiveness labels across the during-session and future-session strategies is provided in Table 8.

## Discussion

This study used the behavioral-analytic model and the methodology of the *Expert Consensus Guideline Series* to identify consensus among surveyed psychotherapists on clinical strategies for addressing young adults' problems with their parents. In the first phase of the study, situational analysis, a sample of psychologists and social workers provided clinical situations involving young adults experiencing problems with their parents. Using the SASB dimensions of affiliation and interdependence, six patterns of interpersonal problems were identified: critical parent, hostile child; self-neglectful child, enmeshed parents; neglectful parents, resentful child; affiliative child, hostile and withdrawn parent; suffocating parent, hostile child; and independent child, hostile and enmeshed parent. In the response enumeration phase, a second sample of therapists provided therapeutic responses to situations representing the six interpersonal patterns. Based on these responses, clinical strategies underlying the responses were identified. Finally, in the response evaluation phase, a sample of peer-nominated clinicians rated the effectiveness of the clinical strategies for use during the session as well as in future sessions. Confidence intervals around the peer-nominated clinicians' mean effectiveness ratings were calculated in order to identify consensus on the clinical strategies.

It is important to note at the outset of this Discussion that the goal in the response evaluation phase was to obtain ratings from a sample of expert therapists; however, the peer nomination process may not have succeeded in identifying truly expert clinicians.

Nominators were asked to provide the names of clinicians to whom they would refer their own friends and family. While such a nomination suggests a certain level of respect for a therapist's ability, it is not the same as asking nominators to provide the names of expert therapists. Furthermore, the lack of objective criteria for determining the clinical skills of the persons nominated, as well as the very low response rate, raise concerns about whether Phase III participants were expert clinicians. Therefore, these peer-nominated participants are not designated as experts in this paper. The limitations of the peer-nomination recruitment process are discussed in more detail later in this Discussion.

Peer-nominated clinicians were able to reach consensus, in particular on strategies for addressing a client's problem with his/her parents during the session. Participants agreed on the value of validating and exploring the client's feelings about the situation with his/her parent and exploring and empathizing with the client's feelings of loss and rejection. These strategies serve to support the client and thereby strengthen the bond between client and therapist. Participants agreed that strategies that shift the focus away from validating and empathizing with the client and exploring his/her immediate experience are usually ineffective during the session.

When asked to consider strategies for future sessions, peer-nominated clinicians continued to value empathy and validation, but also endorsed a wider variety of strategies as being usually effective. These strategies included exploration of the client's relationship with his/her parents, in particular the client's hopes and fears about the relationship, and ways in which the patterns in the client's relationship with his/her parents were similar to patterns in the client's other relationships. In addition, peer-

nominated therapists endorsed focusing on coping strategies for dealing with feelings of depression and anxiety.

Two good examples of the differences between ratings of strategies for use during the session and in future sessions are two strategies that were rated as "usually ineffective" for use during the session, but were endorsed as "usually effective" in future sessions. The strategy "Explore the client's hopes and expectations for his/her relationship with his/her parent, and whether these expectations are realistic" was regarded as an effective approach in future sessions, in keeping with the peer-nominated participants' endorsement of further exploration of the client's relationship with his/her parents. However, during the session, this more intellectual strategy would serve to shift the focus away from the client's immediate experience, which may explain its lower ratings for in-session use. Similarly, the strategy "Encourage the client to develop and draw on other relationships (e.g., friends) for support and assistance" received high ratings for use in future sessions, consistent with Phase III participants' focus on the client's coping strategies. During the session, however, when the client is in the process of seeking support from the therapist, encouraging the client to seek support elsewhere could be an unempathic response, which may explain why the peer-nominated therapists did not recommend this strategy for use in session. These differences between ratings of strategies during the session and in future sessions points to the importance of timing as a critical variable that must be considered when evaluating intervention effectiveness and when writing therapy manuals.

A major limitation of this methodology is that the strategies that peer-nominated clinicians endorse as effective may not be effective in actual clinical situations.

Consensus in this study was based on the therapist's point of view. However, the therapist's perspective on an intervention may differ from the client's perspective, and the client's point of view may be more relevant to therapy process and outcome. For example, the greater predictive power of the client's point of view relative to the therapist's has been found in studies of the therapeutic alliance (Horvath & Symonds, 1991).

However, despite the limitations of relying on the therapist's subjective sense of what is effective in psychotherapy, Phase III participants' consensus on the importance of empathy and validation both during the session and in future sessions was consistent with findings from the psychotherapy research literature. Empathy and support have been identified as common factors that may account for most of the gains that result from psychotherapy (Beutler et al., 2004). Empathic understanding is one of the most frequently cited therapist qualities in the common factors literature (Grencavage & Norcross, 1990; Lambert & Ogles, 2004). The importance of therapist empathy has also been demonstrated in empirical research: in a meta-analysis of 47 studies, Bohart, Elliott, Greenberg, and Watson (2002) found that therapist empathy is related to good outcome and accounts for as much, and probably more, outcome variance as specific interventions. The strategy of validation is consistent with principles articulated by Frank (1973) in his account of common factors that serve to create a healing environment that alleviates the patient's sense of powerlessness and instills a sense of hope. In more recent psychotherapy research, the concept of validation has received indirect support in studies of Dialectical Behavior Therapy, an empirically supported treatment for borderline

personality disorder that emphasizes validation strategies as a core of treatment (Linehan, 1993).

The additional strategies recommended for use in future sessions have also been identified as efficacious in empirical studies. Exploration of relationship patterns is most similar to the psychodynamic technique of interpretation, which is generally associated with positive outcome (Orlinsky et al., 2004). Coping strategies for dealing with depression and anxiety are standard components of empirically supported CBT treatments (Emmelkamp, 2004). Thus, this clinical consensus method complemented traditional psychotherapy research by yielding converging evidence on the value of these interventions. As Goldfried (1980) observed, common strategies that are identified by clinicians of varying orientations and theoretical prejudices are likely to be particularly robust.

In addition, this study extended current knowledge by highlighting the importance of the timing of interventions. Some prior research has suggested that timing can impact the effectiveness of interventions. For example, Castonguay, Goldfried, Wiser, Raue and Hayes (1996) found that close adherence to a treatment manual was associated with poor outcome when it occurred during a strain in the alliance. The present study extended this concept to suggest that many active interventions may be ineffective when employed in the context of client distress.

A second way that this study extended current knowledge was by demonstrating that the clinical judgments of peer-nominated clinicians differ from the views of rank-and-file clinicians. Phase II participants provided clinical responses that they thought would be effective; however, the peer-nominated participants in Phase III rated a number

of these strategies as ineffective. This difference in clinical judgment could be a result of peer-nominated clinicians having better clinical judgment than rank-and-file clinicians. Further research is needed to determine whether the judgment of the peer-nominated clinicians was actually better, i.e., that the responses they rated as more effective do in fact lead to better psychotherapy outcome. It is possible that the strategies rated as effective are not actually more effective, and that the differences obtained are not indicative of systematic differences in clinical judgment between the two samples.

It is also possible that the clinicians in Phase II provided effective responses to the situations, and that the peer-nominated clinicians in Phase III were incorrect to rate some of these strategies as ineffective. Particularly given that the therapists who participated in Phase II were on average more experienced than the peer-nominated therapists, the possibility that Phase II participants had greater clinical skills than the peer-nominated clinicians must be considered.

In addition, it is possible that the different tasks that participants performed in Phases II and III could have produced demand characteristics that led to different responses from the two samples, even if the clinicians in the two groups did not differ greatly in their views. In Phase II, participants were asked to provide up to five strategies that they would recommend for use during the session and up to five strategies that they would recommend for use in later sessions. It is possible that in an effort to provide this many responses, Phase II participants who had exhausted their supply of effective responses reported some strategies of lesser effectiveness—strategies that they themselves might have given lower ratings to, had they participated in Phase III. Phase III participants were presented with a very different task: rating the effectiveness of about

40 responses. During this task, it is possible that Phase III participants were inclined to compare the responses to each other when determining the ratings. Thus, the rating for each strategy could be regarded as to some extent relative to the ratings of the other strategies. A Phase II participant who thought that his or her own responses were all effective might have changed this view if he or she had been given the opportunity to compare his or her responses to the responses provided by other clinicians. Therefore, it is possible that the different tasks required of the two sets of participants created or exaggerated the differences between their views on how to respond to the situations.

However, the fact that a difference was obtained opens the possibility that this study succeeded in identifying a skilled group of therapists whose decision-making processes are worthy of further study. If the peer-nominated therapists are more skilled therapists, then future research could assess what characteristics (e.g., type of training, personality traits) distinguish the effective therapists. In addition, if the nominators were in fact successful in identifying more effective clinicians, research could examine on what factors the nominators based their nominations. Better understanding of how clinicians identify effective therapists in the absence of objective outcome data could be valuable for selecting supervisors, admitting students to training programs, and making referrals.

The goal of this study was to demonstrate the feasibility of accessing consensus among psychotherapists. However, it can be argued that an actual consensus was not obtained. Phase III participants did not work together as a group to reach agreement on the effectiveness of the clinical strategies; rather, consensus was inferred based on the average of the ratings made separately by each participant. It is possible that interaction

between Phase III participants would have yielded a different consensus view on the strategies, or that interaction would have highlighted and sharpened differences in opinion, resulting in a much lower degree of consensus among the participants. The present method was based on the methodology of the *Expert Consensus Guideline Series*; the authors of that method chose to have experts make individual ratings based on the authors' experience with prior efforts to reach consensus in small group meetings, where the process may be dominated by "those panel members who are most senior, vocal, or stubborn" (Frances et al., 1996, p. 1024).

As noted in the Introduction, one aim of accessing therapists' clinical experience is to identify new, innovative methods. However, as noted above, the strategies rated as effective in this study were commonly recognized approaches that have already been identified in the research literature. The lack of innovation found in this study could be due to the low response rate in Phase II; this sample may have been too small to provide a sufficient range of responses. It is also possible that the stimuli used in the study decreased the likelihood of innovative responses. If necessity truly is the mother of invention, innovation would be more likely when clinicians are faced with particularly challenging cases that do not respond to established interventions. The vignettes provided in this study were likely not the most challenging cases clinicians face; most of the clients were at moderate levels of functioning (e.g., two were in close relationships, two were working, two were college graduates). None of the vignettes depicted suicidal, psychotic, substance-abusing, or violent clients. In future studies using this method, researchers could try to encourage more innovative responses by prompting Phase I participants to provide challenging clinical vignettes. Focusing on the interpersonal

problems of individuals with severe psychopathology, or targeting different kinds of interpersonal problems, such as problems between partners in conflictual romantic relationships, might yield more innovative strategies. In addition, an independent set of clinicians could be asked to rate the perceived difficulty of all of the situations collected in Phase I, and these ratings could guide the selection of vignettes for use in Phases II and III.

The lack of innovation could also be a byproduct of the coding and classification schemes that were employed. Phase I situations selected for use in Phases II and III were chosen in part based on the SASB dimensions of interdependence and affiliation. These dimensions may have been too broad. A more fine-grained coding of the dynamics of the problematic interpersonal relationships described in the situations might have highlighted different aspects of the situations, leading to selection of different situations for further analysis; these situations in turn might have yielded more diverse and innovative responses in Phase II. The use of the CSTF to guide the classification of Phase II responses into clinical strategies might have also contributed to the lack of innovative responses. By grouping individual responses together under the broad categories of the CSTF, potentially innovative interventions might have been subsumed under generic strategies. The use of a different coding system might facilitate the identification of more innovative strategies.

In addition, the decision to first classify the responses to the first two situations into strategies, and then to use this list of strategies to classify the responses to the remaining situations, adding additional strategies as needed, could have restricted the range of strategies identified in the last four situations. Classifying responses to all six

situations in the same manner rather than in this stepwise fashion might have facilitated identification of unique and novel strategies in the later situations. Alternatively, in future studies, researchers could forego the classification step and have Phase III participants rate the effectiveness of all of the responses provided in Phase II.

Another limitation of the study is the limited ecological validity of clinical vignettes. Although the use of clinical vignettes is well-established in psychological research (e.g., Pottick, Kirk, Hsieh, & Tian, 2007), vignettes cannot reproduce the complex reality of a clinical case. The situations presented to Phase II and Phase III participants were brief and did not provide the richness of detail and contextual information that one would encounter in real world practice. This may have affected the results in several ways. First, some clinicians who received the Phase II and Phase III questionnaires might have determined that they did not have enough information to provide meaningful responses, and chosen not to participate. This might have contributed to the low response rates. In addition, if such concern for detail and context is a quality of thoughtful, effective clinicians, then the use of brief vignettes could have discouraged participation of thoughtful clinicians in Phase III, resulting in a sample of "experts" of lesser skill.

