

AN ABSTRACT OF THE THESIS OF

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This follow-up study investigated the effect of a systems-oriented graduate training program upon system thinking among practitioners who had completed training, using a post-test only, treatment-comparison group design. The subjects consisted of practitioners matriculated through two counselor-related programs at a medium-sized college in the Northwest during the years 1985–1991. A family systems-oriented training program for clinical child and youth work (CCYW) counselors and a non-systems-oriented training program for school and agency counselors (SAC), respectively, were the sources for treatment (n=40) and comparison (n=30) groups.

The theoretical orientations of the two programs were the principal independent variable, and years of post-training experience, conjugal experience, and age (life experience) were the additional independent variables used for the study. The principal dependent variable was systemic thinking and the secondary dependent variable was executive skill (therapeutic intervention skills). Data was collected from the administration of the Family Therapy Assessment Exercise (FTAE), developed by Breunlin and Associates (1989). The FTAE consists of a 30-minute videotaped simulated family therapy session, followed by administration of a series of multiple-choice questions concerned with subject judgments of therapeutic steps portrayed in the simulation. The FTAE has been found to have high discriminative validity across studies for the measurement of

systemic thinking among subjects with different levels of training in family systems therapy.

The primary research hypothesis was that means scores for the treatment group would be higher for systemic thinking than for the comparison group. Descriptive and inferential statistics were derived from the data and multiple regression analysis was conducted. The statistical hypothesis of no difference was set at the .05 level of significance. From findings, the null hypothesis was rejected at the .01 level of significance and the research hypothesis was accepted. From correlational tests between systems thinking and the three secondary independent variables, and between Executive Skills and the two independent variables of years of experience and conjugal experience, differences for the null hypotheses were not found to be significant at .05 and were not rejected. These results indicated that relative to the variables considered for the study, systems-oriented training had an important effect upon the ability to predict systems thinking abilities. The implications of the findings and recommendations for future research were discussed.

Effect of a Systems-Oriented Graduate Training Program on
Practitioner Systemic Thinking: A Follow-Up Study

by

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TABLE OF CONTENTS

<u>Chapter</u>	<u>Page</u>
I INTRODUCTION	1
Statement of the Problem	6
Purpose of the Study	6
Research Hypotheses	7
II REVIEW OF THE LITERATURE	9
Systems-Oriented Dependent Variable.....	9
Measurement of Systems-Oriented Training Skill Variables	12
Measurement of Systemic Skills, the Family Therapy Assessment Exercise.....	16
Trainee Variables for Measurement of Systemic Thinking.....	22
Integrated Systems-Oriented Program Content.....	27
Training Programs at Western Oregon State College.....	28
WOSC Clinical Child and Youth Work Program.....	29
WOSC, School and Agency Counseling Program.....	33
III METHODOLOGY	37
Subjects	37
CCYW Trainees	38
SAC Trainees	39
Measures	40
Research Design and Procedure	42
Data Analysis.....	44

TABLE OF CONTENTS (Continued)

<u>Chapter</u>	<u>Page</u>
IV RESULTS	47
Descriptive Statistics	47
Research Hypotheses	51
V SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	55
Summary	55
Conclusions	61
Expanding Study Population to Systems-Oriented SAC	
Subjects	63
Systemic Thinking: A Fundamental Distinction	65
Research Model for Counselor Education Follow-Up Studies	66
Systemic Thinking: Maturation or Training Effect?	67
FTAE Subscales	68
Implications for Second-Generation Systems-Oriented	
Approaches	71
Evaluative Limitation	74
Recommendations	74
REFERENCES	79
APPENDICES	90
Appendix A Demographic Survey	91
Appendix B Follow-Up Questionnaire for SAC Students	98
Appendix C Follow-Up Questionnaire for CCYW Students	101
Appendix D Family Therapy Assessment Exercise	104
Appendix E Letter of Release to Use FTAE	128

LIST OF TABLES

<u>Table</u>		<u>Page</u>
III.1	Demographic Characteristics of Subject Groups	38
IV.1	Descriptive Statistics, Including Frequency Distributions, Means, Standard Deviations, Skewness and Kurtosis Distributions for Independent Variable FTAE Scores	48
IV.2	Descriptive Statistics, Including Frequency Distributions, Means, Standard Deviations, Skewness, and Kurtosis Distributions for Dependent Variable FTAE Scores	49
IV.3	Correlation Matrix for Continuous Variables	51
IV.4	Multiple Regression Results for Overall Systemic Thinking	52
IV.5	Multiple Regression Results for Systemic Thinking, Executive Skills	53
IV.6	Multiple Regression Results for Systemic Thinking, Perceptual and Conceptual Skills	54

Effect of a Systems-Oriented Graduate Training Program on Practitioner Systemic Thinking: A Follow-Up Study

I. INTRODUCTION

Over the last several decades, systems theories have been developed as approaches to issues of pathology and treatment in the field of mental health, including general systems theory (von Bertalanffy, 1968) and cybernetic systems theory (Bateson, 1976; Wiener, 1954). While clinical applications have been most fully developed in the field of marriage and family counseling (MFC), the principles established have been applied subsequently to other clinical disciplines, including medical specialties in pediatrics (Breunlin, Richman, & Lattimer, 1990), nursing (Wright & Leahey, 1988), general practice (Pruessner, Hensel, & Ransco, 1992), and psychiatry (Onnis, 1993), as well as the allied mental health fields of psychology (Steenbarger, 1992), counseling (Wampold, 1991), child development (Bronfenbrenner, 1979), social work (Ackerman, 1989), child and youth care (VanderVen, 1991), and pastoral counseling (Hague, 1993).

Family therapy is increasingly being utilized for the treatment of marital and family problems. In a comprehensive review of studies reporting treatment improvement outcomes, Gurman and Kniskern (1978) found an improvement rate of approximately two-thirds. Their analysis revealed a 65% improvement rate for marital cases and a 73% rate for family cases. When the identified patient was a child or adolescent, the improvement rate was found to be 71%. There has subsequently been increasing interest in the

development of family therapy practice and training in counseling, mental health, and child and youth care work fields.

In professional education programs, interest in these areas has been evidenced by a proliferation of systems-oriented family therapy courses, as well as specialized training in both medical (Kaufman, 1985; Swee, 1991) and mental health (Street, 1988) training programs. Sexton (1994) described "systems thinking" as an "important and potentially revolutionary development in counseling," noting that "during the past decade there has been a dramatic increase in the interest and practice of systems-oriented counseling approaches" (p. 249). The significance of systems theory for graduate education is reflected by its inclusion in the standards of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE, 1988) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 1988).

Systems theories have thus become the most commonly identified components considered to be essential to graduate-level counselor education programs as well as standard components of CACREP-accredited MFC programs (Smith, 1993; Winkle, Piercy, & Hovestadt, 1981). However, despite opinion that systems theories are particularly suited to the needs of MFC therapy training programs based upon principles of systemic-contextual thinking, or to those counselor training programs developed to meet CACREP accreditation standards, "marriage and family training initiatives in counselor education programs are still in the relatively early stages" (Horne, Dagley, & Webster, 1993, p.104). Specifically, little research has been conducted from which guidance can be drawn for the design and development of academic programs (Anderson, 1992).

Empirical studies of family systems counselor education, including educational outcome studies and methodological evaluations, have lagged significantly behind parallel studies in clinical areas of study (Liddle, 1985; Saba & Liddle, 1986; Zaken-Greenberg & Neimeyer, 1986).

Liddle, Breunlin, and Schwartz (1988) expressed concern for the scarcity of viable training programs in systems-oriented MFC therapies. It was noted that the programs developed tended to utilize an integrated theory of practice which could encompass several different MFC schools of therapy (Breunlin, Schwartz & MacKune-Karrer, 1992; Duhl, 1983; Kanfer & Schefft, 1988; Schultz, 1984). As early as 1983, Liddle and Saba expressed the concern that numerous programs in this area were being instituted only in the absence of a consistent systems-oriented theory of teaching or an examined methodology of system-oriented education. To date, most of the evaluative and follow-up studies of family therapy training have not been of the integrative school (rather, single schools of therapy) with respect to systems thinking (Byles, Bishop & Horn, 1983; Churven & McKinnon, 1973; Pulleybank & Shapiro, 1986; Zaken-Greenberg & Neimeyer, 1986). Therefore, it would be desirable to conduct further empirical studies of those programs that deal with the utilization of integrated systems theories and approaches.

The field of child and youth care provides an important example of a discipline that has begun recently to incorporate systems-oriented MFC approaches and theory (Maier, 1987; Peterson, 1993). As an "emerging profession" among the fields of mental health, clinical child and youth care (CYC) is a counseling-related specialization focusing

upon the holistic needs of children, youths, families and community contexts, often in day and residential treatment clinics, juvenile corrections centers, or in specialized educational settings as well as mental health and child welfare agencies (Ainsworth & Fulcher, 1981; Denholm, Ferguson, & Pence, 1987; VanderVen, 1993). The literature of CYC draws heavily upon research and clinical work conducted in related fields, most notably in child psychiatry, early childhood education, juvenile justice, and in behavioral and counseling psychology and social work (Beker & Eisikovits, 1991).

Review of the literature of CYC reveals a variety of systems-oriented concepts and practices, including ecology (Garbarino, 1982), family-oriented or community child-care practice (Seidl, 1974), family members as treatment partners (Whittaker & Garbarino, 1983), systems interventionists (Peterson & Brown, 1982), ecological community networks (Weiss, 1988), and applications of structural/strategic (Peterson, 1994c), and applications of brief and narrative family therapies (Durrant, 1993; Peterson, 1988; Simes & Trotter, 1990). MFC concepts as well as systems theory are apparent in articles published by CYC educators (Bufford, 1989; Garfat, 1985; Krueger & Powell, 1990; Maier, 1987; Pennel & Bufford, 1994; Peterson, 1978; VanderVen, 1991).

Specifically, review of the literature reveals a gap in educational research of graduate MFC training programs (Anderson, 1992). Graduate-level CYC educational programs in Canada and the United States include four masters programs and a single doctoral-level program (VanderVen, 1986). Of these programs, one conducted through the Department of Psychology, Western Oregon State College (Monmouth, Oregon), is an example of an interdisciplinary approach based upon graduate instruction in psychol-

ogy, marriage and family counseling, and child and youth care work taught as an integrated model of systems-oriented MFC and CYC approaches.

The development of graduate-level family systems-oriented training which includes MFC training in interdisciplinary programs represents an important advance in CYC programs, but to date no studies have been completed on this program. This suggests the need to conduct a preliminary follow-up and demographic study, addressing the question whether CYC-counselor trainees who complete a systems-oriented program demonstrate systemic thinking to a greater degree than counselor trainees who are not trained in systemic thinking. A study of this program will thus provide a contribution to both the knowledge base of the field of CYC and to the body of MFC systems-oriented educational research.

Among the variables of consideration there are others in addition to training that will affect systems thinking, such as the age of subjects and life experiences gained from conjugal relationships and whether or not the subjects have children of their own (Avis & Sprenkle, 1990; Breunlin et al., 1989). Moreover, the extent and effect of post-training experience as a counseling practitioner have not been previously determined. Nor has the literature addressed the issue of whether practitioners who are trained in systems approaches demonstrate higher levels of performance on systemic skill assessments after training than have those practitioners who have not received systems-oriented training.