Second, the brevity of the vignettes may have impacted the responses of those clinicians who did choose to participate. Phase III participants may have reached consensus on the use of validation and support during the session because they lacked sufficient information to feel comfortable recommending more active interventions; in such case, empathy and validation were not necessarily regarded as the most effective strategies for the presenting problems, but were rather the safest strategies when faced

with limited information. The greater diversity of interventions that were rated as effective strategies for use in future sessions might indicate that participants felt more comfortable recommending a range of interventions for a more distant future time, by which point they would presumably have more information about the case. Future studies could try to circumvent these potential problems by using longer vignettes, or by using richer clinical material such as videotapes of therapy sessions. In addition, participants could be asked to rate how realistic the vignettes seemed and whether they needed more information in order to provide meaningful responses. However, despite the potential limitations of the vignette methodology, it is important to note that the use of the same brief vignettes resulted in different responses from Phase II and Phase III participants: Phase II participants provided some responses that were rated as ineffective by Phase III participants. This suggests that the brevity of the vignettes did not solely determine how participants responded. The differences between the responses suggested by Phase II participants and the responses that were recommended by Phase III participants may be due to the clinical skills of the Phase III participants, rather than simply an artifact of the methodology.

As described above, one limitation of clinical vignettes is the lack of contextual detail. However, another limitation of clinical vignettes is the presence of contextual detail. A number of variables (e.g., client age, ethnicity, gender, sexual orientation, presenting problems) were incorporated into the vignettes, thus complicating the interpretation of the results. It is particularly important to note that psychiatric diagnosis was not consistent across the vignettes: in two situations, the client was identified as depressed; in one situation, the client was identified as suffering from anxiety; in one

situation, the client was both depressed and anxious; and in two situations, no diagnostic information was provided. Participants' responses may have been shaped by the diagnoses that they believed fit the clients, or by other client characteristics or combinations of characteristics (e.g., gender and age). Thus, these findings may not generalize to other interpersonal problems between young adults and their parents. Future studies using this method could clarify the impact of specific client variables by sending different groups of participants versions of the same vignette, varied by manipulation of one variable of interest.

This study's implementation of the behavioral-analytic model also carried limitations with respect to the representativeness of the situations, responses, and participants, particularly due to the low response rate, a major limitation of the study. In the situational analysis phase, as a result of the low response rate, only 52 situations were collected; this sampling likely did not capture the complete domain of interpersonal problems with parents. For example, no situations about conflict with parents over the choice of a spouse or differences in childrearing practices were provided. Similarly, in the response enumeration phase, given the low response rates, it is likely that the full domain of possible responses was not attained. In addition, for both of these phases, a small group of coders from a single psychology department categorized the situations and identified the clinical strategies underlying the responses. A larger, more diverse group of coders should be employed to ensure that the selection of situations and presentation of responses is neutral with respect to theoretical orientation and professional affiliation.

The low response rate is also a limitation with respect to the peer-nominated clinicians: in previous applications of the *Expert Consensus Guideline Series*, at least 40

experts participated (Altshuler et al., 2001), whereas in this study, the number of participants per situation ranged from 25 to as few as 11. More participants would give greater confidence in the findings, as well as facilitate investigations of demographic variables.

It is difficult to make comparisons between the response rate of this study and prior uses of the behavioral-analytic model, as this was the first study to use the model to investigate therapists' views of effective psychotherapy practice. Prior uses of the model recruited participants from populations and settings that are difficult to compare to the samples in this study. In particular, several prior studies drew on populations with particular motivations to participate, such as students participating for course credit and families seeking treatment. For example, in their initial use of the model, Goldfried and D'Zurilla (1969) recruited introductory psychology undergraduates who provided Phase I situations and Phase II responses to fulfill course requirements to participate in experiments. For Phase III, the authors recruited individuals whose opinions would be respected by first-year students, such as faculty and dormitory counselors; the response rate was not reported. Funabiki and Calhoun (1979) relied on undergraduate participants for all phases of the study and did not report response rates. Grover et al. (2005) recruited teenagers from high schools to complete Phase I and Phase II questionnaires during school hours. Phase III ratings were provided by nine adults with experience working with adolescents (psychologists, teachers, a social worker, and health care providers); information about the recruitment process was not reported. McGillicuddy et al. (2001) used parents and adolescents who were participating in a treatment study to provide situations. Phase II responses were provided by 44 parents and 19 counselors;

response rates were not reported. Phase III ratings were provided by ten counselors; information about how they were recruited was not reported, though it is possible that the counselors were employed at the treatment center where the study was conducted and thus might have had particular motivations to participate.

Given the differences between the samples used above and the sample in this study, as well as the lack of information provided about recruitment in the above studies, it is difficult to gauge to what extent the low response rate achieved in this study was atypical of research using the behavioral-analytic model. The details of the recruitment process reported for this study will help future researchers identify ways to improve recruitment efforts and achieve a higher response rate. Future researchers could consider using incentives to attract more participants, such as monetary payment for participation. Other studies using clinician participants have paid participants and have succeeded in obtaining higher response rates. For example, Westen, Nakash, Thomas, and Bradley (2006) reported that over one-third of clinicians they contacted agreed to participate in their study, in exchange for a consultation payment of $200. The fact that almost two-thirds of clinicians contacted by Westen et al. chose not to participate, even when offered payment, points to the challenges of persuading busy clinicians to sacrifice time, which they could otherwise spend seeing a paying patient, to complete a study questionnaire. In addition to monetary payment, future researchers could consider a particularly attractive incentive for therapists: continuing education credits for clinicians in states that require such credits for maintaining licensure. These incentives were investigated for use in the present study, but were deemed unfeasible given the time and monetary constraints of a dissertation project.

Although the clinicians in this study were more professionally diverse than in many samples due to the inclusion of both psychologists and social workers, the exclusion of psychiatrists, marriage and family counselors, and other mental health professionals meant that the clinicians who provided the situations, responses, and effectiveness ratings were not representative of all therapists. The low response rate raises particular concerns about how representative the participants were of psychologists and clinical social workers. Respondents could differ from nonrespondents in unmeasured ways that might also be associated with clinical judgments.

In Phases I and II, the goal was to reach psychologists and social workers who were representative of the memberships of two APA divisions and the NASW with respect to their clinical judgment. As data on the theoretical orientations of all three organizations were not available, direct comparisons based on orientation were not possible. However, comparisons were possible based on therapist years of experience. Given this study's focus on clinical judgment that therapists acquire from their clinical experience, it is important to evaluate whether participants were comparable to the memberships of the APA divisions and NASW with respect to years of experience. These comparisons revealed that psychologist participants in Phases I and II were comparable to the memberships of the APA divisions from which they were recruited. However, peer-nominated psychologists in Phase III were less experienced than the average members of the two APA divisions. Data on clinician members of NASW were not available, so comparisons were made between social work participants and statistics for the entire membership of NASW. These comparisons revealed that social work participants throughout all three phases were more experienced than the typical NASW

member. It is possible that clinician members of NASW are generally as experienced as the social work participants in this study; however, it is also possible that the highly experienced social work participants were not representative of clinician members of NASW.

It is difficult to be certain how social workers' potentially higher level of experience, and Phase III psychologists' lower level of experience relative to organization norms might have impacted the results of this study, given that research on the importance of therapist experience has yielded conflicting findings. In their review of the literature, Christensen and Jacobson (1994) concluded that there is little evidence for the value of experience. However, several recent studies have found evidence that more experienced therapists are more effective. Blatt, Sanislow, Zuroff, and Pilkonis (1996)'s analysis of data from the Treatment of Depression Collaborative Research Program and Propst, Paris, and Rosberger (1994)'s analysis of a study of brief psychotherapy for a variety of diagnoses found that experienced therapists obtained more positive outcomes than inexperienced therapists. Huppert et al. (2001) found that general clinical experience was related to better outcome on some measures in a study of CBT for panic.

If more experienced therapists are generally more effective, then the greater experience of the peer-nominated social workers in Phase III would be in keeping with their status as respected therapists in the eyes of their peers. However, peer-nominated psychologists were on average less experienced than most members of the two APA divisions. If these nominees were also less effective than most APA members, then the peer-nomination method, which was an effort to identify expert therapists, was faulty. However, the difference in experience could also indicate that the psychologists who

provided the nominations were following the instructions they were given, to name therapists to whom they would feel comfortable referring their own loved ones, and were not simply providing the names of former supervisors or well-known senior clinicians. However, it is also possible that nominators, who were academic faculty members and training directors at psychology internship sites, were providing the names of their own favorite former students or trainees, thereby yielding a less experienced sample of "experts," rather than identifying individuals who are particularly skillful clinicians. Soliciting peer nominations from full-time therapists, rather than faculty members and internship training directors, might be more likely to yield a sample of respected therapists who are representative of practicing clinicians in the community.

Comparisons between participants and organizational norms were also made based on therapist age, which is usually highly correlated with experience. Researchers have raised concerns that therapist age might be an important correlate of outcome given the possibility of a cohort effect, whereby therapists' clinical judgments may have been shaped by the views that were in vogue during the therapists' training years. However, studies that have examined the impact of therapist age have found that it does not contribute significantly to treatment outcome (Beutler et al., 2004).

The fact that one can only speculate about the impact of level of experience on the clinical judgment of Phase III participants points to an important limitation of this study that was noted at the outset of this Discussion: the process of selecting peer-nominated clinicians for the final phase of the study had no objective criterion for determining their actual abilities as therapists. It is possible that the peer-nominated therapists were not more knowledgeable about effective interventions than other therapists. Although the

method of identifying skilled therapists via peer nomination has been used in prior research (e.g., Goldfried, Raue, & Castonguay, 1998), future studies should consider alternative methods to increase the likelihood that the clinicians chosen to make effectiveness ratings are truly "expert" clinicians. One option would be to follow the methodology of the *Expert Consensus Guideline Series* more closely, and recruit well-known researchers. An advantage of seeking consensus among researchers is that they may be privy to cutting-edge research findings that have not yet been published. Another option would be to identify therapists who have proven their effectiveness by recruiting therapists from a controlled study, where therapists have been rank-ordered based on their patients' overall performance on outcome measures (e.g., Blatt et al., 1996; Huppert et al., Luborsky et al., 1997). Lambert and Okiishi (1997) also advocate the use of "case-mix" adjustment: typing patients based on variables that are expected to affect patient outcome. This procedure compensates for the fact that clients are of differing levels of difficulty, so that therapists are not penalized for taking on more difficult cases.

Despite the limitations outlined above, the present study has demonstrated the feasibility of linking research to clinical reality by accessing clinicians' experience. In fact, several participants volunteered that they were excited to participate in a study that was relevant to real clinical work. The methodology of this study can be extended to study other populations or issues of relevance to clinicians. For example, as more middle-aged adults cope with elderly parents, a study of problems between older adult children and their parents could be conducted. The results of such a study could be compared to the results from this investigation, to see the ways in which problems with parents do and do not change over the life course. Additional potential uses include

investigations of interpersonal problems with romantic partners that adults bring to individual therapy, problems with friends and co-workers, and problems with children from the perspective of the parents.

Identifying consensus among psychotherapists can also generate many hypotheses for further research. Studies can investigate parameters of strategies that were rated as effective. For example, the strong consensus on validating the client in the session can be further investigated with studies of the different ways in which therapists express validation in the session, what therapist and client variables impact their choice, and how these interventions are related to outcome. Process research could examine what occurs when therapists use ineffective strategies during the session.

The strategy of exploring and empathizing with the client's feelings of loss and rejection was also rated highly effective during the session. This strategy may be especially relevant for young adults who are struggling to individuate from parents who have failed to provide the right balance of support and autonomy: this strategy was rated usually effective for situations with neglectful and rejecting parents, as well as situations with enmeshed parents who were reluctant to give their children the freedom to make their own choices. Future research can explore ways of implanting this strategy, and assess whether different types of rejection and loss (e.g., criticism from enmeshed, hostile parents versus rejection from withdrawn parents) call for different interventions. Future studies could also explore more specific strategies to help young adults and their parents navigate this developmental period.

The finding of the importance of the timing of interventions points to an important avenue that can inform future studies of therapy interventions: the need for

controlled studies that manipulate when an intervention is utilized. The results of this study suggest that interventions that have already been identified as efficacious or inefficacious in randomized trials might yield different results if the timing of the intervention is altered. Interventions that have been dismissed as lacking empirical support may be potentially effective when employed at the right time; similarly, interventions that have been deemed empirically supported may be ineffective when employed at the wrong time.