Statement of the Problem

Systems-oriented marriage and family counseling instruction has been included in the training programs of many clinical disciplines (e.g., psychology, medicine, and mental health), as well as in graduate counselor education programs. However, few empirical studies have been conducted which could usefully serve to guide future program development. This is specifically true of graduate programs in the field of clinical child and youth care counseling. Currently operating under an ecological and holistic view, CYC counseling has recently begun to embrace a family systems-oriented view at both the practice and training levels. Thus, there is a need for further studies of systems-oriented clinical CYC counselor education.

Purpose of the Study

The primary purpose of the present study was to determine whether counselors trained in a program of integrated systems-oriented teaching approaches perform better on measures of systemic thinking than do counselors who were trained using non-systems-oriented teaching approaches. The secondary purpose was to determine whether age (life experience), conjugal experience (marital status and number of children), and post-training experience are related to systemic thinking practices among subjects from the two groups. A corollary purpose was to investigate whether those counselors who were trained in the use of systems-oriented approaches perform better on

measures of executive systems thinking skills than do non-systems-oriented trained counselors. These purposes were framed by the following research questions:

- 1) Do practitioners who have been trained in the utilization of family systems-oriented teaching methods perform better in the area of systemic thinking than practitioners trained in the utilization of non-family systems teaching methods?
- 2) Can the learning and performance of systemic thinking abilities be correlated with three post-training experience variables, including years of post-training experience, conjugal experience as represented by marital status and number of children, and general life experience as represented by age?
- 3) Can the learning and performance of executive (therapeutic intervention) skills be correlated with method of training, years of post-training experience, and conjugal experience (marital status and number of children)?

Research Hypotheses

The research questions summarized in the previous section were tested through application of the following research hypotheses:

- Ho₁ A treatment training group will have a higher overall systemic thinking score than a comparison group.
- Ho_{2a} Subjects with more conjugal experience will have higher overall systemic thinking scores than subjects with less conjugal experience.

- Ho_{2b} Subjects with more post-training practitioner experience will have higher overall systemic thinking scores than subjects with less post-training practitioner experience.
- Ho_{2c} Subjects of greater ages will not have higher overall systemic thinking scores than subjects of lower ages.
- Ho_{3a} A treatment training group will have a higher systemic thinking executive skills subscore than a comparison group.
- Ho_{3b} Subjects with more conjugal experience will have higher systemic thinking executive skills subscores than subjects with less conjugal experience.
- Ho_{3c} Subjects with more post-training practitioner experience will have higher systemic thinking executive skills subscores than subjects with less post-training practitioner experience.

II. REVIEW OF THE LITERATURE

This review is presented in six sections, as follows. For the purposes of the present study, the principal dependent variable, systems-oriented thinking or "systemic thinking," is defined and discussed in the first section. The second section provides a critique of those studies relating to methods of measurement of systems-oriented training, and the two dependent variables used to measure training for the present study, systemic thinking and executive skills. Section three presents a discussion of the selected measurement instrument, whereas section four reviews the literature pertaining to correlations between the variables of age, marital status, and length of post-training experience and the measurement of systemic skills. Section five discusses the relevance of interdisciplinary graduate programs and integrated systems-oriented MFC programs to the present study, while section six provides specific focus upon descriptions of training programs of a single institution from which subjects for both treatment and comparison groups for the present study were provided.

Systems-Oriented Dependent Variable

Cleghorn and Levin (1973) developed a framework for the categorization of the learning objectives of systems-oriented teaching appropriate to the evaluation of MFC-CYC programs, which has become the standard for the organization of MFC educational studies (Liddle, 1991). Three major categories of systems-oriented skills, including perceptual, conceptual and executive (i.e., therapeutic intervention) skills, were identified,

each representing specific aspects of the general ability to think from a systems perspective. "Systemic thinking" can thus be regarded as a category of overall skills that combine and integrate the skills of observation, intervention, and conceptualization. Utilizing these categories, Hernandez (1985) subsequently demonstrated the procedures used to validate available instruments for the measurement of systemic thinking (Breunlin et al., 1989).

Systemic thinking is a crucial element in the systems-oriented counselor training learning process. According to Breunlin, Schwartz, Krause, and Selby (1983), the ability to think "systemically" is "to view a family member's actions as one part of a redundant family dance, rather than as being caused by another member's actions or by intrapsychic events or personality traits" (p. 44). To Haley (1963), this approach represents a "paradigm shift, a discontinuous way of conceiving human problems" (p. 649). At the same time, however, systemic thinking represents a holistic and interactional view of treatment and pathology, examining how all the component parts fit together dynamically, or more to the point, the patterned interactions of families or other social organisms (Duhl, 1986; Sluzki, 1974). See Peterson (1993) for a more systematic approach to the definition of systems theory and systems thinking.

Therapists practice systems thinking when clients or their families are seen in the light of the many levels and aspects of the social context that influences their interactions. In the sense used for child and family therapies, there is no single accepted definition of systems-oriented thinking and the concept remains a matter of considerable discussion (Auerswald, 1985; Becvar & Becvar, 1988; Breunlin et al., 1992; Goldenberg &

Goldenberg, 1980; Guttman, 1991; Hoffman, 1981; Onnis, 1993; Pirrotta & Cecchin, 1988). "Systemic thinking" as defined by Liddle (1991) is referred to by the equivalent terms "systems thinking" (Kerr, 1981, Schultz, 1984) "or contextual thinking" (Horne et al., 1993), and as "interactional thinking" by Claiborn and Lichtenberg (1989), who contributed the lead article of an issue of *The Counseling Psychologist* dedicated to this subject. In their view, the distinctive interactional thinking approach involves five basic concepts: reciprocal causality, a communicational view of behavior, patterns of interaction, relationship rules and messages, and cybernetic/circular information exchanges. To operate within these concepts, the systems therapist is engaged in an interpretive enterprise, "choosing which units/threads are to be considered 'in' the system and which are 'not in,' knowing full well that these are all arbitrary and momentary choices" that create different therapeutic observations and interventions (Duhl & Duhl, 1981, p. 487).

Beyond the issue of definition, Bernstein and Burge (1988) have echoed the view of many educators when they suggest that "there is no unanimity in regard to how best to teach systemic thinking. In fact, many have argued that systemic thinking *cannot* be taught" (p. 340). Even earlier, Henry and Storm (1984) concluded that "those who argued for the teaching of systemic thinking acknowledged the difficulty of the task" (p. 43). Thus, the questions of how to teach systems-oriented MFC and how to determine whether training objectives have been met are questions vital to the field (Liddle & Saba, 1982). In a comprehensive review of MFC training research, with specific reference to Kniskern and Gurman (1988), Liddle (1991) agreed that there was "irony in the fact that although many of the field's pioneers worked in settings in which training was

primary, the empirical evaluation of family-therapy training only recently has been appreciated as important enough to undertake" (p. 677). To this critical observation, he added:

First, research initiative in this area is desperately needed since the stakes are so high. Training, as well as therapy, should have an empirical foundation. Second, sufficient methodological advances have been made to permit the conducting of training research. Evaluation strategies and instruments are available, and enough knowledge and experience exist to pose important research questions. Third, the contributions thus far should be considered pilot work because of various problems. Fourth, the training research areas will affect the clinical area, just as the clinical field affects the training field. (p. 678)

As suggested by these comments, recent studies of training measurement and evaluation have begun to provide an accumulative experience for the several instruments that offer objective measurement of training variables (Breunlin et al, 1989; Churven & McKinnon, 1982; Garfield, 1982; Piercy, Laird, & Mohammed, 1983; Perlesz, Stolk & Firestone, 1990; Tomm & Wright 1973; Tucker & Pinsof, 1984; Zaken-Greenberg & Neimeyer, 1986).

Measurement of Systems-Oriented Training Skill Variables

With the development of the Cleghorn and Levin (1973) training objective classification system, a foundation was laid for the measurement of training skills (Falicov, Constantine, & Breunlin, 1981; Tomm & Wright, 1979). The three primary skills identified were characterized as perceptual-observational, conceptual, and executive levels. Perceptual-observational skills refer to those required for diagnostic assessment, the

ability to perceive and describe behavioral interactions in treatment sessions. Conceptual skills refer to the content and organization of the counselor's conceptualizations concerning family dynamics and treatment. Executive-therapy skills refer to the particular interventions the counselor makes in the effort to assess, interrupt, or change family interactional patterns. To measure trainee conceptual knowledge, perceptual, or executive skills, studies with positive results have been conducted by Byles et al. (1983), Churven and McKinnon (1982), Tomm and Leahey (1980), and Tucker and Pinsof (1984). With somewhat less success, the category of relationship skill has also been measured (Anderson, 1992; Piercy et al., 1983; Tucker & Pinsof, 1984).

Byles et al. (1983) utilized responses to questions on written family scenarios to determine improvement in trainee selection of treatment strategies and executive skills (modest gains) and in their conceptual/perceptual skills (insignificant gains). No evidence for the validity and reliability of the measures were presented. Churven and McKinnon (1982) evaluated a three-day workshop in systems-oriented family therapy, assessing cognitive and executive skills. Two evaluation instruments were designed, a case analysis approach for rating cognitive abilities and a videotaped interview (with a simulated family) for rating intervention skills. While inter-rater reliability was determined to be high, the means of validation of these tools was not provided nor described. Key findings were that cognitive and executive skills developed independently, representing measures of different dimensions. Thus, improvement for one scale did not necessarily contribute to improvement for the other. However, this finding lent support to

the position that cognitive and executive skills constituted different dimensions of systemic thinking (Hernandez, 1985.)

Tucker and Pinsof (1984) conducted the most extensive study of this type, designing several instruments for a multi-method approach. The Family Concept Assessment gathered trainee written assessments of clinical vignettes to measure conceptualization. The Component Structure scale, which measured systemic perceptions of the temporal/causal components of problem formation, was found to reflect significant cognitive change, whereas the Interpersonal Focus and System Membership scales did not. A second instrument, the Family Therapist Coding System, was used to observe behaviors that identified areas of therapist activity relating to executive skills. Significant changes were found for only 3 of 25 code categories, each of which were used to indicate aspects of trainee activity using a wider range of interventions following training. The results indicated that more refinements to the instrument were needed, or that the training had been deficient in many of the areas measured.

Throughout the literature of counseling and psychotherapy, relationship skills and the role of therapeutic rapport is referred to as an essential part of most counseling practices and effectiveness (Barton & Alexander, 1977; Kniskern & Gurman, 1979; Shapiro, 1974). Tucker and Pinsof (1984) also sought to identify relationship skills as a primary variable. However, significant changes in personal or relationship skills, as measured by the Personal Orientation Inventory (Shostrom, 1964, 1974), were not determined. Findings on student therapist relationship skills by Anderson (1992), using the Relationship Inventory (Barrett-Lennard, 1962) and ratings by observers, agency super-

visors, and faculty supervisors, proved to be inconsistent and thus disappointing. Piercy et al. (1983) developed a scale for evaluating the behavioral skills of family therapists. The Relationship, Structural/Process and Experiential scales were found to be significant. Only a single study, conducted by Mohammed and Piercy (1983), demonstrated an effective means of teaching MFC relationship skills, but the design of the study placed severe limits on its generalizability .

In an ambitious multi-method study of MFC training, Perlesz et al. (1990) discussed the critical importance of relationship skills for understanding family dissatisfactions with treatment by counselor trainees. The results obtained were surprising insofar as client-family satisfaction decreased as trainee time-in-program increased. Though families improved from treatment, their satisfaction with the process decreased nonetheless. It was suggested that while trainee conceptual and executive skills improved, there was a point in the training/learning process where rapport and relationship skills declined. These studies of relationship skills support prior assertions of the importance as well as complexity of the role of relationships in therapeutic outcomes. However, at present there are no apparent standardized or efficient approaches to the measurement of relationship skills in systems-oriented MFC training.

Systems thinking is a concept that is frequently referred to in the literature of interactional and systemic counseling and psychology as a potentially valuable construct in the field of MFC that should be subject to strengthened formulation (Landy, 1986; Lavee & Dollahite, 1991; Schouten, 1994). However, it has been addressed specifically in empirical research only by Breunlin et al. (1983) and Hernandez (1985). From a re-

view of training outcome research, Avis and Sprenkle (1990) concluded that conceptual and executive skills are two that can both be measured and taught in structural therapy training programs, whereas results from measurement of perceptual skills have been mixed.

Measurement of Systemic Skills, the Family Therapy Assessment Exercise

From the system provided by Cleghorn and Levin (1973) for the three-tiered classification of systemic training objectives (i.e., observational-perceptual, conceptual and therapeutic-executive skills), two research groups, one headed by Tomm (Tomm & Wright, 1979) at the University of Calgary and the second by Breunlin and associates (Falicov, Constantine & Breunlin, 1981) at the Family Institute (Chicago, Illinois), have developed single instruments to measure these skills.

The Tomm (Tomm & Leahey, 1980) group used a short answer test to measure trainee knowledge of family assessment theory and ability to apply systems concepts to genograms or videotaped family sessions. Expert raters were used to establish face and content validity. The approach was labor intensive and no further studies have either replicated this design or utilized this instrument. However, the Breunlin (Breunlin et al., 1983, 1989) group provided more promising results. The object was to address a crucial problem in the evaluation of family training, that of constructing an instrument that tests the ability to think systemically, that was easily scored, and that provided a relatively high degree of content and predictive validity. Thus, from 1981, the process of testing and improving the Family Therapy Assessment Exercise (FTAE) was undertaken

and has since passed through six versions. The FTAE is an instrument designed to assess knowledge acquisition for systems-oriented family therapy training that is relevant to the educational objectives of CCY training. The FTAE produces subscale scores for perceptual, conceptual, and executive (i.e., therapeutic intervention) skills and an overall score for systemic thinking.

The FTAE (3rd edition) is cited in the comprehensive review of family therapy training research methodologies of Avis and Sprenkle (1990), who state that among its principal strengths are

its ability to evaluate the effect of training economically in terms of time and effort, ease of administration by one trainer to a group of trainees in a 1-hour time frame, ease of quantification, and avoidance of the time-consuming task of evaluating actual therapy sessions or tapes. (p. 254)

An additional strength is that the developers designed the test to be as jargon-free as possible to permit those unfamiliar with family therapy to understand the alternative responses used, thus avoiding an outcome in which the FTAE would become a test of vocabulary recognition for a particular school of training, rather than a test of trainee therapeutic performance and conceptual application. These are strengths which are considered to be particularly germane to the research design and groups of subjects used for the current study. Moreover, from a study discriminating between beginning, intermediate, and advanced family therapists and discriminating between pre- and post-training groups, the 3rd edition FTAE has been shown to have good discriminate validity ($p < .01$) (Breunlin, et al., 1983). This initial study suggested that it was a more

valid measure of perceptual and conceptual skills than of executive skills. Internal consistency or test-retest reliability were not reported.

In an independent evaluation of the FTAE (3rd edition) by Hernandez (1985), the scales effectively discriminated between therapists of different levels and types of training, whereas trainees with structural/strategic MFC training scored higher. The test-retest reliabilities for three- and six-week follow-up tests were .76 and .62, respectively. Avis and Sprenkle (1990) observed that while the Perception subscale was found to be weak (i.e., it lacked internal consistency) and the executive subscale, in contrast to the initial results obtained by Breunlin et al. (1983), was found to be the best discriminator, the instrument could with some modifications demonstrate strong reliability and validity characteristics. Hernandez' conclusions that the Conceptual and Therapeutic subscales and overall score discriminated well between trainee skill levels was supported subsequently by West, Hosie, and Zarki (1985) and Pulleybank and Shapiro (1986).

Pulleybank and Shapiro (1986) used the FTAE (3rd edition) for a comparison study of a nine-month, systems-oriented MFC training program for prior experienced practitioners. The FTAE discriminated between a treatment group with systems-oriented (structural MFC) training and a comparison group with no systems-oriented training (counseling and psychotherapy) for the three subscales and the overall scale. Significant changes were found in Trainee Observational, Overall (systems thinking), and Conceptual Skill, while changes on the Executive Skill scale were not significant. In skill development, the trainees gradually progressed from cognitive, to planning, to executive skills (although the curriculum was not specifically presented in this sequence).

At the end of nine months (105 hours) of training, however, the trainees “were still lacking in therapeutic (executive) skills” and it was concluded “that a family therapist cannot be trained adequately in a period of nine months or less” (p. 597).

Whether the findings obtained by Pulleybank and Shapiro (1986) reflected the inability of the Executive scale to detect real differences or the insufficiency of the length or amount of training was not determined. Generalizations were avoided due to the small sample size (nine and eight in the treatment and comparison groups, respectively). In relation to the present study, the question is whether the type of training and the amount of training time in systems approaches were sufficient to produce significant performance differences between the treatment and comparison practitioner groups.

Breunlin et al. (1989) further refined the FTAE in an improved fourth edition, with scale refinements that were directed at achievement of a balance in sophistication between complex and more simple question levels to resolve a dilemma within prior editions: “The more advanced the students, the more able they were to make subtle distinctions, and so subtle are the considerations involved in high level questions that many responses appear plausible” (p. 393). Thus, the distribution of plausible alternative answers for advanced trainees was similar to the guesses by beginners. The revised FTAE demonstrated more satisfactory findings, yielding actual consistency of .75 and a test-retest correlation of .62.

From the Pulleybank and Shapiro (1986) study, while the FTEA did differentiate between treatment and comparison groups for a training program of a structural school of family therapy, the question of the FTEA ability to differentiate levels of skill acquisi-

tion in other schools of family therapy training was raised. "A comparison of a school-specific . . . and a nonschool-specific program would further clarify whether these measurements could be used in other family therapy training programs" (p. 597). The CCY program included in the present study utilized a nonschool-specific, integrative theory, consisting of several schools of systems-oriented family therapy. The results of the present study thus address the previous question in part.

In their review of nine educational outcome studies, Avis and Sprenkle (1990) found that while acknowledging that sample sizes of 30 afford certain desirable statistical tests, "in evaluating training, 30 is an unrealistically high criterion since most programs train far fewer than 30 therapists at one time" (p. 260). Only four of the studies reviewed utilized a sample as large as approximately 20 trainees. None of the nine studies used a no-treatment group and six used comparison groups. The present study utilized a sample size in excess of 30 subjects for the treatment and comparison groups.

At the time of the Avis and Sprenkle (1990) review, there were no reported follow-up studies that utilized measurement instruments. Follow-up information was gathered by Byles et al. (1983) in the form of numbers of family therapy sessions performed by trainee practitioners for six months following training. Further attempts to follow the performance of trainee practitioners are needed. The delayed post-test design used for the present study (i.e., with no post-test immediately following completion of the first-year core courses) represents a variation upon standard follow-up design. Finally, review of the state of MFC training evaluation by Avis and Sprenkle (1990) concluded that

issues which must be grappled with include how to test conceptual and perceptual learning and systemic thinking (rather than the simple acquisition of facts about family therapy); how to evaluate actual in-therapy behavior; how to design instruments which are simple to use, quantifiable, and have high levels of reliability and validity All of the instruments developed thus far have flaws, . . . particularly in terms of reliability and validity Evaluating the outcome of family therapy training is a fledgling research endeavor of tremendous importance to the field. (pp. 262–263)

From the present review of the literature, it is suggested that the FTAE is the most efficient and appropriate instrument currently available for the purpose of discriminating between systems-oriented and trained treatment and non-systems-oriented and trained comparison groups used for the present study. Based upon trial runs with the FTAE as well as review of previous studies that have utilized the FTAE, it is apparent that this instrument is the best available test for the initial exploration of systems-oriented skill variables in the training of graduate MFC-CYC trainees. For the present study, the FTAE overall score was used as a measure of the dependent variable, systemic thinking, and subscores were provided for three other relevant variables, including perceptual, conceptual, and executive skills.

The FTAE consists of a videotaped family therapy session (as reenacted by professional actors) and a 34-item multiple-choice test about the material presented in the videotape. One hour in length, the videotape presents sessions in four- to six-minute segments, following which each respondent has four to six minutes to complete that test segment. The instrument measures the extent to which trainees have acquired systems-oriented conceptual skills, and are able to identify and recall specific systemic observational sequences from the videotape. The Executive/Therapeutic scale provides an

assessment of what therapist-trainees think they would do in the case presented in the videotaped session. The sum score represents the over-all systems thinking ability of respondents (Breunlin et al., 1989).

The FTAE was designed to assess the acquisition of structural-strategic marriage and family counseling skills. Breunlin et al. (1989) describe this model as a “systematic integration” (p. 388) that includes structural family therapy (Minuchin, 1974; Minuchin & Fishman, 1981), problem-solving and strategic therapy (Haley, 1976, 1981; Madanes, 1981), and brief therapy (Hoffman, 1981; Papp, 1983; Watzlawick, Weakland, & Fisch, 1974). The Breunlin and associates model of training is well aligned with the CCY integrated model of teaching, which includes, structural, strategic, brief, and narrative MFC approaches and reeducational child and youth work (Brendtro & Ness, 1984) and positive peer culture (Vorrath & Brendtro, 1974) CYC approaches.

Trainee Variables for Measurement of Systemic Thinking

One of the most frequently cited articles in training research is an early contribution by Kniskern and Gurman (1979), who listed key trainee variables for future studies. However, despite this recommendation to target the role of trainee variables in training outcome research, to date few studies have followed this lead. Avis and Sprenkle (1990) found only three studies that controlled trainee variables for gender, marital status, and prior therapy experience (Tomm & Leahey, 1980; Tucker & Pinsof, 1984; Zaken-Greenberg & Neimeyer, 1986). Since the 1990 review, Anderson (1992) included gender, age, prior clinical experience, entrance test scores, and marital status as vari-

ables, whereas Breunlin et al. (1989) included gender, marital and child status, age, and previous experience. No studies are apparent that have provided follow-up testing, however, the last two cited are deserving of more specific attention.

Breunlin et al. (1989), using a pre- and post-test design, set hypotheses for the following trainee variables: conjugal status, prior individual therapy, and prior family therapy experience. Conjugal family experience (CFE) was represented by length of marital experience and the number of children, which were then intercorrelated (.66). It was hypothesized that trainees with conjugal experience would possess greater maturity and breadth of experience and understanding and, therefore, would perform higher on the FTAE skills test of family therapy training. The results showed that CFE positively affected executive skill scores (but not perceptual or conceptual scores), explaining 6% of the variance.

The hypothesis that prior family therapy experience as a systems-oriented MFC practitioner would not be significant was supported (i.e., due to a ceiling effect on total improvement, masking a potential training effect). There was no significant relationship between prior family therapy experience and training (Breunlin et al., 1989). It was also hypothesized that prior individual therapy experience as an individual-oriented practitioner would show a negative correlation with training. This was due to the expressed belief that traditional psychodynamic therapy was counterproductive to learning systems-oriented MFC (Haley, 1981). However, the results indicated a significant positive relationship with improvement on conceptual skill scores (explaining 5% of the variance), lending weight to observations that the learning of cognitive skills occurs independent of

other skills. Finally, the age and gender variables were found to have no significant correlations with the dependent variables.