An additional future direction for this study is to use these results as a clinical training tool. The situations can be presented to trainees, who are asked to provide their own therapeutic responses. They can then compare and contrast their responses to the consensus responses. The situations provide exposure to realistic scenarios that trainees might face. Also, the areas of high consensus provide some guidance to a novice therapist, while the areas of low consensus point to the complexity of clinical work and encourage discussion and debate of various approaches. With this clinical richness and diversity, these collections of responses can be a valuable complement to the more structured and directive nature of most treatment manuals.

Employing this consensus methodology to study other areas can help move the field of psychotherapy toward building consensus about what works. Goldfried (2000) noted that the field of psychotherapy has yet to reach a consensus on what has been learned over the last 100 years of its existence. Beutler (1998) has observed that over the past 40 years, millions of tax dollars have been spent on psychotherapy research, and yet the profession still cannot agree on what forms of psychotherapy are effective. He warns that reluctance to reach a consensus on what works well could give the public the

impression that therapists lack confidence in their own field, which could lead to withdrawal of funding for practice, research and training.

The APA Presidential Task Force on Evidence-Based Practice (2006) emphasized that evidence-based practice in psychology requires respect for multiple sources of evidence. Future studies that improve upon the methods of this project and successfully identify consensus among a sample of expert clinicians will provide access to a valuable source of evidence: clinical experience. Greater understanding of how expert therapists navigate the complexities of the therapy situation is an important component of identifying effective practice. The views of experts cannot replace careful observational studies of the efficacy of various interventions, but they can serve as a valuable complement and a bridge between controlled research and the realities of clinical practice.

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# Appendix A

## Phase I Sample Questionnaire

# Survey of Therapists' Clinical Experience

## Clients' Problems with their Parents

Thinking back on your past and current clients, please think of a client between the ages of 18 and 35 who had difficulties with his or her parent(s). The client should be an ADULT whom you saw for **INDIVIDUAL**, **OUTPATIENT** therapy.

***Please think of a specific time when the client's problem with his/her parent(s) was raised in a therapy session, and then answer the following questions.***

**1. At what point in therapy was this problem raised? (check one)**

___ Beginning stages of therapy

___ Middle stages of therapy

___ Ending stages of therapy

**2. What was the quality of your relationship or bond with this client? (check one)**

___ Poor ___ Moderate ___ Strong

**3. What was the client's gender? (check one)** ___ Male ___ Female

**4. What was the client's age? If you are unsure, please approximate:** _____ years old

**5. What was the client's race/ethnicity?** (circle or provide)

| | | | | | |
|---|---|---|---|---|---|
| White or European American | Black or African American | Latino/Latina or Hispanic American | Asian American | Native American | Multiracial/ Multi-ethnic |
| | | | | | Other Please specify: _____ |

**Please continue to the next page.**

**Below, please describe the time when your client's problem with his or her parent(s) was raised in the therapy session. Please also provide relevant background information on the client and the therapy.** As clinicians, we recognize the importance of confidentiality. So, please change the client description to provide anonymity.

> **Here's an example description that illustrates a client's difficulty with his mother:**
>
> **Background:** *A client was seeking treatment for mild depression and difficulty motivating himself to get a steady job and move out of his parents' home. In prior sessions, the client had said that his mother had a bad temper and often yelled at him, and he usually responded by avoiding her.*
>
> **Situation:** *During this session, the client reported that he had gotten into an argument with his mother over who should pay a bill, lost his temper, and punched the wall. His mother did not mention the bill again. The client said that he felt guilty about losing his temper, but also relieved that his mother had stopped nagging him.*

**Background:**

**Situation:**

**6. In your clinical practice, how often do you encounter problematic interpersonal interactions between parents and adult children like the one you described above?**
**(circle one)**

| | | | |
|---|---|---|---|
| Rarely—this is an unusual situation. | Somewhat often | Moderately often | Very often—this is a common situation. |

**7. At the time that this situation occurred in session, how helpful would it have been to receive feedback from an expert therapist on how to handle the situation? (circle one)**

| | | | |
|---|---|---|---|
| I didn't need feedback on how to handle this situation. | Feedback might have been <u>somewhat</u> helpful. | Feedback would have been <u>moderately</u> helpful. | Feedback would have been <u>very</u> helpful. |

**Please continue to the next page.**

**Please take a few minutes to provide some information about you.**

**1. What is your highest professional degree? Select one.**

___ DSW

___ Ed.D

___ MSW

___ Ph.D. in Clinical Psychology

___Ph.D. in Counseling Psychology

___Ph.D. in Social Work

___Psy.D.

___Other:_____

**2. Which of the following associations are you a member of? Select all that apply.**

___ National Association of Social Workers (NASW)

___ American Psychological Association (APA)

___ APA Division 29 (Psychotherapy)

___ APA Division 42 (Independent Practice)

___ Society for Psychotherapy Research (SPR)

___ Society for the Exploration of Psychotherapy Integration (SEPI)

**3. In what year did you receive your highest degree**? _____

**4. How many years of experience do you have as a therapist, including years of training?** _____ yrs

**5. On average, how much time do you spend each week providing individual therapy to adult outpatients? (circle one)**

| | | | | | | |
|---|---|---|---|---|---|---|
| Fewer than 10 hours | 10-15 hours | 15-20 hours | 20-25 hours | 25-30 hours | 30-35 hours | More than 35 hours |

**6. Using percentages, please indicate the degree to which different theoretical orientations guide your work with clients (e.g., 40% one orientation, 40% a second orientation, and 20% a third orientation).** The total should be equal to 100%.

_____ Psychodynamic

_____ Cognitive

_____ Behavioral

_____ Cognitive-Behavioral

_____ Experiential/Humanistic/Client-Centered

_____ Family/Systems

_____ Other: _____

**100% TOTAL**

**7. Your sex:** ___ Female ___ Male

**8. Your age:** _____

**9. Which one of the following best describes your race or ethnicity?** (circle or provide)

| | | | | | |
|---|---|---|---|---|---|
| White or European American | Black or African American | Latino/Latina or Hispanic American | Asian American | Native American | Multiracial/ Multi-ethnic |
| | | | | | Other |
| | | | | | Please specify: |
| | | | | | _____ |

**10. What state or province do you live in?** _____

***Thank you for completing the survey!***

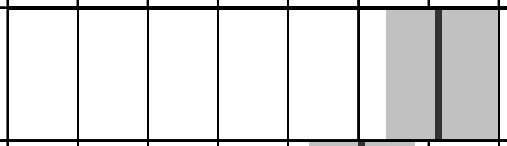
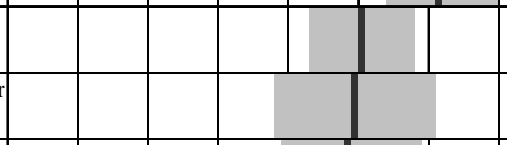
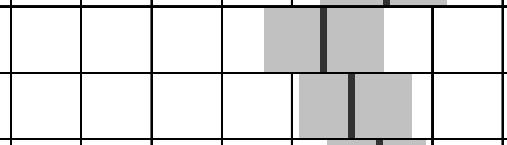
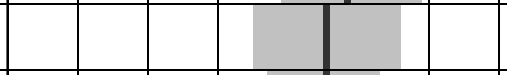
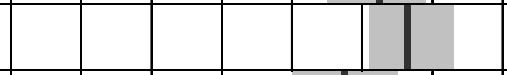
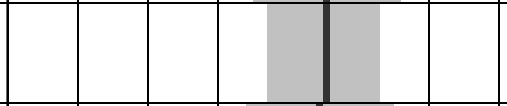
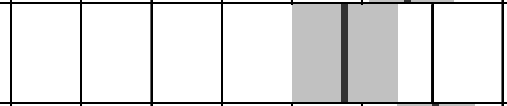
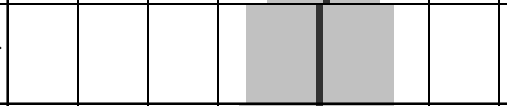
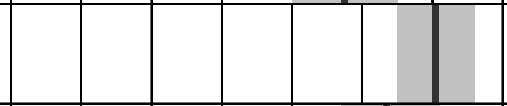
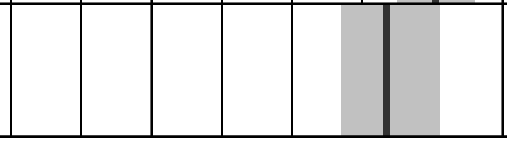
## Appendix B

### Effectiveness Ratings for Situation 1: Affiliative Child, Hostile and Withdrawn Parent

**Background:** The client is a 31-year-old, married, multiracial woman. She is seeking treatment for anxiety related to current work and family stressors, in particular her estrangement from her father. The client reports that her father has been distant and rejecting of her ever since he and her mother divorced, over twenty years ago. He has two other children by a second marriage and has close relationships with both of them.

**Situation:** In session, the client reports that she and her husband are now planning to have their first child. She would like to re-establish a relationship with her father so that her child can have a grandfather. The client says that she has called her father several times over the past few weeks. She has invited him to join her for dinner and other activities. However, he has declined all of her offers and said that he prefers to have limited contact with her. The client feels confused, sad, and hurt by her father's behavior.

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | **In Future Sessions 95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Validate and explore the client's feelings about the situation with her father. | | | | | | | | | | 8.00 (1.32) | | | | | | | | | | 7.67 (1.49) |
| Empathize with the client's wish that her father would change. | | | | | | | | | | 7.68 (1.52) | | | | | | | | | | 7.42 (1.84) |
| Explore and empathize with the client's feelings of loss and rejection about her father's current behavior. | | | | | | | | | | 7.58 (1.93) | | | | | | | | | | 7.50 (1.50) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Explore and empathize with the client's unresolved feelings of loss and rejection about her father's behavior during her childhood. |  | 7.12 (1.81) |  | 7.26 (1.91) |
| Explore the history of the client's relationship with her father. |  | 6.04 (1.70) |  | 6.42 (1.93) |
| Validate and explore the client's anger toward her father. |  | 5.88 (2.60) |  | 6.83 (1.71) |
| Explore the link between the client's feelings about her father's current behavior, and the client's unresolved feelings from her childhood experiences with her father. |  | 5.84 (2.23) |  | 7.17 (1.61) |
| Help the client to accept that her father may be unable to change. |  | 5.48 (2.45) |  | 7.63 (1.35) |
| Focus on ways the client can manage and cope with her feelings of anxiety. |  | 5.46 (1.84) |  | 6.71 (1.57) |
| Explore how the client would cope if her father were never able to meet her needs. |  | 5.40 (2.5) |  | 8.00 (1.10) |
| Explore the client's hopes and expectations for her relationship with her father, and whether these expectations are realistic. |  | 5.36 (2.61) |  | 7.33 (1.55) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Help the client to understand the relationship between her thoughts and feelings. | | 5.32 (2.06) | | 6.71 (1.49) |
| Explore ways the client can take better care of herself. | | 4.96 (2.01) | | 6.92 (1.56) |
| Validate the client's strengths and achievements. | | 4.92 (2.08) | | 6.71 (1.90) |
| Explore the possibility that the father's rejecting behavior toward the client is due to his own issues or shortcomings, not the client's. | | 4.84 (2.15) | | 6.96 (1.30) |
| Examine the costs and benefits for the client of pursuing a close relationship with her father vs. setting limits. | | 4.64 (2.31) | | 6.79 (1.82) |
| Encourage the client to develop and draw on other relationships (e.g., friends, spouse) for support and assistance. | | 4.52 (2.06) | | 6.92 (1.61) |
| Focus on the connection between the client's problems with her father and her history of anxiety. | | 4.28 (2.15) | | 6.25 (2.38) |
| Inquire about the client's mother's response to the client's problem with her father. | | 4.16 (2.12) | | 5.54 (1.77) |
| Explore how race/ethnicity impact the client's relationship with her father. | | 4.16 (2.21) | | 5.67 (2.20) |

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | *In Future Sessions* **95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore the client's hopes and expectations for her relationships with others, and whether these expectations are realistic. | | | | | | | | | | 3.96 (2.49) | | | | | | | | | | 6.50 (1.96) |
| Explore how the client's feelings about her father impact her relationships with others. | | | | | | | | | | 3.92 (2.00) | | | | | | | | | | 6.92 (1.44) |
| Communicate that there is hope for a better life in the future; focus on the client's goals and how she would like for her life to be different. | | | | | | | | | | 3.88 (2.15) | | | | | | | | | | 6.67 (1.34) |
| Explore whether the patterns in the client's relationship with her father are similar to patterns in the client's other relationships. | | | | | | | | | | 3.46 (1.89) | | | | | | | | | | 6.63 (1.06) |
| Explore new ways that the client could communicate more effectively with her father. | | | | | | | | | | 3.28 (1.95) | | | | | | | | | | 4.50 (1.64) |
| Explore the client's feelings of guilt toward her father. | | | | | | | | | | 3.24 (2.30) | | | | | | | | | | 4.25 (2.47) |
| Help the client to focus on the positive aspects of her present and future, rather than expending so much energy trying to repair past problems with her father. | | | | | | | | | | 3.20 (2.18) | | | | | | | | | | 5.54 (2.02) |
| Help the client to recognize that she is repeating an unhealthy pattern with her father. | | | | | | | | | | 3.20 (1.73) | | | | | | | | | | 5.71 (1.63) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Discuss the impact of common developmental stages in parent-child relationships on the client and her father. | | 3.00 (1.87) | | 4.79 (2.25) |
| Explore whether the conflict with her father is really the client's primary issue, or whether other stressors (e.g., work, parenthood) should be the focus of therapy. | | 2.76 (2.13) | | 4.63 (2.04) |
| Encourage the client to express the anger she feels directly to her father. | | 2.72 (1.62) | | 3.67 (1.81) |
| Help the client to understand her father's perspective. | | 2.60 (1.56) | | 4.63 (1.72) |
| Suggest holding a family therapy session with the client and her father. | | 2.36 (1.78) | | 3.50 (1.75) |
| Encourage the client to continue to reach out to her father. | | 2.12 | | 2.58 (1.38) |

## Appendix C

### Effectiveness Ratings for Situation 2: Neglectful Parent, Resentful Child

**Background:** The client is a 30-year-old, Latina woman, seeking therapy for depression following a break-up with a boyfriend. The client grew up with a drug-addicted father and an irresponsible, child-like mother.

**Situation:** In session, the client says that her mother keeps asking her to listen to her problems and give her advice and support. But when the client tries to talk to her mother about how she feels and how hard things have been since she broke up with her boyfriend, her mother does not pay attention and changes the subject back to herself. The client feels frustrated and angry with her mother. But then she feels guilty, and feels that her mother really needs her emotional support.

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** | ***In Future Sessions* 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Validate and explore the client's feelings about the situation with her mother. | | | | | | | | | | 7.81 (1.40) | | | | | | | | | | 7.71 (1.31) |
| Explore and empathize with the client's feelings of loss and rejection about her breakup with her boyfriend. | | | | | | | | | | 7.40 (1.93) | | | | | | | | | | 7.57 (1.25) |
| Focus on the positive coping strategies the client has used to deal with these difficult situations. | | | | | | | | | | 6.95 (1.75) | | | | | | | | | | 7.95 (1.07) |

| Ratings of Effectiveness | During the Session 95% Confidence Intervals | | | | | | | | | | *In Future Sessions* 95% Confidence Intervals | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore and empathize with the client's feelings of loss and rejection about her mother's current behavior. | | | | | | | | | | 6.81 (2.16) | | | | | | | | | | 7.19 (1.33) |
| Validate the client's strengths and achievements. | | | | | | | | | | 6.75 (2.40) | | | | | | | | | | 8.05 (1.19) |
| Validate and explore the client's anger toward her mother. | | | | | | | | | | 6.57 (2.20) | | | | | | | | | | 7.00 (1.64) |
| Explore ways the client can take better care of herself. | | | | | | | | | | 6.29 (2.05) | | | | | | | | | | 7.76 (1.18) |
| Help the client to accept that her father may be unable to change. | | | | | | | | | | 6.29 (1.95) | | | | | | | | | | 7.81 (1.44) |
| Explore the client's feelings of guilt toward her mother. | | | | | | | | | | 6.05 (2.22) | | | | | | | | | | 6.62 (1.60) |
| Help the client to understand the relationship between her thoughts and feelings. | | | | | | | | | | 5.86 (2.06) | | | | | | | | | | 7.48 (1.54) |
| Explore the possibility that the mother's insensitive behavior toward the client is due to her own issues or shortcomings, not the client's. | | | | | | | | | | 5.76 (2.02) | | | | | | | | | | 7.05 (1.96) |
| Focus on ways the client can manage and cope with her feelings of depression. | | | | | | | | | | 5.62 (2.38) | | | | | | | | | | 7.38 (1.77) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Communicate that there is hope for a better life in the future, and focus on the client's goals and how she would like for her life to be different. | | 5.48 (2.70) | | 7.52 (1.75) |
| Explore the history of the client's relationship with her mother. | | 5.43 (1.69) | | 6.38 (1.56) |
| Explore the client's hopes and expectations for her relationship with her mother, and whether these expectations are realistic. | | 5.33 (2.35) | | 7.86 (0.91) |
| Explore the history of the client's relationship with her boyfriend. | | 5.19 (1.89) | | 6.43 (1.78) |
| Explore how culture/ethnicity impact the client's relationship with her mother. | | 5.05 (2.62) | | 6.62 (1.94) |
| Explore whether the client needs additional services (e.g., more frequent sessions, evaluation for psychotropic medication, different therapy modality, or a support group). | | 4.90 (2.30) | | 6.43 (1.72) |
| Explore new ways that the client could communicate more effectively with her mother. | | 4.86 (2.10) | | 7.00 (1.67) |
| Explore the positive aspects of the client's relationship with her mother. | | 4.81 (2.27) | | 6.62 (1.75) |

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** | ***In Future Sessions* 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Focus on the connection between the client's problems with her mother and her history of depression. | | | | | | | | | | 4.33 (2.18) | | | | | | | | | | 6.33 (1.77) |
| Encourage the client to continue to help her mother, but to set some limits. | | | | | | | | | | 4.29 (2.28) | | | | | | | | | | 5.52 (2.62) |
| Discuss the impact of addiction on the client and her family. | | | | | | | | | | 4.19 (1.99) | | | | | | | | | | 7.05 (1.99) |
| Inquire about the client's father's response to the client's problem with his/her parent. | | | | | | | | | | 4.10 (2.10) | | | | | | | | | | 5.55 (1.99) |
| Explore the client's hopes and expectations for her relationships with others, and whether these expectations are realistic. | | | | | | | | | | 4.05 (2.09) | | | | | | | | | | 7.10 (1.65) |
| Explore how the client's feelings toward her mother impact her relationships with others. | | | | | | | | | | 3.95 (1.88) | | | | | | | | | | 7.00 (1.76) |
| Help the client to accept that her mother may be unable to change. | | | | | | | | | | 3.90 (2.12) | | | | | | | | | | 6.95 (1.86) |
| Explore the client's hopes and expectations for her relationships with romantic partners, and whether these expectations are realistic. | | | | | | | | | | 3.86 (2.37) | | | | | | | | | | 7.82 (1.07) |
| Explore whether the patterns in the client's relationship with her mother are similar to patterns in the client's relationships with others. | | | | | | | | | | 3.86 (1.77) | | | | | | | | | | 7.38 (1.75) |

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | ***In Future Sessions* 95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Help the client to understand the process and stages of grief. | | | | | | | | | | 3.67 (1.74) | | | | | | | | | | 5.67 (1.85) |
| Help the client to recognize that she is repeating an unhealthy pattern with her mother. | | | | | | | | | | 3.62 (2.11) | | | | | | | | | | 6.29 (2.35) |
| Explore how the client's feelings toward her father impact her relationships with others. | | | | | | | | | | 3.52 (1.86) | | | | | | | | | | 7.00 (1.73) |
| Explore whether the client's mother can turn elsewhere (e.g., friends, therapy) for support and assistance. | | | | | | | | | | 3.52 (1.47) | | | | | | | | | | 5.67 (1.91) |
| Explore whether the patterns in the client's relationship with her father are similar to patterns in the client's relationships with her ex-boyfriend. | | | | | | | | | | 3.48 (1.86) | | | | | | | | | | 7.38 (1.72) |
| Explore whether the client can reach a compromise with her mother. | | | | | | | | | | 3.33 (1.93) | | | | | | | | | | 5.19 (2.23) |
| Discuss the impact of common developmental stages in parent-child relationships on the client and her mother. | | | | | | | | | | 3.00 (1.82) | | | | | | | | | | 5.00 (2.12) |
| Suggest holding a family therapy session with the client and her mother. | | | | | | | | | | 2.90 (1.81) | | | | | | | | | | 4.86 (2.58) |
| Help the client to understand her mother's perspective. | | | | | | | | | | 2.71 (1.62) | | | | | | | | | | 5.48 (2.29) |

## Appendix D

### Effectiveness Ratings for Situation 3: Suffocating Parent, Hostile Child

**Background:** The client is a 30-year-old, white woman. The client divorced recently, and she and her 8-year-old son are now living with her parents while she tries to get back on her feet financially. The client's mother is very helpful with the client's son, babysitting while the client looks for work, helping the son with his homework, and cooking dinner for the entire family. The client has greatly appreciated her mother's help.

**Situation:** In session, the client says that she wants to have more time to herself, to pursue her own interests and develop more of a social life. She is planning to move out of her parents' house as soon as she secures a job. However, her mother keeps suggesting that they spend more time together, such as meeting in the city for lunch and going shopping together on the weekend. So far, the client has avoided spending more time with her mother by telling her that she is too busy with job interviews. The client feels guilty about not being there for her mother after all that her mother has done for her.

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** | ***In Future Sessions* 95% Confidence Intervals** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Validate and explore the client's feelings about the situation with her mother. | | | | | | | | | | 7.86 (1.39) | | | | | | | | | |
| Explore the client's current relationship with her mother. | | | | | | | | | | 7.19 (2.02) | | | | | | | | | |
| Validate and support the client's desire to be more independent and have time for herself. | | | | | | | | | | 7.05 (1.69) | | | | | | | | | |
| Explore the client's feelings of guilt toward her mother. | | | | | | | | | | 7.00 (2.12) | | | | | | | | | |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Help the client to identify her thoughts about the situation with her mother, and how these thoughts impact her. | | 6.91 (1.95) | | 6.90 (1.65) |
| Explore the client's thoughts and feelings about being dependent on her mother. | | 6.90 (1.76) | | 7.33 (1.56) |
| Explore the client's hopes for a social life. | | 6.76 (1.73) | | 7.29 (1.35) |
| Help the client to accept that her father may be unable to change. | | 6.57 (2.18) | | 7.19 (1.57) |
| Explore the history of the client's relationship with her mother. | | 6.45 (2.24) | | 6.45 (2.24) |
| Explore how the client and her mother communicate with each other. | | 6.32 (2.06) | | 6.85 (1.53) |
| Explore why the client is avoiding her mother. | | 6.10 (2.43) | | 6.29 (2.26) |
| Focus on ways the client can cope with and manage her feelings of guilt. | | 6.10 (2.91) | | 6.81 (1.99) |
| Encourage the client to discuss with her mother their expectations for their relationship. | | 5.80 (2.53) | | 6.63 (2.29) |

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | ***In Future Sessions* 95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore other situations in the past when the client has felt guilty. | | | | | | | | | | 5.67 (2.46) | | | | | | | | | | 6.10 (2.17) |
| Explore whether the client can reach a compromise with her mother on how much time they will spend together. | | | | | | | | | | 5.62 (2.69) | | | | | | | | | | 6.48 (2.16) |
| Encourage the client to express her appreciation to her mother for all her help. | | | | | | | | | | 5.52 (2.86) | | | | | | | | | | 6.38 (2.75) |
| Validate and explore the client's frustration about being a single parent. | | | | | | | | | | 5.52 (2.62) | | | | | | | | | | 6.52 (1.72) |
| Explore the consequences of the client's avoidance of her mother. | | | | | | | | | | 5.52 (2.54) | | | | | | | | | | 5.86 (2.35) |
| Encourage the client to reassure her mother that her relationship with the client and the client's son will continue in the future. | | | | | | | | | | 5.43 (2.94) | | | | | | | | | | 6.00 (2.55) |
| Explore the client's anger toward her mother. | | | | | | | | | | 5.09 (2.58) | | | | | | | | | | 5.85 (2.21) |
| Explore whether the patterns in the client's relationship with her mother are similar to patterns in the client's other relationships. | | | | | | | | | | 5.00 (2.51) | | | | | | | | | | 6.45 (2.13) |