In the Anderson study (1992), the trainee variables selected were prior clinical experience, gender, age, entrance test scores, and marital status. The particular variables of the characteristics chosen for study were identified to aid in refining student-therapy admission selection criteria, as suggested in Kniskern and Gurman (1979). The study resulted in limited if mixed findings that lent some support to the conclusion that intervention (executive) and relationship skills improved following training. In explanation, the difficulties of evaluating training in academic settings was cited as a limiting factor.

However, some of the results obtained by Anderson (1992) were regarded as significant. Trainees with less life experience (represented by marital status and age) showed no significant relationships to executive skills. In fact, an inverse relationship to improvement in relationship skills was found; that is, single and younger trainees were rated as subject to greater improvement. It was suggested that there may be a ceiling of relationship skill development for older trainees, while younger trainees may be more open to change, have less to unlearn, and be more homogeneous (Tucker & Pinsof, 1984). The issue of a maturation effect due to life experience (age, marriage) and therapy experience as potentially confounding the effects of training was raised, through it was then termed to be unlikely, "given the nonsignificant interaction and main effects for trainees' previous clinical experience and the nonsignificant relationships found between changes in trainees' intervention skills and their age or marital status" (p. 373). The

findings offered an argument against a maturation effect “since those with more life experience (age, marriage) showed less improvement over training” (p. 374).

With respect to the gender variable, Anderson (1992) concluded that gender did “not appear to be related to changes in trainees’ skills following training” (p. 374).

With a small sample size, including 9 females and 10 males, 13 single and 6 married subjects, it was not surprising to obtain inconsistent results using inferential statistics. However, these findings do seem consistent with those obtained by Tomm and Leahey (1980), in which performances on pre- and post-tests of conceptual skills did not differ between females and males.

Anderson (1992) found that trainees with prior clinical experience, though from a range of non-family therapies, including pastoral counseling, residential treatment and psychiatric nursing, did not demonstrate significant improvements in conceptual and intervention skills. It was noted that this finding was not inconsistent with those from Zaken-Greenberg and Neimeyer (1986) and Tucker and Pinsof (1984), each of whom found that prior family therapy experience was positively related to improvement in conceptual and intervention skills at lower experience levels rather than among high level groups.

For reason of the limited number of completed empirical studies and certain inconsistencies in the findings from some of the studies, for the purposes of the present study the research efforts reviewed above provide only tentative conclusions. Gender has not been shown to be a determining variable and was not considered for the present study. Age and marital status experience (Anderson, 1992) and marital status and

children (Breunlin et al., 1989) were variables that were found to correlate with performance. Thus, these variables appeared to provide both useful and relevant information for the present study.

Mixed findings for the importance of prior individual and family therapy training and experience suggest that these variables deserve further examination by studies of post-graduate or professional continuing education programs. However, for the present study of undergraduate, entry-level trainees, prior therapy experience and training was not applicable. Findings from Anderson (1992) for a graduate training program, however, were directly relevant issues. The subjects for the present study were undergraduate students at the time they entered their programs, and not trained therapists. The finding that prior general "clinical" experience (not to include individual or family therapy) does not relate to conceptual or executive performance among undergraduate trainees, confirms the assumption of the present study that prior experience would not be an appropriate variable for consideration.

Previous studies have not examined trainee follow-up or post-training performance assessment after the accumulation of raw experience. The present study was intended to account for the relationship between post-training practitioner and non-practitioner (including trainees who were not engaged in direct counseling practice) experience and performance. Post-training practitioner experience for the comparison group consisted of the number of years between the year of graduation and the testing date. The treatment group of subjects included a limited number who had not graduated, but who had only their theses to complete for remaining degree requirements.

Thus, the proposed study was designed to test for correlations between systems thinking and the following three trainee experience variables: age (life experience), conjugal experience (marital status and number of children), and post-training practitioner experience. These variables are discussed in greater detail in Chapter III.

Integrated Systems-Oriented Program Content

Pinsof (1983) noted that there were increasing numbers of attempts to integrate different therapy modalities and orientations (Feldman & Pinsof, 1982; Kaplan, 1974, 1979; Lazarus, 1976; Wachtel, 1977).

With one exception (Friedman, 1980), none of them represents a truly integrative and comprehensive psychotherapeutic model . . . [which] brings together behavioral, communicational and psychodynamic theories within a systematically eclectic and comprehensive model for treating psychological problems. (pp. 19–20)

Breunlin et al. (1992) provides a recently published integrative model that appears to best capture the integrative systems-oriented approach of the CYC program.

The current study examined the question whether child and youth counseling practitioners and non-practitioners, who have completed a two-year graduate academic training program based upon an integrated model of system-oriented family therapy, demonstrate systemic skills within a period from three to ten years after the completion of training. Of the studies examined in the previous section, only Anderson (1992) examined changes among trainees following completion of a two-years masters degree MFC program. The remaining studies reviewed involved the assessment of systems-

oriented MFC workshops and courses, training methods or program components, or postgraduate degree programs for trained professionals. Sprenkle's (1988) 1987 review of COAMFTE programs found that only three offered master's or doctorate degrees. Anderson observed: "the absence of documentation for the effectiveness of academically-based family therapy programs is startling given the proliferation of such programs and the efforts devoted to developing standards for the evaluation and accreditation of these programs" (p. 354).

As previously noted, systems thinking concepts appear in the literature of many of the MFC schools. Systems thinking concepts, in conjunction with the Cleghorn and Levin (1974) model of systems skills, appear to offer an integrating concept that is relevant to training assessments of diverse schools, as well as the assessment of integrative training programs that include one or more or several schools of theory and practice. Kniskern and Gurman (1988), in their noteworthy training research up-date, have encouraged research, such as the current study, "that evaluates the impact of factors that may not be specific to any given 'school' but which may be potent variables in the learning and skill enhancement process in various schools, on trainee learning and clinical skill" (p. 376).

Training Programs at Western Oregon State College

Western Oregon State College (WOSC) in Monmouth, Oregon provided two different types of training programs appropriate to the purposes of the present study. These are the systems-oriented Clinical Child and Youth Work Program and the non-

systems-oriented School and Agency Counseling Program, each of which are described in the sections below.

WOSC Clinical Child and Youth Work Program

Beginning from 1970, the Clinical Child and Youth Work Program (CCYW) originated from the developmental work of interagency groups sponsored by the Oregon Child and Youth Care Association. Its particular design for the ensuing 12 years was developed by a professional constituency in response to a defined lack of certain professional resources in the State of Oregon. According to Victor Savicki (personal communication, October 1989), director of the CCYW Program, it was through the efforts of interagency committees representing agency administrators (community child mental health centers, child welfare facilities, juvenile corrections, child development specialists, and child psychiatrists), practicing CYCs, state agencies, and higher education to define CYC educational needs and the future needs of children and families in Oregon, that WOSC successfully established a formal CCYW program in 1984. The ongoing development of this program was monitored and guided by information from the field through the CCYW Professional Advisory Committee, a collaborative body with representatives from the professional (state and national) and academic communities.

The need for CYC professionals with several characteristics was determined, as follows. Clinical child and youth care workers needs to be prepared to function effectively as systems facilitators, as well as child and family counselors who could work in the many domains of the child/youth/family/agency/community ecosystems. Serving

children entails crossing the boundaries of various subsystems, and assuming various facilitative roles as needed to bring various system resources to bear on the unique sets of deficiencies and problems experienced by children. The primary aim of the training was to train “systems interventionists” and, secondarily, to train therapeutic specialists in the teaching objectives of conceptual, observational, and interventional skills (personal communication, Victor Savicki, October 1989).

To these goals, the CCYW program sought to develop trainees in the role of the “generalist/specialist professional,” a role combining the generalist skills of a systems change agent (i.e., the observation, assessment, collaboration, planning, intervention and evaluation cycle) and the specialist skills and knowledge necessary for working with a specific treatment population (e.g., victims of child abuse, adolescent sexual offenders, teen parents, substance abusers) or methodology (e.g., play therapy, brief therapy, or proctor home). The role was that of a “counselor-consultant,” a systems consulting researcher-practitioner, and a generic systems-oriented child care and family worker (personal communication, Victor Savicki, October 1989).

The interdisciplinary CCYW program was allied with the disciplines of counseling psychology, child development, and child and youth care work. Specifically, it was “adopted” by and actively supported by the WOSC Department of Psychology. This interdisciplinary atmosphere was extended into its academic and research orientation. The program development principles utilized the guidelines of “The Principles and Guidelines for Child Care Personnel Preparation Programs” (VanderVen, Mattingly, & Morris, 1982), the Board of Licensing of the Professional Counselors and Therapists, and

COAMFTE. Although the program was ended in 1991 (due to funding cut-backs following passage of a state tax limitation measure), students were given three years to complete their thesis requirements.

The CCYW program included course work equivalent to the curriculum standards listed by the Board of Licensed Professional Counselors and Therapists in Oregon. The program was a 60-hour master's degree (which could be expanded to 72 hours) in Clinical Child and Youth Work. Emphasis upon systemic MFC theory and practice orientation throughout the required course curriculum was in correspondence to the importance that CACREP (1993) standards placed upon integrating systems theory into counselor training programs (Smith, 1993). The CCYW program requirement for a research thesis as the terminal evaluation criterion was also in correspondence to the value the CACREP standards placed on research and evaluation skills. With the emphasis on generalist preparation, and while many practicum placements and internships included direct supervision, the CCYW program did not specifically require live supervision experience, as is recommended for accredited MFC programs.

Six courses constituted the first-year core training component, conducted in eight-hour sessions that provided for an integrated systemic teaching-learning approach involving theory, practice, ethics, experiential methods, presentations, video and role play, processing out-of-class learning, personal application, clinical exercises, and group process learning. The design of the core courses was to provide a progressive immersion experience in systems thinking and application, a systemic and holistic approach to child and youth work (Savicki, 1986), and facilitation of a fundamental and epistemic

shift toward a systems-oriented view of treatment and problem solving that would be carried through other courses and practicum experiences. All subjects who were included in the study met or exceeded the evaluation requirements for completing the core courses.

Teaching methods were congruent with systemic teaching methods for integrating academic, personal applications, practice and theory development, as stated in the literature (Duhl, 1983, 1985; Duhl & Duhl, 1979, 1981; Henry & Storm, 1984; Liddle, 1980, 1982; Liddle & Saba, 1982; Minuchin, 1974; Peterson & Maciejewski, 1988). The origins of this training theory were in adult education (i.e., hearing-seeing-doing-thinking experiential learning, trainees as co-teachers, utilizing trainee learning styles, life experiences, and self-made formulations) (Knowles, 1970; Shiflett & Brown, 1972), "isomorphic systems" theory (i.e., "variables applied to the therapy process are also applicable in the training process") (Bernstein & Burge, 1988, p. 340) and techniques (Saba & Liddle, 1983), and "self apprenticeship training" (i.e., "learning how to learn from themselves, their clients, and the personal and professional contexts") (Duhl, 1983; Peterson & Maciejewski, 1988; Peterson, Young, & Tillman, 1990).

Teaching integrated theories addressed the particular set of functions called for by the program planners. An integrated theory of systems-oriented MFC principles and techniques was presented to increase trainee systems thinking capabilities, rather than teaching a particular school of MFC. The content of the program attempted to provide a beginning orientation to systems thinking by teaching a generic systems-oriented approach. The integrated systems theories included primarily consisted of CCY ap-

proaches to the structural (Minuchin, 1974, Minuchin & Fishman, 1981), brief-strategic (de Shazer, 1982; Fisch, Weakland, & Segal, 1983; Haley, 1963, 1976), systemic (Palazzoli, Selvini, Boscolo, Cecchin & Pratta, 1978, 1980; Tomm, 1988), and narrative (Gilligan, 1993; Goolishian & Anderson, 1988; White, 1986; White & Epston, 1989) and to marriage and family counseling/therapy and reeducational child and youth work (Brendtro & Ness, 1984) and positive peer culture (Vorrath & Brendtro, 1974).