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | *In Future Sessions* **95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Help the client develop a specific plan for finding work and achieving financial independence. | | | | | | | | | | 5.00 (2.15) | | | | | | | | | | 6.20 (2.17) |
| Encourage the client to be more assertive and set boundaries with her mother. | | | | | | | | | | 4.90 (2.64) | | | | | | | | | | 5.95 (1.96) |
| Explore the client's pattern of prioritizing others' needs over her own. | | | | | | | | | | 4.90 (2.51) | | | | | | | | | | 5.71 (2.08) |
| Suggest holding a family therapy session with the client and her mother. | | | | | | | | | | 4.76 (2.34) | | | | | | | | | | 5.62 (1.96) |
| Help the client to understand her mother's perspective. | | | | | | | | | | 4.71 (2.72) | | | | | | | | | | 6.19 (2.27) |
| Explore the history of the client's marriage and divorce. | | | | | | | | | | 4.65 (2.58) | | | | | | | | | | 6.32 (1.99) |
| Explore the history of the client's relationship with her father. | | | | | | | | | | 4.59 (2.36) | | | | | | | | | | 5.95 (2.48) |
| Encourage the client to develop and draw on other relationships (e.g., friends) for support and assistance. | | | | | | | | | | 4.55 (2.37) | | | | | | | | | | 5.91 (2.18) |
| Explore the client's current relationship with her father. | | | | | | | | | | 4.50 (2.35) | | | | | | | | | | 5.75 (2.47) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Help the client with time management so that she can find enough time for herself and her family. | | 4.18 (2.28) | | 5.30 (1.92) |
| Explore whether the client's mother can turn elsewhere (e.g., friends, spouse) for support and companionship. | | 4.14 (2.69) | | 4.81 (2.52) |
| Help the client to gain perspective on how her life situation has changed since she became a single parent. | | 4.14 (2.24) | | 5.43 (2.06) |
| Explore how the ending of the client's marriage impacted her self-esteem and ability to make choices. | | 3.86 (1.96) | | 4.90 (1.84) |
| Explore whether the client needs additional services (e.g., career counseling, support group for women or divorced parents). | | 3.81 (2.14) | | 5.33 (1.88) |
| Explore the client's current relationship with her son. | | 3.80 (2.02) | | 5.77 (1.88) |
| Help the client to understand the stages of grief with respect to the loss of her marriage. | | 3.70 (2.52) | | 5.23 (2.35) |
| Explore the impact of the divorce on the client's son. | | 2.80 (1.58) | | 4.82 (1.99) |

## Appendix E

### Effectiveness Ratings for Situation 4: Critical Parent, Hostile Child

**Background:** The client is a 25-year-old, white female. She works full-time and supports herself financially. The client's mother told the client that she should enter therapy because she was making so many "bad decisions" with her life.

**Situation:** In session, the client says that her mother insists that she work in an office setting. To please her mother, the client has tried to hold down office jobs. However, she has not been successful—she has had five different jobs since she graduated from college three years ago. The client feels guilty about her lack of success. But she also feels frustrated with her mother, who she says is "driving me crazy" by "trying to run my life." The client wants to learn how to say "no" to her mother, but she is afraid that her mother will become angry with her.

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** | ***In Future Sessions* 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore the client's current relationship with her mother. | | | | | | | | | | 7.27 (1.56) | | | | | | | | | | 7.70 (1.25) |
| Explore the client's fears of angering her mother and losing her approval. | | | | | | | | | | 7.00 (1.70) | | | | | | | | | | 7.91 (1.04) |
| Validate the client's strengths and achievements. | | | | | | | | | | 6.55 (2.88) | | | | | | | | | | 7.09 (2.47) |
| Validate and support the client's desire for a more independent life. | | | | | | | | | | 6.36 (2.54) | | | | | | | | | | 7.18 (2.40) |
| Explore the client's feelings of guilt. | | | | | | | | | | 6.36 (1.50) | | | | | | | | | | 7.20 (1.55) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Explore the client's thoughts and feelings about being dependent on her mother's approval. | | 6.30 (2.26) | | 8.00 (1.10) |
| Explore the client's hopes and expectations for her relationship with her mother and whether these expectations are realistic. | | 6.20 (2.39) | | 7.18 (1.72) |
| Help the client to accept that her father may be unable to change. | | 6.09 (2.30) | | 7.27 (1.42) |
| Focus on ways the client can manage and cope with her feelings of anxiety, anger, and guilt. | | 6.09 (2.12) | | 8.00 (1.05) |
| Explore how the client's feelings impact her relationship with her mother. | | 6.00 (2.31) | | 7.91 (.944) |
| Explore the history of the client's relationship with her mother to see if there is a pattern of the client having difficulty asserting herself with her mother. | | 5.60 (2.32) | | 7.27 (.79) |
| Explore the client's current relationships with friends and co-workers. | | 5.60 (2.27) | | 7.00 (1.48) |
| Explore how the client typically reacts to others' anger. | | 5.50 (2.46) | | 7.18 (1.08) |
| Explore how the client feels about her current behavior, and how she could change her behavior to feel better about herself. | | 5.45 (2.58) | | 7.50 (1.08) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Explore the client's fears about being more independent and autonomous. | | 5.45 (2.07) | | 8.00 (.94) |
| Explore the positive aspects of the client's relationship with her mother. | | 5.36 (2.29) | | 6.30 (1.64) |
| Validate and explore the client's anger toward her mother. | | 5.36 (1.57) | | 6.80 (1.48) |
| Explore how anger and conflict were handled in the client's family as she was growing up. | | 5.20 (2.15) | | 6.82 (.98) |
| Explore the client's history of "bad" job decisions and factors that may have contributed to her lack of success. | | 5.09 (2.84) | | 6.00 (1.95) |
| Encourage the client to express her feelings directly to her mother. | | 4.45 (2.30) | | 7.20 (1.69) |
| Explore the possibility that the mother's controlling behavior toward the client is due to her own issues, not the client's. | | 4.30 (2.87) | | 6.36 (2.25) |
| Discuss the normal developmental tasks of separating from her family and achieving on her own. | | 4.30 (2.63) | | 6.45 (1.86) |
| Encourage the client to be more assertive and set boundaries with her mother. | | 4.00 (2.26) | | 7.27 (1.62) |
| Encourage the client to develop and draw on other relationships (e.g., friends) for support and assistance. | | 3.40 (2.27) | | 6.00 (2.65) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Suggest holding a family therapy session with the client and her mother. | | 3.27 (2.33) | | 5.30 (2.45) |
| Encourage the client to talk with her mother about goals her mother had for her own life but never pursued. | | 3.20 (2.67) | | 4.55 (2.46) |
| Help the client develop a specific plan for finding a job that she can succeed at. | | 3.18 (2.32) | | 6.09 (2.21) |
| Help the client to understand her mother's perspective. | | 3.00 (2.36) | | 5.36 (2.16) |
| Explore the history of the client's mother's family for similar patterns of enmeshment. | | 2.90 (2.08) | | 4.36 (1.63) |
| Explore how the client is focusing on her frustration with her mother instead of taking responsibility for her own behavior. | | 2.80 (2.30) | | 5.18 (2.48) |
| Reassure the client that it is possible that, with effort, she can improve her relationship with her mother | | 2.64 (1.69) | | 3.00 (1.63) |
| Explore whether the client would benefit from vocational testing or counseling, or readings on career options. | | 2.55 (2.25) | | 4.82 (2.75) |
| Encourage the client to express her appreciation to her mother for all her help. | | 2.36 (1.43) | | 3.90 (2.13) |
| Explore whether the client is having feelings toward the therapist that are similar to her feelings toward her mother. | | 2.30 (2.54) | | 5.45 (1.75) |

## Appendix F

### Effectiveness Ratings for Situation 5: Self-neglectful Child, Enmeshed Parent

**Background:** The client is an 18-year-old, white woman who lives with her mother and stepfather. The client is depressed, irritable, and has a history of cutting herself, but is not suicidal. She was enrolled in a community college, but recently withdrew because she was failing. She was also recently fired from a job.

**Situation:** The client reports that her mother became angry when she learned that the client had been fired. She accused the client of being irresponsible, and gave her an ultimatum to get a job or leave the house. The client says that she feels incompetent, and doubts that she will be able to find and keep another job. The client also says that she is furious with her mother for threatening to kick her out of the house. She is planning to move out and live with her father, whom her mother cannot stand.

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | **In Future Sessions 95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore and empathize with the client's feelings of loss and rejection. | | | | | | | | | | 7.47 (1.66) | | | | | | | | | | 7.47 (1.66) |
| Validate and explore the client's anger toward her mother. | | | | | | | | | | 7.19 (1.52) | | | | | | | | | | 7.56 (1.15) |
| Assess the severity of the client's depressive symptoms and the extent to which they have contributed to the client's difficulties with work and school. | | | | | | | | | | 7.00 (2.35) | | | | | | | | | | 7.61 (1.42) |
| Explore the client's current relationships with her parents. | | | | | | | | | | 6.89 (1.61) | | | | | | | | | | 7.22 (1.56) |
| Explore positive coping strategies that the client has used in the past to deal with difficult situations. | | | | | | | | | | 6.67 (1.72) | | | | | | | | | | 7.44 (1.10) |

| Ratings of Effectiveness | During the Session 95% Confidence Intervals | | | | | | | | | | *In Future Sessions* 95% Confidence Intervals | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore the client's strengths and achievements. | | | | | | | | | | 6.61 (2.30) | | | | | | | | | | 8.17 (.71) |
| Explore the history of the client's depression and the reasons why she cut herself in the past. | | | | | | | | | | 6.35 (2.29) | | | | | | | | | | 7.69 (1.49) |
| Help the client to accept that her father may be unable to change. | | | | | | | | | | 6.35 (1.94) | | | | | | | | | | 8.18 (.95) |
| Explore whether the client needs an evaluation for psychotropic medication. | | | | | | | | | | 6.24 (1.92) | | | | | | | | | | 7.24 (1.03) |
| Contract with the client that she will not engage in cutting or other self-harming behaviors. | | | | | | | | | | 6.22 (2.96) | | | | | | | | | | 7.22 (2.02) |
| Explore what goals the client wants to target in therapy. | | | | | | | | | | 6.22 (2.18) | | | | | | | | | | 7.22 (1.70) |
| Assess the client's use of alcohol and drugs. | | | | | | | | | | 6.00 (2.89) | | | | | | | | | | 7.56 (1.54) |
| Clarify the terms of the mother's ultimatum. | | | | | | | | | | 6.00 (2.29) | | | | | | | | | | 5.00 (2.28) |
| Explore the client's feelings about being more independent and autonomous. | | | | | | | | | | 5.88 (2.06) | | | | | | | | | | 7.59 (1.28) |
| Explore whether the client has a history of trauma or abuse. | | | | | | | | | | 5.83 (2.77) | | | | | | | | | | 7.67 (1.50) |
| Explore ways the client can take better care of herself. | | | | | | | | | | 5.67 (2.47) | | | | | | | | | | 7.56 (1.04) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective \| Usually Ineffective \| Somewhat Effective \| Usually Effective \| Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective* \| *Usually Ineffective* \| *Somewhat Effective* \| *Usually Effective* \| *Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Encourage the client to develop and draw on other relationships (e.g., friends) for support and assistance. | | 5.67 (2.25) | | 7.44 (1.46) |
| Examine the pros and cons for the client of living with her father vs. staying with her mother. | | 5.61 (2.30) | | 5.88 (2.42) |
| Explore the history of the client's relationships with her parents. | | 5.61 (2.09) | | 7.06 (1.51) |
| Inquire about the client's father's and stepfather's responses to the client's problem with her mother. | | 5.59 (1.97) | | 5.71 (1.72) |
| Help the client explore alternatives to living with either of her parents. | | 5.12 (2.26) | | 7.12 (1.65) |
| Discuss other times when the client has felt helpless and incompetent and how she handled those situations. | | 5.06 (2.36) | | 6.83 (1.54) |
| Discuss the client's physical health and whether health problems could be contributing to her difficulties. | | 4.89 (3.14) | | 6.44 (2.18) |
| Explore whether the client has experienced similar conflicts with her mother or with others in the past, and how the client responded to the conflict. | | 4.83 (2.15) | | 6.44 (1.46) |
| Explore new ways the client could communicate more effectively with her mother. | | 4.78 (2.16) | | 7.94 (1.00) |

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | *In Future Sessions* **95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore the client's feelings of incompetence and worthlessness and identify ways the client can enhance her self-esteem. | | | | | | | | | | 4.72 (2.27) | | | | | | | | | | 7.06 (1.48) |
| Explore the client's hopes and expectations for her relationship with her father and whether these expectations are realistic. | | | | | | | | | | 4.72 (2.19) | | | | | | | | | | 6.56 (1.42) |
| Encourage the client to focus on addressing the conflict with her mother before initiating any major life changes. | | | | | | | | | | 4.65 (2.40) | | | | | | | | | | 6.38 (2.13) |
| Evaluate whether the client meets criteria for borderline personality disorder. | | | | | | | | | | 4.61 (2.66) | | | | | | | | | | 5.61 (2.00) |
| Explore the client's feelings about her parents' divorce. | | | | | | | | | | 4.59 (1.87) | | | | | | | | | | 7.12 (1.22) |
| Evaluate whether the client has learning difficulties or symptoms of ADHD that could be contributing to her problems at work and school. | | | | | | | | | | 4.56 (3.09) | | | | | | | | | | 6.06 (2.16) |
| Explore the client's history of problems at work and school and factors that may have contributed to her lack of success. | | | | | | | | | | 4.53 (1.94) | | | | | | | | | | 7.82 (1.07) |
| Explore the possibility that the mother's behavior is due to her own issues or shortcomings, not the client's. | | | | | | | | | | 4.22 (2.39) | | | | | | | | | | 5.00 (1.91) |

| Ratings of Effectiveness | During the Session 95% Confidence Intervals | | | | | | | | | | *In Future Sessions* 95% Confidence Intervals | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Help the client identify her goals with respect to work and school and develop a realistic, specific plan for achieving them. | | | | | | | | | | 4.00 (1.90) | | | | | | | | | | 7.59 (1.46) |
| Discuss the normal developmental tasks of separating from family and achieving on one's own. | | | | | | | | | | 3.89 (2.32) | | | | | | | | | | 5.78 (1.73) |
| Explore whether the client would benefit from vocational testing or counseling, or readings on career options. | | | | | | | | | | 3.82 (2.01) | | | | | | | | | | 6.41 (1.33) |
| Take steps to ensure that the client does not become overly dependent on the therapist. | | | | | | | | | | 3.72 (2.47) | | | | | | | | | | 4.94 (2.53) |
| Explore how the client's own behavior has contributed to her problems with her mother. | | | | | | | | | | 3.67 (2.11) | | | | | | | | | | 7.44 (.92) |
| Suggest holding a family therapy session. | | | | | | | | | | 3.67 (1.85) | | | | | | | | | | 6.56 (1.50) |
| Help the client to understand her mother's perspective. | | | | | | | | | | 3.50 (2.09) | | | | | | | | | | 6.72 (1.53) |
| Discuss how her parents' divorce impacts the client's ability to become more independent. | | | | | | | | | | 3.28 (1.57) | | | | | | | | | | 5.94 (1.66) |
| Explore whether the patterns in the client's relationships with her family are similar to patterns in her relationship with the therapist. | | | | | | | | | | 2.94 (2.10) | | | | | | | | | | 5.83 (1.95) |
| Explore the possibility that the client's behavior is at least partly motivated by a desire to antagonize or retaliate against her mother. | | | | | | | | | | 2.94 (1.59) | | | | | | | | | | 5.39 (2.55) |
| Explore whether the client's difficulties at work and school stem from a problem with authority figures. | | | | | | | | | | 2.78 (1.22) | | | | | | | | | | 5.61 (1.75) |

## Appendix G

### Effectiveness Ratings for Situation 6: Independent Child, Hostile and Enmeshed Parent

**Background:** The client is a 22-year-old, white man seeking treatment for anxiety and depression. The client recently graduated from college, and is living with his parents while he looks for a job**.**

**Situation:** In session, the client reports that he recently came out to his parents. He said that they were very upset, and told him that homosexuality violated their religious beliefs. They also expressed concern about how their friends would react to the news. Since then, neither the client nor his parents have talked about what happened. The client says that the atmosphere at home is very stressful, and everyone is on edge.

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** | ***In Future Sessions* 95% Confidence Intervals** | | | | | | | | | **Mean (SD)** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore how coming out to his parents has impacted the client's anxiety and depression. | | | | | | | | | | 8.25 (1.34) | | | | | | | | | | 7.73 (1.44) |
| Explore the client's feelings about coming out. | | | | | | | | | | 8.13 (1.03) | | | | | | | | | | 7.87 (1.25) |
| Explore and empathize with the client's feelings of loss and rejection. | | | | | | | | | | 8.06 (1.24) | | | | | | | | | | 7.93 (1.58) |
| Inquire about how the client is handling the situation with his parents. | | | | | | | | | | 7.63 (1.71) | | | | | | | | | | 8.00 (1.00) |
| Help the client understand that homosexuality is not pathological. | | | | | | | | | | 7.50 (2.47) | | | | | | | | | | 7.80 (2.18) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective \| Usually Ineffective \| Somewhat Effective \| Usually Effective \| Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective* \| *Usually Ineffective* \| *Somewhat Effective* \| *Usually Effective* \| *Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Validate the client's strengths and achievements. | | 7.33 (1.88) | | 8.13 (1.26) |
| Encourage the client to develop and draw on other relationships (e.g., friends) for support and assistance. | | 7.13 (2.07) | | 7.63 (1.67) |
| Help the client to accept that her father may be unable to change. | | 7.00 (1.92) | | 6.00 (2.42) |
| Validate and explore the client's anger toward his parents. | | 7.00 (1.66) | | 7.08 (1.94) |
| Help the client to accept himself and his sexual orientation. | | 6.93 (2.12) | | 7.94 (1.44) |
| Explore the client's current relationship with his parents. | | 6.93 (1.71) | | 7.63 (1.15) |
| Explore the client's experience of growing up gay in his family. | | 6.80 (1.74) | | 7.44 (1.37) |
| Explore how his parents' reaction impacts the client's self-esteem. | | 6.47 (2.20) | | 7.13 (2.06) |
| Focus on ways the client can manage and cope with his feelings of anxiety and depression. | | 6.44 (2.63) | | 7.93 (1.10) |
| Explore whether the client can give his parents time to process his coming out. | | 6.38 (2.45) | | 7.73 (1.10) |
| Help the client to strike a balance between maintaining a relationship with his parents and asserting his own needs. | | 6.31 (2.80) | | 7.71 (2.16) |

| Ratings of Effectiveness | During the Session 95% Confidence Intervals | | | | | | | | | | *In Future Sessions* 95% Confidence Intervals | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Help the client understand how stress contributes to anxiety and depression. | | | | | | | | | | 6.31 (2.18) | | | | | | | | | | 7.53 (1.46) |
| Explore the client's hopes and expectations for his relationship with his parents, and whether these expectations are realistic. | | | | | | | | | | 6.25 (2.15) | | | | | | | | | | 7.67 (1.35) |
| Provide support to help compensate for the parents' lack of support. | | | | | | | | | | 6.13 (2.48) | | | | | | | | | | 6.44 (2.48) |
| Inquire about who else the client has come out to. | | | | | | | | | | 6.13 (1.96) | | | | | | | | | | 6.75 (1.53) |
| Explore the client's religious beliefs with respect to his sexual orientation. | | | | | | | | | | 6.07 (2.60) | | | | | | | | | | 7.19 (1.72) |
| Assess the client for self-destructive and suicidal thoughts and behavior. | | | | | | | | | | 6.06 (2.21) | | | | | | | | | | 5.93 (2.27) |
| Discuss how common it is for parents to have difficulty accepting their gay children's sexual orientation. | | | | | | | | | | 6.00 (3.23) | | | | | | | | | | 6.56 (2.25) |
| Refer the client to support groups for gay and lesbian young adults and their families. | | | | | | | | | | 5.56 (1.97) | | | | | | | | | | 6.93 (1.75) |

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | *In Future Sessions* **95% Confidence Intervals** | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Explore the history of the client's relationship with his parents. | | | | | | | | | | 5.56 (1.67) | | | | | | | | | | 6.80 (1.61) |
| Recommend readings on the coming out process. | | | | | | | | | | 5.07 (2.66) | | | | | | | | | | 6.63 (1.82) |
| Help the client explore alternatives to living with his parents. | | | | | | | | | | 4.93 (2.62) | | | | | | | | | | 7.27 (1.34) |
| Help the client understand the stages of grief that his parents may be going through as they process his coming out. | | | | | | | | | | 4.88 (2.96) | | | | | | | | | | 6.93 (1.91) |
| Validate and support the client's efforts to find a job and become more independent. | | | | | | | | | | 4.87 (2.72) | | | | | | | | | | 7.20 (1.47) |
| Help the client understand his parents' perspective. | | | | | | | | | | 4.40 (2.47) | | | | | | | | | | 6.00 (2.32) |
| Refer the client to a therapist who specializes in gay/lesbian issues. | | | | | | | | | | 4.36 (2.76) | | | | | | | | | | 5.43 (2.24) |
| Help the client to clarify his life goals. | | | | | | | | | | 4.36 (2.76) | | | | | | | | | | 7.00 (1.59) |
| Explore whether the client would benefit from an evaluation for psychotropic medication. | | | | | | | | | | 4.33 (2.82) | | | | | | | | | | 4.63 (2.09) |

| **Ratings of Effectiveness**<br><br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Suggest holding a family therapy session with the client and his parents. | | 4.00 (2.60) | | 5.80 (1.52) |
| Explore whether the client could benefit from religious or spiritually focused support, such as a referral for pastoral counseling. | | 4.00 (2.39) | | 3.69 (2.15) |
| Help the client develop a specific plan for achieving his life goals. | | 3.87 (2.77) | | 6.73 (1.87) |
| Explore whether the client has a history of trauma or abuse. | | 3.80 (2.93) | | 4.40 (2.26) |
| Explore whether the client has any ambivalent feelings about his sexual orientation. | | 3.71 (2.84) | | 5.50 (2.25) |
| Discuss safe sex practices and HIV/AIDS prevention. | | 3.67 (2.58) | | 6.19 (2.26) |
| Explore whether the client's parents can turn to their pastor or a support group for support and assistance. | | 3.67 (2.53) | | 5.13 (2.19) |
| Discuss ways to deal with his parents' concerns about interactions with their friends. | | 3.33 (2.44) | | 4.63 (2.03) |
| Recommend that the client and his parents engage in ongoing family therapy. | | 2.87 (2.17) | | 4.73 (1.83) |

## Appendix H

## Phase II Sample Questionnaire

**Situation 1**

**Background:** The client is a 31-year-old, married, multiracial woman. She is seeking treatment for anxiety related to current work and family stressors, in particular her estrangement from her father. The client reports that her father has been distant and rejecting of her ever since he and her mother divorced, over twenty years ago. He has two other children by a second marriage and has close relationships with both of them.
This is the beginning stage of therapy. I have a moderately good relationship with the client.

**Situation:** In session, the client reports that she and her husband are now planning to have their first child. She would like to re-establish a relationship with her father so that her child can have a grandfather. The client says that she has called her father several times over the past few weeks. She has invited him to join her for dinner and other activities. However, he has declined all of her offers and said that he prefers to have limited contact with her. The client feels confused, sad, and hurt by her father's behavior.



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**What would you encourage the therapist to do during the therapy session? Please list up to 5 responses you would suggest.**

1.

2.

3.

4.

5.

**Thinking ahead, what additional themes and issues would you encourage the therapist to pursue in future sessions? Please list up to 5 themes or issues you would suggest.**

1.

2.

3.

4.

5.

**How often do your clients bring situations like this to therapy? (circle one)**

Rarely—this is an unusual situation. | Somewhat often | Moderately often | Very often—this is a common situation.

**How helpful would it be to know how expert therapists would handle this situation? (circle one)**

It would not be helpful. | It would be somewhat helpful. | It would be moderately helpful. | It would be very helpful.

**Please take a few minutes to provide some information about you.**

**1. What is your highest professional degree? Select one.**

___ DSW ___ Ph.D. in Clinical Psychology ___Psy.D.

___ Ed.D ___Ph.D. in Counseling Psychology ___Other:_____

___ MSW ___Ph.D. in Social Work

**2. In what year did you receive your highest degree? _____**

**3. How many years of experience do you have as a therapist, including training? _____**yrs

**4. On average, how many hours per week do you spend providing individual therapy to adult outpatients? (circle one)**

| | | | | | | |
|---|---|---|---|---|---|---|
| Fewer than 10 hours | 10-15 hours | 15-20 hours | 20-25 Hours | 25-30 hours | 30-35 hours | More than 35 hours |

**5. Which of the following associations are you a member of? Select all that apply.**

___ National Association of Social Workers (NASW) ___ APA Division 42 (Independent Practice)

___ American Psychological Association (APA) ___ Society for Psychotherapy Research (SPR)

___ APA Division 29 (Psychotherapy) ___ Society for the Exploration of Psychotherapy Integration (SEPI)

**6. Using percentages, please indicate the degree to which different theoretical orientations guide your work with clients (e.g., 40% one orientation, 40% a second orientation, and 20% a third orientation).** ***The total should be equal to 100%.***

_____ Psychodynamic

_____ Cognitive

_____ Behavioral

_____ Cognitive-Behavioral

_____ Experiential/Humanistic/Client-Centered

_____ Family/Systems

_____ Other: _____

**100% TOTAL**

**7. Your sex:** ___ Female ___ Male

**8. Your age:** _____

**9. Which one of the following best describes your race or ethnicity?** (circle or provide)

| | | | | | | |
|---|---|---|---|---|---|---|
| White or European American | Black or African American | Latino/Latina or Hispanic American | Asian American | Native American | Multiracial/ Multi-ethnic | Other Please specify: |

**10. What state or province do you live in?** _____

***Thank you for completing the survey!***

# Appendix I

## Phase III Sample Questionnaire

**Background:** The client is a 31-year-old, married, multiracial woman. She is seeking treatment for anxiety related to current work and family stressors, in particular her estrangement from her father. The client reports that her father has been distant and rejecting of her ever since he and her mother divorced, over twenty years ago. He has two other children by a second marriage and has close relationships with both of them.