WOSC, School and Agency Counseling Program

The School and Agency Counseling (SAC) program within the Special Education Department at WOSC offers a master's of science or education degree in counseling and has been developed to prepare counselors for professional work in social, personnel, educational, and career development settings. Graduates of the program also find employment in settings working with the hearing and vision impaired and in rehabilitation and vocational counseling settings.

The program has been most closely affiliated to the fields of elementary, secondary, and special education, and credentials for Oregon school counselors are available through the program. The SAC program meets CACREP standards as well as the curriculum standards of the Board of Licensed Professional Counselors and Therapists. The terminal evaluation criteria are a professional portfolio and a final written exam. To meet these standards, the program utilizes a competency-based approach exemplified by such training approaches as human resource development (HRD) (Carkhuff, 1971), microcounseling (MC) (Ivey, 1981), and interpersonal process recall (IPR) (Kagan, 1984).

To illustrate the general teaching philosophy of the SAC program briefly but succinctly, these approaches are described only in general terms. The three methodologies referred to above are well-known and systematic approaches to professional counselor education (Banks & Anthony, 1973). These methods use a combination of didactic instruction and video- or audio-taping focused upon teaching specific counseling skills. Trainees learn to discriminate between effective and ineffective skills. Role-play and verbal rehearsal of both client and counselor roles with other students are used to give and receive feedback on the performance of identified skills and attitude. When used as a part of a whole training program, in addition to offering effective basic training in simple skills and observations, the methods can be utilized conjointly for training that moves to the more complex and sophisticated levels of skill (Gormally, 1990).

In the HRD model, behavioral responses are delineated from psychotherapeutic interviewing methods, following the tradition of Rogerian or client-centered therapy, that make up the skills or "facilitative conditions" necessary to grow toward greater self-actualization (Carkhuff & Berenson, 1976). To facilitate the integration of personal/professional growth and theoretical learning, trainees participate in didactic and experiential training, role-play and in-therapy experiences. To develop such skills as empathy and congruence, trainee reactions in role-play as the client are significant to the training. Gormally (1990) observed that Kagan and Carkhuff stressed the importance of the isomorphic relationship or parallel process between trainer and trainee as an essential part of the skill training. "Even though these programs are structured, the relationship between trainer and trainee is just as important as in any helping endeavor. Experienced

trainers appreciate how interpersonal influence in supervision parallels the helping process” (p. 444).

The IPR system of instruction was developed by Norman Kagan into a videotaped mental health skill training package (Larson, 1984). The system of video stimulus tapes of counselor behavior was designed to foster trainee (and client) growth through an awareness and discovery process in which each recalls and studies his/her own interpersonal behaviors and practices discussing the counselor and client interactions (Kagan, 1984). Uniquely focused on discovering their personal therapeutic relational responses, identified skill learning is considered to be additive to rather than the core of the learning process.

In turn, the MC method entails learning prescribed skills as the core of the learning process (Forsyth & Ivey, 1980). The system presents one skill learning opportunity at a time. Through didactic and experiential exercises, the student is expected to eventually generalize the techniques into a more general approach and to generate a diversified variety of techniques and vantage points that take client contexts into account. The videotaped and written descriptions of specific objective skills, and mastery practice of those skills, teaches two basic types, attending and influencing skills. Videotaped feedback and self-analysis training is also used.

These methods are discussed herein to reinforce the assertion that the SAC is a program which exists within the standards and acceptable approaches for counselor education. It should be noted that these teaching methods were not used in the CCYW program. In a review of the application of the competency-based systematic training meth-

ods of IPR, MC and HRD to graduate programs, Baker, Daniels and Greeley (1990) concluded that the effects of such training was “favorable” and that further educational research on all three methods would be appropriate.

III. METHODOLOGY

Subjects

The subjects for the present study were practitioners from two counselor-related graduate training programs: a family systems-oriented training program for clinical child and youth work counselors (CCYW), the source for treatment group subjects, and a non-systems-oriented training program for school and agency counselors (SAC), the source for comparison group subjects. Demographic surveys were sent to the addresses obtained through the WOSC Alumni Office of SAC and CCYW students from the classes of 1985 through 1991 (Appendix A). From the returned surveys, all CCYW subjects who had completed first-year core courses and all SAC subjects who had not been enrolled in family systems-oriented training were identified.

To further assure that no SAC students with systems-oriented training were included in the study, a follow-up questionnaire was designed and administered at the time of FTAE testing (Appendix B). The questionnaire provided data on student experience with systems-oriented training, systemic thinking, and the conduct of individual or family therapy. To assure uniformity of treatment and testing, a parallel questionnaire was administered to the CCYW students (Appendix C). The personal and demographic characteristics of the subjects are summarized in Table III.1, and are described in the following sections.

CCYW Trainees

For the period surveyed, 81 CCYW trainees, including 53 who had graduated (i.e., both professionally active and inactive graduates) and 28 who had completed the core course and who were completing a thesis, were placed on a distribution list and sent a copy of the questionnaire. The object was to determine their availability for

Table III.1. Demographic Characteristics of Subject Groups.

	Treatment (n=40)	Comparison (n=30)
Gender:		
Male	17	9
Female	23	21
Average Age:	38.0	41.6
Marital Status:		
Never Married	7	4
Married	27	24
Divorced	5	1
Other	1	1
Children:		
No Children	19	12
1 Child	3	5
2 Children	10	7
3 or More Children	8	6
Occupational Status:		
Mental Health Counseling	10	7
CYC Counseling	7	0
School Counseling	6	12
Disabled Counseling	2	5
Admin/Management	11	2
Corrections Counseling	1	1
Non-Social Services	3	3

participation in the study, as well as to collect demographic information from those who volunteered. Fifty-four surveys were returned, seven of which were from out-of-state, leaving 46 potential Oregon respondents.

Forty CCYW respondents volunteered to participate in the study who were also available at the time the test was administered. The respondents included 17 males and 23 females, with an average age of 38.0 years at the time the demographic information was provided. For marital status, seven respondents were never married and 27 were married (mean years = 8.0), five were divorced, and one marked "other." For number of children, 19 respondents had none, three had one child, 10 had two children, and eight had three or more children. At the time of the survey, 10 respondents were employed in mental health counseling, seven in CYC treatment settings, six in school counseling, two in disability counseling, 11 in case management or administrative positions, one in a corrections setting, and three in non-social service settings.

SAC Trainees

Using a procedure identical to that described in the previous section, program graduates were surveyed for the years 1985 through 1991. There were approximately 180 graduates for whom addresses were available. Of the 56 surveys that were returned, 11 respondents had taken CCYW courses and/or family systems training and were eliminated from the study, leaving 45 surveys from graduates who had taken neither CCYW courses nor family systems training. None reported enrollment in structural family therapy training following graduation.

Thirty SAC respondents volunteered to be tested for the study, including nine males and 21 females, averaging 41.6 years of age at the time of the survey. For marital status, four respondents had never been married, 24 were married (mean years = 14.2), one was divorced, and one marked "other." For number of children, 12 respondents reported none, five had one child, seven had two children, and six had three or more children. Of 30 respondents at the time of testing, seven were employed in mental health counseling, 12 in school counseling, five counseled the disabled, two were in case management or administrative positions, one in a correctional setting, and three were employed in non-social service settings.

Measures

The principal independent variable for the study was the theoretical orientation of the graduate-level counselor education program. Treatment subjects were drawn from a family systems-oriented clinical child and youth care work education program. The program developed systems-oriented training methods for teaching systems thinking in the first-year core course series. Comparison subjects were drawn from a non-systems-oriented counselor education program. The program emphasis was upon teaching agency and school counseling. Both programs prepared graduates to take the licensing examination for the Oregon Professional Counselors and Therapists credential and were located at Western Oregon State College (Monmouth, Oregon).

The remaining independent variables for the present study were three trainee experience factors: age (AG), conjugal experience (CE), and years of post-training practitioner experience (PE).

- 1) The age variable was determined from the findings of the initial demographic questionnaire, using actual ages.
- 2) The conjugal experience variable was a combined factor of marital status and number of children. The marriage factor represented subjects with experience in married or conjugal relationships, including current divorced status, and same or different gender relationships, and unmarried status. This information was taken from the initial demographic questionnaire. Indicators for this factor were responses to the marriage status item. Thus, the conjugal category was computed based upon five designations: 1) never married, 2) married with no children, 3) married with one child, 4) married with two children, and 5) married with three or more children.
- 3) The practitioner experience variable, represented by years of post-training experience, was determined from the initial demographic questionnaire. Starting with 1986, as the first possible year of experience, through 1994 as the last possible year, a subject could have from three to nine years of experience as a practitioner. The comparison group consisted of trainees who graduated in the years 1985–1991, whereas the treatment group consisted of trainees who completed the one-year core course series (and most

course work, with the exception of a research thesis) during the years 1985–1991.

To test for the dependent variable, “systemic thinking,” subjects were administered the Family Therapy Assessment Exercise (FTAE, Appendices D and E) (Breunlin et al., 1983). The FTAE has been shown to have consistently high discriminative validity across studies for subjects with differing levels of training for conceptual, perceptual, executive, and systems-thinking skills (Avis & Sprenkle, 1990; Breunlin, et al., 1989; Hernandez, 1985). For the present study, mixed groups of comparison and treatment subjects were tested.

An initial demographic questionnaire was designed to provide the following data: age, gender, marital status, number and ages of children, year of beginning and completing degree, professional degree, number of years beyond terminal degree, profession, agency and positions since beginning of graduate training, youth work job description, number of courses in counseling, clinical child and youth work, number of courses or training in family therapy, types of family therapy training experienced, and experience and supervision in marriage and family therapy (Appendix A). A final follow-up questionnaire about post-training educational experiences was designed and utilized to update information at the time of testing (Appendices B and C).

Research Design and Procedure

A two-group post-test-only design was used to investigate the association between family systems-oriented academic training and the acquisition of four training ob-

jectives: therapeutic, conceptual and perceptual skills, and systems thinking. The investigation was a follow-up study of trainees who were currently working as practitioners in mental health, youth work, school, or other counseling positions at the time the survey was conducted. The principal independent variable was participation in a family systems-oriented or non-systems-oriented, graduate program. Age (AG), conjugal experience (CE), and years of post-training practitioner experience (PE) were the additional independent variables. Trainee demonstration of systems-oriented skills and systems thinking, as measured by the FTAE instrument, was the dependent variable.

Demographic surveys were sent to the addresses of all SAC students of the WOSC classes of 1985 through 1991 and all CCYW students enrolled at WOSC from 1985 through 1991. From the returned surveys, all clinical child and youth work subjects who had completed the first-year core courses and all counseling subjects who had not received family systems-oriented and CCYW training were identified. An introductory and "willingness to participate" letter was sent to the identified subjects. In the absence of a response, follow-up contacts with the identified subjects by phone were initiated by the researcher to solicit commitments to participate. The FTAE was then administered as follows.

The FTAE test consists of 32 multiple-choice questions and a 68-minute videotape. The videotape presents a 30-minute family therapy session (as re-enacted by professional actors) in eight segments. A specified amount of time (e.g., from four to seven minutes) is provided between each segment for reading and responding to the test questions. A 20-second warning is presented prior to the resumption of segment presenta-

tions. The instrument begins with a two-page introduction that provides the test-taker with a clear overview of the testing procedure and the family session enactment. The resulting self-contained instrument and procedures are a well-directed set of steps that from beginning to end assure uniform and standardized test administration.

For the present study, the procedures included three steps: (1) the description of the tasks and clarification of procedures, (2) the administration of the FTAE (utilizing a video monitor provided by the researcher), and (3) the administration of the follow-up questionnaire and demographic survey (updating changes since initial completion of the mailed survey by potential subjects). The approximate length of time required to complete these steps was 90 minutes.

To increase the availability of subjects, 10 locations across the State of Oregon were used for administration of the instrument. These sites consisted primarily of professional offices and conference rooms. Four subjects were tested in the living rooms of their homes. All locations were quiet and without distractions. The subjects were assembled in mixed groups of comparison and treatment subjects, varying in size from groups as large as 12 individuals to tests administered to single individuals on six separate occasions. The average test group size was five volunteer subjects. Procedures were uniformly presented at all locations.

Data Analysis

Descriptive statistics were used to summarize frequency distributions, means, and standard deviations for the dependent and the independent variables for the treat-

ment and comparison groups. A correlation matrix for all the continuous variables in the study was calculated to check for possible regression multicollinearity.

The research hypotheses Ho_1 and Ho_{2a} – Ho_{2c} were tested using a single regression equation, whereas the research hypotheses Ho_{3a} – Ho_{3c} were tested using a second regression equation that included Executive s as a dependent variable. Each hypothesis was analyzed, respectively, in the form of the null hypotheses listed below:

- Ho_1 There will be no difference in overall systemic thinking scores between a treatment training group and a comparison group.
- Ho_{2a} Among subjects with extensive conjugal experience, there will be no difference in overall systemic thinking scores between a treatment training group and a comparison group.
- Ho_{2b} Among subjects with greater practitioner experience, there will be no difference in overall systemic thinking scores between a treatment training group and a comparison group.
- Ho_{2c} Among subjects of greater age, there will be no difference in overall systemic thinking scores between a treatment training group and a comparison group.
- Ho_{3a} Among subjects with greater conjugal experience, there will be no difference in systemic thinking executive skill scores between subjects from the treatment training group and a comparison group.

Ho_{3b} Among subjects with greater practitioner experience, there will be no difference in systemic thinking executive skill scores between subjects from the treatment training group and a comparison group.

Ho_{3c} Among subjects of greater age, there will be no difference in systemic thinking executive skill scores between subjects from the treatment training group and a comparison group.

The hypotheses were considered to be confirmed if the predicted effect indicated by the regression coefficient was significant at the .05 level and had the predicted sign. The “goodness of fit” of the regressions was evaluated using the coefficient of determination (R^2). Potential bias in the estimates due to multicollinearity was tested using variance inflation factors.

IV. RESULTS

Statistical procedures for data analysis were performed using the *Statistical Package for the Social Sciences* (SPSS, 1983). Descriptive statistics were used to summarize frequency distributions, means, and standard deviations for the dependent and independent variables for the treatment training and comparison groups of subjects. Multiple regression analysis was conducted to test the seven null hypotheses, and a correlation matrix was calculated for all the continuous variables to determine the existence of possible regression multicollinearity.

Descriptive Statistics

Table IV.1 presents the frequency distributions, including means and standard deviations, and the descriptive statistics for the independent variables for treatment and comparison groups. These variables included years of post-training experience (PE, both counseling and non-counseling), conjugal experience (CE, marital status and number of children, from zero to three or more), and age (AG, representing general life experience). Analysis of the data presented in Table IV.1 indicates that the treatment group (mean = 6.35) averaged 2.3 years more practical experience than the comparison group (mean = 4.07). The variability of the results presented was more pronounced among the comparison group (SD = 2.79) than among the treatment group (SD = 1.94). For the variable CE, there was virtually no difference between treatment and comparison groups, 3.0 and 3.1 years, respectively. With respect to age, subjects from the compari-

son group (mean = 41.6) were on average 3.6 years older than subjects from the treatment group (mean = 38.0), with a level of variation (SD = 6.73 and 7.84, respectively) similar to that for practical experience.

Table IV.1. Descriptive Statistics, Including Frequency Distributions, Means, Standard Deviations, Skewness and Kurtosis Distributions for Independent Variable FTAE Scores.

	Variables					
	PE		CE		AG	
Scale	TG	CG	TG	CG	TG	CG
1		4	8	6	4	2
2		10	10	7	9	3
3		3	3	5	13	7
4	8	1	12	8	6	9
5	10	2	7	4	6	4
6	4	1			1	3
7	6	4			1	2
8	5	3				
9	4	2				
10	3					
n =	40	30	40	30	40	30
M	6.35	4.07	3.00	3.10	38.00	41.60
SD	1.94	2.79	1.45	1.37	6.73	7.84
Skewness	0.43	0.49	0.05	-0.02	0.34	0.20
Kurtosis Dist.	-1.05	-1.28	-1.47	-1.28	0.07	-0.38
Note: Scale, 1-10, is actual years for PE (practical experience); 1-5 for CE (conjugal experience) as follows: 1 = never married; 2 = married, no children; 3 = married, 1 child; 4 = married, 2 children; 5 = married, 3+ children; and 1-7 for AG (age) as follows: 1 = 25-29 yrs; 2 = 30-34 yrs; 3 = 35-39 yrs; 4 = 40-44 yrs; 5 = 45-49 yrs; 6 = 50-54 yrs; 7 = 55+ yrs. M = mean; SD = standard deviation; TG = treatment group; and CG = comparison group.						

Table IV.2 provides a comparison of the treatment and comparison group subjects for the dependent variables, including Overall systemic thinking, and Perceptual,

Conceptual, and Executive Skill subscale scores. The primary purpose of the present study was to determine whether the systems-trained treatment group performed better on a test of systemic thinking than the non-systems trained comparison group. As was assumed for formulation of the research questions, the systems trained treatment group (mean = 13.43) performed better on the overall test of systemic thinking than did the comparison group (mean = 10.37).

Though hypotheses were not specifically formulated to test findings for the three test subscales between the treatment and comparison groups, the results of the analysis of the descriptive statistics were noteworthy. As shown by the mean scores and standard deviations given in Table IV.2, the treatment group attained higher scores for all three subscales, Perceptual, Conceptual, and Executive skills.

Age, conjugal (marital and family status), and practical (post-training) experience were selected as the independent variables, used to control for the possible independent effects of experience and time upon the dependent variables considered for the present study. Insofar as these independent variables were continuous, multiple regression analysis was conducted to determine their effect upon each dependent variable. A potential problem in regression analysis is multicollinearity. To test informally for this condition, a correlation matrix was established (Table IV.3). Potential bias in the estimates due to multicollinearity was tested using the Pearson Product-Moment correlation for variance inflation factors (SPSS, 1983). Since the correlation coefficients were small between the independent variables (i.e., below 0.70), multicollinearity did not prove to be of concern.

However, a correlation of note was found among Executive Skill (.05) and two independent variables, practitioner experience (PE, 0.26) and age (AG, -0.26).

Table IV.3. Correlation Matrix for Continuous Variables.

Index	PE	CE	AG	OS	PS	CS	ES
Practical (PE)	1.00						
Conjugal (CE)	0.06	1.00					
Age (AG)	0.06	0.52*	1.00				
Overall (OS)	0.24	-0.04	-0.20	1.00			
Perceptual (PS)	0.18	0.11	-0.04	0.23*	1.00		
Conceptual (CS)	0.08	0.04	-0.08	0.81**	-0.11	1.00	
Executive (ES)	0.26*	-0.16	-0.26*	0.83**	0.44**	0.44**	1.00
Notes: *p = .05; **p = .01 (2-tailed) or .05 (negative).							

Research Hypotheses

The seven hypotheses were tested using multiple regression analysis. Two different regression equations were applied. The hypotheses Ho₁ and Ho_{2a}–Ho_{2c} were tested with a regression equation using Overall systems thinking scores as the dependent variable. The hypotheses Ho_{3a}–Ho_{3c} were tested with a second regression equation using Executive Skill subscores as the dependent variable. The results of the regression analyses are presented in this section.

As shown in Table IV.1, the mean for the Overall score (systemic thinking) for the treatment group (M = 13.43, SD = 3.95) was higher than for the comparison group (M = 10.37, SD = 2.39). The difference between the means for the two subject groups, as indicated in Table IV.4, was great enough to be significant at p = .01. However, for the experimental design of the present study, significance was set at .05, therefore the

null hypothesis H_{o1} was rejected. Insofar as the treatment training group did score significantly higher than the comparison group, the research hypothesis was accepted.

Table IV.4. Multiple Regression Results for Overall Systemic Thinking.

	b	SEb	T	p
Group	-2.507	.965	-2.599	.012**
Practitioner Experience	0.109	.332	0.329	.743
Conjugal Experience	0.129	.180	0.718	.476
Age	-0.074	.066	-1.113	.270
Notes: b = non-standard regression coefficient; SEb = standard error; *p = .05; **p = .01; for group variable, Treatment = 0, Comparison = 1.				

For systemic thinking as a function of conjugal (H_{o2a}) and practical (H_{o2b}) experience, as well as age (H_{o2c}), results indicated that these variables had no effect at the predetermined level of significance (.05), as shown in Table IV.4. Thus, the null hypotheses H_{o2a} – H_{o2c} could not be rejected. Though the treatment training group did score higher for all three variables than the comparison group, a significant difference in scores between the two groups was not found. The research hypotheses for H_{o2a} and H_{o2b} were not supported. Though H_{o2c} , written as “subjects of greater age will not have higher overall systemic thinking scores than subjects of lower ages,” was supported.

From Table IV.5, the Executive Skill subscale score showed no significant relationship between treatment and comparison groups (H_{o3a}) and the null hypothesis could not be rejected. Moreover, significant relationships were not found for Executive Skill

in relation to conjugal (Ho_{3b}) and practical (Ho_{3c}) experience, and these null hypotheses could not be rejected. Thus, the research hypotheses Ho_{3a}–Ho_{3c} were not supported.

Table IV.5. Multiple Regression Results for Systemic Thinking, Executive Skills.

	b	SEb	T	p
Group	-0.753	.551	-1.367	.176
Practitioner Experience	-0.106	.190	-0.559	.578
Conjugal Experience	0.153	.103	1.487	.142
Age	-0.054	.038	-1.420	.160
Notes: b = non-standard regression coefficient; SEb = standard error; for group variable, Treatment = 0, Comparison = 1.				

The two remaining subscales, Perceptual Skill and Conceptual Skill, were not considered for the formulation of the research hypotheses. However, the results of regression analysis for these two scales is included for informational purposes, as well as to further investigate the remaining test subscales, as Table IV.6. It is of interest to note that for the Perceptual Skill subscale, a significant difference would have been determined to exist between the two groups of subjects ($B = -0.63$, $SEb = 0.27$, and $T = -2.34$).

Table IV.6. Multiple Regression Results for Systemic Thinking, Perceptual and Conceptual Skills.

	b	SEb	T	p
	Perceptual Skill			
Group	-6.274	.268	-2.340	.022*
Practitioner Experience	0.097	.092	1.045	.300
Conjugal Experience	0.111	.050	0.221	.826
Age	-0.004	.018	-0.230	.819
	Conceptual Skill			
Group	-1.126	.604	-1.863	.067
Practitioner Experience	-0.119	.208	0.571	.570
Conjugal Experience	-0.035	.113	-0.309	.758
Age	-0.016	.041	-0.379	.706
Notes: b = non-standard regression coefficient; SEb = standard error; *p = .05; **p = .01; for group variable, Treatment = 0, Comparison = 1.				