**Situation:** In session, the client reports that she and her husband are now planning to have their first child. She would like to re-establish a relationship with her father so that her child can have a grandfather. The client says that she has called her father several times over the past few weeks. She has invited him to join her for dinner and other activities. However, he has declined all of her offers and said that he prefers to have limited contact with her. The client feels confused, sad, and hurt by her father's behavior.

**Below is a list of responses that could be used to address this situation. Please rate how effective you think each strategy would be if it were used <u>during</u> this session, and if it were used in *future* sessions.**

| | **During This Session** | | | | | | | | | ***In Future Sessions*** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Ineffective** | **Usually Ineffective** | | **Somewhat Effective** | | | **Usually Effective** | | **Extremely effective** | ***Ineffective*** | ***Usually Ineffective*** | | ***Somewhat Effective*** | | | ***Usually Effective*** | | ***Extremely effective*** |
| Empathize with the client's wish that her father would change. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Help the client to accept that her father may be unable to change. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore how the client would cope if her father were never able to meet her needs. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Help the client to focus on the positive aspects of her present and future, rather than expending so much energy trying to repair past problems with her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Focus on ways the client can manage and cope with her feelings of anxiety. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Validate and explore the client's feelings about the situation with her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Validate and explore the client's anger toward her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Encourage the client to express the anger she feels directly to her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore the client's feelings of guilt toward her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore and empathize with the client's feelings of loss and rejection about her father's current behavior. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore and empathize with the client's unresolved feelings of loss and rejection about her father's behavior during her childhood. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore the link between the client's feelings about her father's current behavior, and the client's unresolved feelings from her childhood experiences with her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Focus on the connection between the client's problems with her father and her history of anxiety. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Explore the history of the client's relationship with her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore how race/ethnicity impact the client's relationship with her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Inquire about the client's mother's response to the client's problem with her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Discuss the impact of common developmental stages in parent-child relationships on the client and her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Help the client to understand the relationship between her thoughts and feelings. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Examine the costs and benefits for the client of pursuing a close relationship with her father vs. setting limits. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Encourage the client to continue to reach out to her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore new ways that the client could communicate more effectively with her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Suggest holding a family therapy session with the client and her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Explore the client's hopes and expectations for her relationship with her father, and whether these expectations are realistic. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore the client's hopes and expectations for her relationships with others, and whether these expectations are realistic. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore how the client's feelings about her father impact her relationships with others. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore whether the patterns in the client's relationship with her father are similar to patterns in the client's other relationships. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Help the client to recognize that she is repeating an unhealthy pattern with her father. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Help the client to understand her father’s perspective. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore the possibility that the father’s rejecting behavior toward the client is due to his own issues or shortcomings, not the client's. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore ways the client can take better care of herself. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Validate the client's strengths and achievements. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Communicate that there is hope for a better life in the future; focus on the client's goals and how she would like for her life to be different. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Encourage the client to develop and draw on other relationships (e.g., friends, spouse) for support and assistance. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |
| Explore whether the conflict with her father is really the client's primary issue, or whether other stressors (e.g., work, parenthood) should be the focus of therapy. | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** | ***9*** |

**Please take a few minutes to provide some information about yourself.**

**1. What is your highest professional degree? Select one.**

___ DSW ___ Ph.D. in Clinical Psychology ___Psy.D.

___ Ed.D ___Ph.D. in Counseling Psychology ___Other:_____

___ MSW ___Ph.D. in Social Work

**2. In what year did you receive your highest degree? _____**

**3. How many years of experience do you have as a therapist, including training? _____**yrs

**4. On average, how many hours per week do you spend providing individual therapy to adult outpatients? (circle one)**

| | | | | | | |
|---|---|---|---|---|---|---|
| Fewer than 10 hours | 10-15 hours | 15-20 hours | 20-25 Hours | 25-30 hours | 30-35 hours | More than 35 hours |



**5. Which of the following associations are you a member of? Select all that apply.**

___ National Association of Social Workers (NASW) ___ APA Division 42 (Independent Practice)

___ American Psychological Association (APA) ___ Society for Psychotherapy Research (SPR)

___ APA Division 29 (Psychotherapy) ___ Society for the Exploration of Psychotherapy Integration (SEPI)

**6. Using percentages, please indicate the degree to which different theoretical orientations guide your work with clients (e.g., 40% one orientation, 40% a second orientation, and 20% a third orientation).** ***The total should be equal to 100%.***

_____ Psychodynamic

_____ Cognitive

_____ Behavioral

_____ Cognitive-Behavioral

_____ Experiential/Humanistic/Client-Centered

_____ Family/Systems

_____ Other: _____

**100% TOTAL**

**7. Your sex:** ___ Female ___ Male

**8. Your age:** _____

**9. Which one of the following best describes your race or ethnicity?** (circle or provide)

| White or European American | Black or African American | Latino/Latina or Hispanic American | Asian American | Native American | Multiracial/ Multi-ethnic | Other Please specify: |
|---|---|---|---|---|---|---|

**10. What state or province do you live in?** _____



**11. Would you like for your name to be included in a list of expert clinician participants in presentations and publications of this research?**

_____ Yes. My name is: _____
_____ No.

***Thank you for completing the survey!***

Table 1

*Demographic Characteristics of Study Participants*

| Variable | Study Participants | | |
|---|---|---|---|
| | Phase I ($N$ = 54) | Phase II ($N$ = 171) | Phase III ($N$ = 113) |
| M age in years (SD) | 60.32 (6.97) | 59.45 (8.43) | 55.14(9.10) |
| Gender (%) | | | |
| Women | 55.56 | 47.65 | 63.89 |
| Men | 44.44 | 52.35 | 36.11 |
| Race (%) | | | |
| White/European American | 96.30 | 94.01 | 95.37 |
| Black/African American | 0.00 | 0.00 | 1.85 |
| Latino/Latina/Hispanic American | 0.00 | 1.20 | 1.85 |
| Asian American | 1.85 | 1.20 | 0.93 |
| Native American | 1.85 | 0.00 | 0.00 |
| Multiracial/Multi-ethnic | 0.00 | 2.99 | 0.00 |
| Other | 0.00 | 0.60 | 0.00 |
| No. of states represented[a] | 25 | 37 | 29 |
| Profession (%) | | | |
| Psychologist | 53.70 | 49.71 | 54.87 |
| Social worker | 46.30 | 50.29 | 45.13 |
| Highest academic degree (%) | | | |
| Master's in Social Work (MSW) | 44.44 | 42.35 | 31.86 |
| Doctorate in Social Work (DSW) | 0.00 | 4.12 | 0.88 |
| Ph.D. in Social Work | 1.85 | 1.76 | 5.31 |
| Doctorate in Education (Ed.D.) | 1.85 | 4.71 | 1.77 |
| Ph.D. in Clinical Psychology | 37.04 | 30.00 | 39.82 |
| Ph.D. in Counseling Psychology | 7.41 | 7.65 | 10.62 |
| Psy.D. | 3.70 | 4.71 | 5.31 |
| Other | 3.70 | 4.71 | 4.42 |
| *M* years of experience as a therapist (*SD)* | 29.52 (9.27) | 30.49 (9.23) | 26.26(9.17) |
| Hours spent providing therapy each week (%) | | | |
| Fewer than 10 hours | 22.64 | 23.21 | 26.36 |
| 10-15 hours | 16.98 | 13.10 | 15.45 |
| 15-20 hours | 7.55 | 17.86 | 15.45 |
| 20-25 hours | 16.98 | 12.50 | 17.09 |

| | | | |
|---|---|---|---|
| 25-30 hours | 15.09 | 13.69 | 17.09 |
| 30-35 hours | 7.55 | 11.90 | 6.84 |
| More than 35 hours | 13.21 | 7.74 | 5.98 |
| | | | |
| Theoretical orientation[b] | | | |
| Psychodynamic | 23.33 | 25.72 | 26.04 |
| Cognitive-behavioral | 39.76 | 39.76 | 35.49 |
| Experiential/Humanistic/Client-centered | 12.13 | 12.25 | 13.18 |
| Family/Systems | 15.83 | 15.40 | 16.05 |
| Other | 7.56 | 7.17 | 9.29 |

[a] Participants' state of residence.

[b] Participants were asked to indicate the degree to which each theoretical orientation guided their work with clients as a percentage (e.g., 100% one orientation; or 40% one orientation, 40% a second orientation, and 20% a third orientation). Mean percentages are presented here.

Table 2

*Examples of Phase II Responses and Clinical Strategy Labels*

| Original response | CSTF categories | Clinical strategy label |
|---|---|---|
| Empathy/support around feelings of rejection.<br><br>Empathize: "Any daughter would be hurt by a father's rejection."<br><br>Support difficulty of feelings—interpret in terms of sadness at loss.<br><br>Grief/loss, rejection.<br><br>Acknowledging the loss and working through grief. | Therapist support, Emotions | Explore and empathize with the client's feelings of loss and rejection about her father's current behavior. |
| Explore patient's expectations about father's reactions.<br><br>Explore potential impacts of father's involvement.<br><br>Encourage her to elaborate on her expectation of how the "grandfather" would improve her family life.<br><br>Discuss history and expectations.<br><br>Explore how and why her expectations of her father fly in the face of past history. | Expected or imagined reaction of other | Explore the client's hopes and expectations for her relationship with her father, and whether these expectations are realistic. |

Table 3

*Effectiveness Ratings for Situation 1*

**Background:** The client is a 31-year-old, married, multiracial woman. She is seeking treatment for anxiety related to current work and family stressors, in particular her estrangement from her father. The client reports that her father has been distant and rejecting of her ever since he and her mother divorced, over twenty years ago. He has two other children by a second marriage and has close relationships with both of them.

**Situation:** In session, the client reports that she and her husband are now planning to have their first child. She would like to re-establish a relationship with her father so that her child can have a grandfather. The client says that she has called her father several times over the past few weeks. She has invited him to join her for dinner and other activities. However, he has declined all of her offers and said that he prefers to have limited contact with her. The client feels confused, sad, and hurt by her father's behavior.