V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Counselor education programs are designed to develop appropriate perceptual, conceptual, and therapeutic intervention skills among trainees. Review of the literature has revealed that counseling and mental health training programs have in recent years begun to include family systems-oriented training components in their curricula. However, follow-up studies to determine whether graduate program trainees have been able to demonstrate systems-oriented abilities, particularly systems thinking, in their subsequent professional positions have not been comprehensively performed to the end of measuring program success. Specifically, no studies have sought to measure the abilities of graduates for different lengths of post-training experience, and few studies in relation to systems thinking abilities have used control or comparison groups of subjects trained in the use of non-systems-oriented approaches for purposes of measurement. Those studies which have been conducted in this area represent only the first stages of the process of identifying the most important trainee variables that affect the outcomes of graduate trainee test performances.

In addition, review of the literature reveals that few studies with sample sizes in excess of 20 subjects have been conducted, thus limiting the generalizability of the findings. Rather, those studies which have been completed have often utilized independent variables that were not clearly defined. Thus, within the counseling profession questions have been raised with respect to the viability of the concepts as well as the measurability

of the perceptual, conceptual, and therapeutic (executive) systems-oriented categories of counseling skills and counseling skills in general. The absence of completed longitudinal counselor education follow-up studies, and studies of child and youth care training, and the near absence of studies of two-year graduate counselor programs is noteworthy. Experts in systems-oriented marriage and family counselor education have questioned whether it is worthwhile to assume that systemic thinking can be taught in the types of programs in question. The present study has been designed to address some of these areas in which information is lacking.

Systems-oriented marriage and family counseling instruction has been included in the training programs of a number of clinical disciplines, as well as in graduate counselor education programs. However, few empirical studies have been completed which could usefully serve to provide guidelines for future program development. This is specifically true of graduate programs in the field of clinical child and youth care (CYC) counseling. While currently operating subject to the influence of ecological and holistic views, CYC counseling has in recent years begun to embrace a family systems-oriented view at both the practice and training levels. Thus, there is a need for further and more comprehensive studies of the impact of systems-oriented clinical CYC counselor education.

The present study was therefore designed to address the following research questions:

- 1) Do practitioners who have been trained in the utilization of family systems-oriented teaching methods perform better in the area of systemic thinking

than practitioners trained in the utilization of non-family systems teaching methods?

- 2) Can the learning and performance of systemic thinking abilities be correlated with three post-training experience variables, including years of post-training experience, conjugal experience as represented by marital status and number of children, and general life experience as represented by age?
- 3) Can the learning and performance of executive (therapeutic intervention) skills be correlated with method of training, years of post-training experience, and conjugal experience (marital status and number of children)?

To test null hypotheses developed to measure responses to these research questions, a sample of subjects was selected from among recent graduates of two counselor-related graduate training programs at Western Oregon State College (Monmouth, Oregon).

The two programs included a family systems-oriented training program for clinical child and youth care counselors (CCYW), from which subjects for a treatment group were selected, and a non-systems-oriented training program for school and agency counselors (SAC), from which subjects for a comparison group were selected. Demographic surveys were sent to those SAC and CCYW graduates who had completed training between the years 1985 and 1991. Subjects selected for the comparison group were confined to those SAC practitioners who had not attended any CCYW courses or workshops, or courses in structural-strategic family therapy, outside of the courses normal to the SAC program. This information was obtained from the demographic survey and a

second questionnaire completed immediately after completion of the test procedure by the subjects.

The principal independent variable considered for the present study was the theoretical orientation of the graduate-level counselor education program attended, while post-training experience, conjugal experience, and general life experience were the three secondary independent variables. The principal dependent variable was systemic thinking, while a secondary dependent variable was systemic thinking as represented by executive (therapeutic intervention) skills. To measure responses for each of these variables, the subjects were administered the Family Therapy Assessment Exercise (FTAE, Breunlin et al., 1983, Appendix D). The FTAE is an evaluation instrument for assessment of the acquisition and application of family therapy knowledge by individuals trained in the application of an integrated model, including structural, strategic, and brief family therapies. The FTAE consists of a 30-minute videotape of a family therapy session, followed by a series of multiple choice questions relative to what is viewed in the session. The test has been shown to have consistently high discriminative validity across studies for subjects with differing levels of training for perceptual, conceptual, executive, and systems thinking skills (Breunlin et al., 1989).

For analysis of the results from administration of the FTAE, a two-group post-test-only design was used for measurement of four training objectives: overall systemic thinking, and application of perceptual, conceptual, and executive skills. Statistical procedures included the determination of frequency distributions, means, and standard deviations for the dependent and independent variables for the treatment and comparison

groups. A correlation matrix for all of the continuous variables was calculated to check for possible regression multicollinearity, and multiple regression analysis was conducted for the two dependent variables. One equation was used to test for correlations between the dependent variable, Overall systemic thinking score, and the independent variables for post-training experience, conjugal experience, and general life experience. A second equation tested for correlations between the second dependent variable, Executive Skill, and the same independent variables. All tests were performed using a significance level of .05.

For the research questions, results were obtained from measures for seven hypotheses, as follows.

Ho₁ A treatment training group will have a higher overall systemic thinking score than a comparison group.

The first hypothesis, Ho₁, tested for differences in Overall systemic thinking between the treatment and comparison group. The difference in means was significant at the .01 level (note that .05 was the predetermined level of significance used for the present study). At the magnitude of difference between the two groups, the result suggests that systems-oriented training could be a strong predictor of systemic thinking competency.

Ho_{2a} Subjects with more conjugal experience will have higher overall systemic thinking scores than subjects with less conjugal experience.

Ho_{2b} Subjects with more post-training practitioner experience will have higher overall systemic thinking scores than subjects with less post-training practitioner experience.

Ho_{2c} Subjects of greater ages will not have higher overall systemic thinking scores than subjects of lower ages.

The second set of hypotheses, Ho_{2a}–Ho_{2c}, tested for differences in systemic thinking among subjects with different levels of practical, conjugal, and general life experience. The objective was to determine graduate-trainee experience correlations with Overall system thinking scores. In each case, the level of significance for all three correlations was less than the predetermined level of significance at .05. Thus, the research hypotheses that systemic thinking scores would positively correlate with experience could not be confirmed. These results support the suggestion that the experience of graduate trainees would not have a significant effect upon attainment of systems thinking abilities, providing evidence that the main training effect may be an important factor in performance differences between the two types of groups.

Ho_{3a} A treatment training group will have a higher systemic thinking executive skills subscore than a comparison group.

Ho_{3b} Subjects with more conjugal experience will have higher systemic thinking executive skills subscores than subjects with less conjugal experience.

Ho_{3c} Subjects with more post-training practitioner experience will have higher systemic thinking executive skills subscores than subjects with less post-training practitioner experience.

The third set of hypotheses, Ho_{3a}–Ho_{3c}, were used to test, respectively, for differences in systems thinking between subject groups, differences in executive skills and practitioner experience, and differences in executive skills and conjugal experience. The levels of significance obtained for all three correlations were not significant at .05, thus none of the three hypotheses could be confirmed. Therefore, the research hypotheses that Executive Skill would positively correlate with type of training, as well as practitioner and conjugal experience, were not confirmed. These results suggest that participation in systems-oriented training would not be a significant predictor of the development of executive skills among graduates from similar programs. However, the results do support the suggestion that practitioner and conjugal experience would have little effect upon the determination of differences in executive skill performance.

Conclusions

The basic views expressed in Chapters I and II of this study were generally substantiated from the findings. The conclusions and implications of these results are discussed in this section. The primary findings of the study suggest that (a) systemic thinking can be taught and that (b) knowledge and techniques so-derived can be retained by practitioners for extended lengths of time, and that (c) other factors believed to influence systemic thinking could not be demonstrated to exercise a significant level of influence.

First, the findings indicated that counselors who had attended CCYW training evidenced systemic thinking abilities and systemic thinking perceptual skills. However, the post-training experience, age, and marital/parenting experience variables were not found to be statistically significant in relation to performance on tests of systems thinking and/or tests of the Perceptual, Conceptual, or Executive Skill subscales.

The present study was directed at a small population of CYC counselors from a specific university setting, and its primary objective was the determination of whether relationships existed between CCYW training and system thinking and/or executive systems-oriented counseling skills (subject to a secondary interest in perceptual and conceptual skills). It was not intended to validate an educational model for all counselors or CYC practitioners.

It cannot be categorically stated that differences in the teaching methods used in the CCYW program were the only contributors to differences between the two counselor groups. The results of the present study did indicate, in relation to the variables considered, that the type of training program was the strongest factor that was correlated with test performance. What this result suggests is that differences in training cannot be ruled out as an important factor of influence upon counselor education and, moreover, that it is reasonable to assume that training methods were a part, and possibly an important part, of the differences between the two types of programs.

It is recommended that studies be developed which isolate (or more clearly define) the teaching methods used (e.g., self-apprenticeship training, live or videotape supervision, or lecture or case presentation). To further refine tests of the relationship

between the systems-oriented teaching methods of the CCYW program and post-training experience, SAC counselors who have taken additional systems-oriented training since the completion of training should be tested. This would enable a more detailed comparison of post-training experience between the two types of groups considered in the present study. From the findings of the present study, it may be implied that additional post-training educational factors constitute an important effect, therefore matching groups or controlling for post-training experience is recommended.

Other post-training experiences that could be expected to reduce the evidence for the effect of long-term systemic thinking and the general leveling of counseling approaches include the influence of the type of agency setting and clients and treatment/intervention mandates, as well as the type of collegial support experienced and supervisory and agency overall philosophies of treatment. These potential influences constitute important variables and directions for future research. A replication study that attends to these additional variables is recommended.

Expanding Study Population to Systems-Oriented SAC Subjects

Several implications may be derived from the finding that counselors who had been trained using systems-oriented teaching methods scored higher on measures of systems thinking than did counselors trained using non-systems-oriented teaching methods. It may be expected that this hypothesis would be confirmed should the subject tests be conducted immediately following the completion of training, as would be the case for a pre- and post-test research design. This expectation would not be as strong in the case

where the average number of years following training was much greater in number (e.g., from the present study, six years post-training for the systems-oriented CCYW subjects and four years post-training for the non-systems-oriented SAC subjects). However, it is noted that the number of years of experience did not significantly correlate with test performance. That is, there was no significant correlation found between trainees who had completed their programs recently and those who had completed their programs as many as 10 years previous to testing.

It was reasonable to expect that due to a leveling effect, in which trainees from two different counseling approaches over time come to share increasing similarities in practitioner approach, there would be few differences between the two types of subjects. That is, differences would be minimized unless systemic methods of teaching and systemic counseling theory and practice represented fundamentally different approaches from those of non-systemic forms. The findings of the present study imply that this may be the case. However, if the CCYW program teaching and counseling theories did represent fundamentally different approaches, then this result would not be surprising given the significant lapse in time from post-training until testing.

In short, the expected leveling effect did not occur in the areas of system thinking and perceptual counseling skills. What may be implied is that systems-oriented counseling, at base level, is somehow different from non-systems-oriented counseling. This may reflect a fundamental difference in systems-oriented counseling and non-systems-oriented counseling, as has been asserted in the literature of interactional and systems-oriented marital and family counseling. It is suggested that the findings of the present

study provide at least preliminary evidence for this case. It is recommended that a replication study be performed among systems-oriented SAC subjects.