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | **In Future Sessions 95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Validate and explore the client's feelings about the situation with her father. | | | | | | | | | | 8.00 (1.32) | | | | | | | | | | 7.67 (1.49) |
| Empathize with the client's wish that her father would change. | | | | | | | | | | 7.68 (1.52) | | | | | | | | | | 7.42 (1.84) |
| Explore and empathize with the client's feelings of loss and rejection about her father's current behavior. | | | | | | | | | | 7.58 (1.93) | | | | | | | | | | 7.50 (1.50) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Explore and empathize with the client's unresolved feelings of loss and rejection about her father's behavior during her childhood. | | 7.12 (1.81) | | 7.26 (1.91) |
| Explore the history of the client's relationship with her father. | | 6.04 (1.70) | | 6.42 (1.93) |
| Validate and explore the client's anger toward her father. | | 5.88 (2.60) | | 6.83 (1.71) |
| Explore the link between the client's feelings about her father's current behavior, and the client's unresolved feelings from her childhood experiences with her father. | | 5.84 (2.23) | | 7.17 (1.61) |
| Help the client to accept that her father may be unable to change. | | 5.48 (2.45) | | 7.63 (1.35) |
| Focus on ways the client can manage and cope with her feelings of anxiety. | | 5.46 (1.84) | | 6.71 (1.57) |
| Explore how the client would cope if her father were never able to meet her needs. | | 5.40 (2.5) | | 8.00 (1.10) |
| Explore the client's hopes and expectations for her relationship with her father, and whether these expectations are realistic. | | 5.36 (2.61) | | 7.33 (1.55) |

| **Ratings of Effectiveness** | **During the Session 95% Confidence Intervals** | | | | | | | | | | ***In Future Sessions* 95% Confidence Intervals** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | Ineffective | Usually Ineffective | | Somewhat Effective | | | Usually Effective | | Extremely Effective | **Mean (SD)** | *Ineffective* | *Usually Ineffective* | | *Somewhat Effective* | | | *Usually Effective* | | *Extremely Effective* | **Mean (SD)** |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Help the client to understand the relationship between her thoughts and feelings. | | | | | | | | | | 5.32 (2.06) | | | | | | | | | | 6.71 (1.49) |
| Explore ways the client can take better care of herself. | | | | | | | | | | 4.96 (2.01) | | | | | | | | | | 6.92 (1.56) |
| Validate the client's strengths and achievements. | | | | | | | | | | 4.92 (2.08) | | | | | | | | | | 6.71 (1.90) |
| Explore the possibility that the father's rejecting behavior toward the client is due to his own issues or shortcomings, not the client's. | | | | | | | | | | 4.84 (2.15) | | | | | | | | | | 6.96 (1.30) |
| Examine the costs and benefits for the client of pursuing a close relationship with her father vs. setting limits. | | | | | | | | | | 4.64 (2.31) | | | | | | | | | | 6.79 (1.82) |
| Encourage the client to develop and draw on other relationships (e.g., friends, spouse) for support and assistance. | | | | | | | | | | 4.52 (2.06) | | | | | | | | | | 6.92 (1.61) |
| Focus on the connection between the client's problems with her father and her history of anxiety. | | | | | | | | | | 4.28 (2.15) | | | | | | | | | | 6.25 (2.38) |
| Inquire about the client's mother's response to the client's problem with her father. | | | | | | | | | | 4.16 (2.12) | | | | | | | | | | 5.54 (1.77) |
| Explore how race/ethnicity impact the client's relationship with her father. | | | | | | | | | | 4.16 (2.21) | | | | | | | | | | 5.67 (2.20) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective* / *Usually Ineffective* / *Somewhat Effective* / *Usually Effective* / *Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Explore the client's hopes and expectations for her relationships with others, and whether these expectations are realistic. | | 3.96 (2.49) | | 6.50 (1.96) |
| Explore how the client's feelings about her father impact her relationships with others. | | 3.92 (2.00) | | 6.92 (1.44) |
| Communicate that there is hope for a better life in the future; focus on the client's goals and how she would like for her life to be different. | | 3.88 (2.15) | | 6.67 (1.34) |
| Explore whether the patterns in the client's relationship with her father are similar to patterns in the client's other relationships. | | 3.46 (1.89) | | 6.63 (1.06) |
| Explore new ways that the client could communicate more effectively with her father. | | 3.28 (1.95) | | 4.50 (1.64) |
| Explore the client's feelings of guilt toward her father. | | 3.24 (2.30) | | 4.25 (2.47) |
| Help the client to focus on the positive aspects of her present and future, rather than expending so much energy trying to repair past problems with her father. | | 3.20 (2.18) | | 5.54 (2.02) |
| Help the client to recognize that she is repeating an unhealthy pattern with her father. | | 3.20 (1.73) | | 5.71 (1.63) |

| **Ratings of Effectiveness**<br>1 = Ineffective<br>2-3 = Usually Ineffective<br>4-6 = Somewhat Effective<br>7-8 = Usually Effective<br>9 = Extremely Effective | **During the Session**<br>**95% Confidence Intervals**<br>Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** | ***In Future Sessions***<br>**95% Confidence Intervals**<br>*Ineffective / Usually Ineffective / Somewhat Effective / Usually Effective / Extremely Effective*<br>1 2 3 4 5 6 7 8 9 | **Mean (SD)** |
|---|---|---|---|---|
| Discuss the impact of common developmental stages in parent-child relationships on the client and her father. | | 3.00 (1.87) | | 4.79 (2.25) |
| Explore whether the conflict with her father is really the client's primary issue, or whether other stressors (e.g., work, parenthood) should be the focus of therapy. | | 2.76 (2.13) | | 4.63 (2.04) |
| Encourage the client to express the anger she feels directly to her father. | | 2.72 (1.62) | | 3.67 (1.81) |
| Help the client to understand her father's perspective. | | 2.60 (1.56) | | 4.63 (1.72) |
| Suggest holding a family therapy session with the client and her father. | | 2.36 (1.78) | | 3.50 (1.75) |
| Encourage the client to continue to reach out to her father. | | 2.12 | | 2.58 (1.38) |

Table 4

*Strategies Rated "Usually Effective" During the Session*

| Situation | Strategy |
|---|---|
| 1, 2, 3* | Validate and explore the client's feelings about the situation with his/her parent. |
| 1, 2, 5, 6* | Explore and empathize with the client's feelings of loss and rejection…<br>(Situation 1: about her father's current behavior.)<br>(Situation 2: about her breakup with her boyfriend.) |
| 1 | Empathize with the client's wish that her father would change. |
| 6 | Inquire about how the client is handling the situation with his parents. |
| 6* | Explore the client's feelings about coming out. |
| 6* | Explore how coming out to his parents has impacted the client's anxiety and depression. |

*Strategies that were labeled "extremely effective" due to receiving a rating of 9 from at least half of the raters for that situation.

Table 5

*Strategies Rated "Usually Effective" in Future Sessions Across Multiple Situations*

| Situations | Strategy |
|---|---|
| 1, 2, 3 | Validate and explore the client's feelings about the situation with his/her mother/father. |
| 1, 2, 5, 6* | Explore and empathize with the client's feelings of loss and rejection...<br>(Situations 1 and 2: about her mother's/father's current behavior.)<br>(Also Situation 2: about her breakup with her boyfriend.) |
| 2, 5, 6 | Encourage the client to develop and draw on other relationships (e.g., friends) for support and assistance. |
| 4, 6 | Explore the client's current relationship with his/her mother/parents. |
| 4, 5 | Explore the client's fears of angering her mother and losing her approval.<br>(Situation 5: substitute "feelings about" for "fears of.") |
| 1, 2, 6 | Explore the client's hopes and expectations for her relationship with her father/mother, and whether these expectations are realistic.<br>(Situation 2: substitute "romantic partners" for "father/mother") |
| 3, 4 | Explore the client's thoughts and feelings about being dependent on her mother.<br>(Situation 4: dependent on her mother's approval) |
| 2, 5 | Explore ways the client can take better care of herself. |
| 2, 4 | Situations 2 and 4: Explore whether the patterns in the client's relationship with her mother are similar to patterns in the client's relationships with others.<br>Also Situation 2: Explore whether the patterns in the client's relationship with her father are similar to patterns in the client's relationship with her ex-boyfriend. |
| 2, 5 | Focus on/Explore the positive coping strategies the client has used to deal with these difficult situations. |
| 2, 4, 6 | Focus on ways the client can manage and cope with her feelings of …<br>(Situation 2: depression)<br>(Situation 4: anxiety, anger, and guilt)<br>(Situation 6: anxiety and depression) |
| 2, 5, 6* | Validate the client's strengths and achievements.<br>(Situation 5: Substitute "explore" for "validate.") |

*Strategies that were labeled “extremely effective” due to receiving a rating of 9 from at least half of the raters for that situation.

Table 6

*Strategies Rated "Usually Ineffective" During the Session Across Multiple Situations*

| Situations | Strategy |
|---|---|
| 3, 4 | Encourage the client to develop and draw on other relationships (e.g., friends) for support and assistance. |
| 1, 2 | Help the client to recognize that she is repeating an unhealthy pattern with her father/mother. |
| 1, 2, 4 | Explore whether the patterns in the client's relationship with her father/mother are similar to patterns in the client's other relationships. (Also Situation 2: Explore whether the patterns in the client's relationship with her father are similar to patterns in the client's relationship with her ex-boyfriend.) |
| 1, 2 | Explore how the client's feelings toward her mother/father impact her relationships with others. |
| 1, 2 | Explore the client's hopes and expectations for her relationships with others, and whether these expectations are realistic. |
| 4, 5 | Situation 4: Explore whether the client is having feelings toward the therapist that are similar to her feelings toward her mother.<br>Situation 5: Explore whether the patterns in the client's relationships with her family are similar to patterns in her relationship with the therapist. |
| 1, 2 | Discuss the impact of common developmental stages in parent-child relationships on the client and her father/mother |
| 4, 5 | Discuss the normal developmental tasks of separating from family and achieving on one's own. |
| 2, 3, 6 | Help the client to understand the process and stages of grief…<br>(Situation 3: with respect to the loss of her marriage.)<br>(Situation 6: that his parents may be going through as they process his coming out.) |
| 1, 2, 3, 4, 5, 6 | Help the client to understand his/her mother's/father's perspective. |
| 2, 4 | Help the client to accept that her mother may be unable to change. |
| 1, 4 | Encourage the client to express her feelings directly to her mother/father. |
| 4, 5 | Explore the possibility that the mother's behavior is due to her own issues or |

| | |
|---|---|
| | shortcomings, not the client's.<br>(Situation 4: mother's controlling behavior) |
| 2, 3, 6 | Explore whether the client's mother can turn elsewhere (e.g., friends, therapy) for support and assistance.<br>Situation 6: Explore whether the client's parents can turn to their pastor or a support group for support and assistance. |
| 1, 2, 4 | Inquire about the client's other parent's response to the client's problem with his/her parent. |
| 1, 2 | Explore whether the conflict with her mother/father is really the client's primary issue, or whether other stressors (e.g., work, parenthood) should be the focus of therapy.<br>(Situation 2: Substitute "the breakup with the boyfriend" for "work, parenthood.") |
| 1, 2 | Focus on the connection between the client's problems with her father/mother and her history of anxiety/depression. |
| 4, 5 | Explore whether the client would benefit from vocational testing or counseling, or readings on career options. |
| 4, 5, 6 | Situation 5: Help the client identify her goals with respect to work and school and develop a realistic, specific plan for achieving them.<br>Situation 4: Help the client develop a specific plan for finding a job that she can succeed at.<br>Situation 6: Help the client develop a specific plan for achieving his life goals. |

Table 7

*Strategies Rated "Usually Ineffective" in Future Sessions*

| Situation | Strategy |
|---|---|
| 4 | Explore the history of the client's mother's family for similar patterns of enmeshment. |
| 4 | Encourage the client to talk with her mother about goals her mother had for her own life but never pursued. |
| 1 | Encourage the client to continue to reach out to her father. |
| 4 | Encourage the client to express her appreciation to her mother for all her help. |
| 1 | Encourage the client to express the anger she feels directly to her father. |
| 1 | Explore the client's feelings of guilt toward her father. |
| 4 | Inquire about the client's father's response to the client's problem with her mother. |
| 4 | Reassure the client that it is possible that, with effort, she can improve her relationship with her mother |
| 1 | Suggest holding a family therapy session with the client and her father. |
| 4 | Explore whether the client would benefit from vocational testing or counseling, or readings on career options. |
| 6 | Explore whether the client could benefit from religious or spiritually focused support, such as a referral for pastoral counseling. |
| 6 | Explore whether the client has a history of trauma or abuse. |

Table 8

*Distribution of Effectiveness Labels Across the 6 Situations*

| | | During the session | | | In future sessions | | |
|---|---|---|---|---|---|---|---|
| Situation | Total items | Usually Ineffective | Somewhat Effective | Usually Effective | Usually Ineffective | Somewhat Effective | Usually Effective |
| 1 | 34 | 17 (50.00%) | 14 (41.18%) | 3 (8.82%) | 4 (11.76%) | 24 (70.59%) | 6 (17.65%) |
| 2 | 41 | 20 (48.78%) | 19 (46.34%) | 2 (4.88%) | 0 (0%) | 26 (63.41%) | 15 (36.59%) |
| 3 | 38 | 12 (31.58%) | 25 (65.79%) | 1 (2.63%) | 0 (0%) | 34 (89.47%) | 4 (10.53%) |
| 4 | 37 | 19 (51.35%) | 18 (48.65%) | 0 (0%) | 6 (16.22%) | 23 (62.16%) | 8 (21.62%) |
| 5 | 44 | 16 (36.36%) | 27 (61.36%) | 1 (2.27%) | 0 (0%) | 27 (61.36%) | 17 (38.64%) |
| 6 | 42 | 16 (38.10%) | 22 (52.38%) | 4 (9.52%) | 2 (4.76%) | 25 (59.52%) | 15 (35.71%) |
| *M* % (*SD*) | | 42.70% (8.37) | 52.62% (9.34) | 4.69% (3.81) | 5.46% (7.01) | 67.75% (11.30) | 26.79% (11.75) |