Systemic Thinking: A Fundamental Distinction

The scales that emerged as significant were two abilities that are more generally and possibly generic to systems-oriented counseling, namely systems thinking and perceptual skills. Both systemic thinking and perceptual skills were given strong emphasis (where specific structure-strategic skills and concepts were not) in the CCYW core course series as principal teaching objectives. Both were emphasized throughout the integrated systemic model and the self-apprenticeship training methodology. It may be speculated equally that both are more generalizable to other schools of systems-oriented MFC and CYC practice than are either conceptual or executive skills (neither of which were found to be significant). Systemic thinking and perceptual skills may be generic to different schools of systems-oriented MFC. This is an important empirical question for future research.

For at least overall systemic thinking, there may be a generic, highly generalizable as well as retainable quality that is related to some systems-oriented training, specifically the CCYW teaching approach. It is recommended that a study be designed which utilizes the FTAE to test trained practitioners representing different systems-oriented approaches. A preliminary study of this sort could be conducted at one or more international conferences which attract practitioners representing wide ranges of training and competency as well as various schools of therapy.

The suggestion that the findings from the present study support the assertion that systemic thinking constitutes a generic quality also has implications for the development of construct qualities (Kelly, 1955) commonly but only loosely referred to within the literature of MFC. It also lends support to findings from the literature review that each scale and each subscale is independent and measures differently. However, the lack of a coherent and clearly articulated definition (not to mention, construct) of systems theory and systemic thinking in the MFC field should be reiterated. The findings of the present study thus lend weight to efforts to better define and substantiate the construct characteristics of systemic thinking.

Research Model for Counselor Education Follow-Up Studies

The type of research model proposed (i.e., one which combines several graduation classes) may offer other counselor education programs a practical means for securing adequate sample sizes and for performing follow-up studies. The FTAE offers what may be the most important scale (i.e., systemic thinking) for measuring the impact of systems-oriented training. The FTAE procedure is efficient and may be easily replicated. To improve upon the present research design, it is recommended that a random assignment of subjects (selected from several graduating classes) be designated for a treatment group. Any number of subjects from counseling-related programs could serve as a comparison group, dependent upon study objectives, variables, and hypotheses. A sample size of 30 or more serves to expedite conclusions from inferential statistics, but a longitudinal focus, while sacrificing some of the sample homogeneity, increases the availa-

bility of subjects. It also responds to a deficit in the field, that of the need to conduct more counselor education follow-up studies and to develop practical research procedures. Thus, replication and improvement of the present research design is recommended. Furthermore, a study that compares a population, the characteristics of students who are admitted to training programs in the same year vs. a sample group of students from different years of entry, is recommended.

Systemic Thinking: Maturation or Training Effect?

It may be reasonably assumed that maturational and experiential factors bear relation to the development of counseling skills and knowledge; that there are broad overlaps between counseling strategies, verbal intervention techniques, and general theory and the common sense understanding and effective communication patterns that are utilized in daily living; and that the qualities of good common sense, mental flexibility, perceptions of alternative points of view, being "older but wiser," and awareness of the "takes two to tango" interactive dance of daily living (i.e., those qualities that seem to be strikingly similar to the make-up of systemic thinking) are developed by time, fortunate experience, and by the application of intelligence. However, the findings of the present study do imply that maturation, time, and general experience-related variables in the form of trainee characteristics were not, in fact, related to systems-oriented training or to a quality of thinking that was systemic in nature. Thus, current levels of research effort have a distance to travel to more clearly define the scores of FTAE systemic thinking cognitive, attitudinal, perceptual, or intellectual attributes that may constitute this con-

cept. Cognitive research, including style of learning, stages of cognitive development and maturation, and personality variables, is also recommended.

The findings from the present study are more noteworthy in light of those experts from the literature who have voiced skepticism about the possibility of being able to teach systemic thinking. They are noteworthy for several reasons, some of which have been noted above, not the least of which has been the failure to satisfactorily define the key terms of this concept. The implications of the findings remain that systems-oriented training was found to relate to systemic thinking well beyond chance, as well as beyond common sense expectations with respect to the potentially mitigating factors described above. Further research in this critical area of counselor education is needed.

FTAE Subscales

The FTAE instrument has been utilized principally for the measurement of the training impact of programs using a single school of systems-oriented theory, specifically, structural-strategic family therapy. However, the CCYW program used an integrated systems-oriented theory. If the program trainees tested as subjects had undergone training, whether a short workshop or a year-long format, focused only upon teaching the concepts, perceptual skills, and therapeutic maneuvers of structure family therapy, it could have been expected that the test differences between systems-trained and untrained practitioners would have been much greater. Rather, the CCYW program focus was upon generic systemic thinking and/or the integration of several schools of practice. Specifically, there was exposure to structural, strategic, or brief therapy in the

form of two courses and no live nor video supervision was exercised for these methods. Thus, the findings from the present study imply at the least that the use of an instrument (FTAE) using videotaped samples of a counselor practicing one therapeutic model will provide a means to identify systemically-trained practitioners, regardless of whether or not they have specifically had supervised training in structural-strategic techniques. This implication provides added confirmation to previous studies (Chapter II) that found the FTAE to have strong discriminate validity for the overall systems thinking score (with mixed findings for the three subscales). Findings from the present study are at least in part attributable to the carefully constructed multiple-choice questions of the FTAE, subject to eight years of ongoing test development, and to the uniformity of test administrative procedures. The findings also appear to confirm the assertions of the test makers that the questions are written in such a manner that the theoretical base of the test is successfully masked.

This study used the Executive Skill subscale since the greatest interest among prior studies of MFC training has been directed at this variable, which has been the focus of much of the effort to refine and improve the discriminative power of the FTAE. While findings from the field have been mixed, Executive Skill has been generally held to have the greatest discriminative strength among the three component subscales, and implications from findings that systems-oriented trainees who performed well on the Overall score did not perform well on the Executive Skill subscale has been addressed above. In sum, the findings may reflect the nature of the training objectives of the CCYW educational program, which provided integrated training that included several modalities of

theory and practice, rather than in-depth competencies for one special method, and that post-training experience may contradict structural-family counseling approaches used in the FTAE.

A related conclusion is that the Conceptual Skill subscores (for which no research hypotheses were prepared) were also found not to correlate with the type of training group, while the Perceptual Skill subscores did at the .05 level of confidence. Thus, both Conceptual and Executive Skill, each of which involve specific content and procedures that are related to particular counseling approaches, could not be related. In the absence of specific practices and supervision, content and procedures may over time be lost, in addition to which conceptual content and procedures may call upon specific memories and utilizations that Perceptual Skill, in contrast, is not reliant upon. While the former may be sensitive to the passage of time and failure to practice procedures and interpretations, Perceptual Skill (i.e., from Breunlin et al., 1983, "the ability to see and describe accurately the behavioral data of a therapy session . . . to describe a sequence of interaction," p. 38) does not require content memory. Yet, perceptual skills are sensitive to practice and are essential and even possibly generic to any systems-oriented approach.

In contrast to the other two skill types, the teaching of perceptual-observational skills, interactional pattern identification, and interpretive skills were emphasized in the CCYW core course training. From the findings of the present study, it is recommended that counselor education programs articulate teaching methods for each of the four training objectives, specifying the respective competencies for particular MFC schools. At the same time, thinking and perceptual skills may be two areas that are typically not

given sufficient teaching emphasis (and instruction in technique development). On the other hand, the differences in findings between the Executive and Conceptual subscales and the Overall and Perceptual subscales suggest that teaching that emphasizes thinking and perceptual skills may generate more lasting, fundamental, and generalizable effects across time, experience, and counseling approaches. Research will be required to articulate both the teaching techniques and alternative modes of assessment of all four competency areas.

From the above discussion, it may be observed that different competencies require different and specialized teaching techniques for long-term maintenance as well as for initial comprehension. The possibility thus exists that certain training effects and relationships may not be found (or may be effectively lost) during longitudinal and follow-up studies involving lengthy periods of time between learning and testing. Further study will be required in the area of longitudinal methodologies for the assessment of counseling skills and knowledge, just as additional follow-up studies are needed in counselor education.

Implications for Second-Generation Systems-Oriented Approaches

From a different area of the findings, the present study provides the conclusion that older and more experienced therapists did not score well for conceptual and therapeutic skills. This result was obtained though nearly one-half (17 of 40) of the "systems thinkers" group were currently engaged in positions where they worked in direct therapeutic counseling and intensive treatment (mental health, CYC, or private practice, Ta-

ble III.1). Due to the experienced and active nature of at least the portion of the treatment group actively engaged in practice, it would have been expected that the treatment group would achieve high scores that would demonstrate significant results for Conceptual and Executive Skill subscales.

One explanation for this surprising finding leads to an important empirical question. It may be that experienced practitioners may be studying and/or using different systemic approaches. What are loosely referred to as second-generation, or "second-cybernetic" (Campbell, Draper, & Crutchley, 1991), approaches may contradict first-generation structural-strategic approaches. Other second-cybernetic approaches may include narrative (White, 1986), contextual (Boszormenyi-Nagi & Ulrich, 1982), and Milan (Tomm, 1988). It seems likely that practitioners who are actively engaged in MFC therapy (both CCYW and SAC) practice would have received training and continuing education in some of the more recently developed approaches. Thus, the current and most active interest in the field appears to be directed toward those practices which have been developed more recently than structural-strategic therapy (also termed a first-cybernetic systems-oriented therapy). A detailed presentation of these approaches is provided by Becvar and Becvar (1993).

In general, a number of advances in the MFC field have followed along the lines of second-cybernetic developments, which are less confrontational in practice, minimizing the position of counselor as an interventionist making primary use of executive skills. This poses obvious and significant contradictions with respect to standard first-cybernetic approaches (i.e., structural, strategic and brief therapies), implying that those

who participate in post-training continuing education may be more likely to score low on measures of Conceptual and Executive Skill on a test such as the FTAE. Therefore, research questions are raised about the effect of the specific training type upon subject scores (specifically, upon scores of recently trained or retrained therapists). What difference does recent training in a particular school of therapy have on FTAE measures of systems-oriented skills? It is recommended that a re-analysis of the survey data from the present study be performed to determine whether an additional survey would be needed to test for the implied hypotheses.

An important question is also raised by the implication that the measured system thinking of practitioners may not be affected differently by first- and second-cybernetic systems-orientations, whereas conceptual and therapeutic (executive) skills are affected. A preliminary study of this type could be conducted at an international MFC conference where counselors of many persuasions and orientations would be available for participation. In addition, the implication that systemic thinking, as measured by the FTAE, may be generic to both first- and second-generation approaches warrants serious investigation since the issue holds broad theoretical educational and research importance. A further recommendation is to build upon the FTAE assessment model and procedures to develop an instrument that maintains sensitivity to generic systemic thinking, while at the same time updating the Executive and Conceptual Skill subscales for compatibility with second-cybernetic approaches.

Evaluative Limitation

The conclusions derived from the findings of the present study, as well as the design of the study, do not permit the evaluation of the general educational efficacy of either the systems-oriented CCYW or the non-systems-oriented SAC programs considered. Specifically, the study design precluded the basis for comparison of either teaching approaches (including the systemic thinking and skills variable) or trainees since equivalent samples from the two trainee populations were not used. The SAC trainees who were selected for the comparison group were those trainees who had specifically not been trained in structural or strategic therapy beyond the level of what was offered in the SAC curriculum.

Recommendations

The following recommendations have been identified in the conclusions derived from findings of the present study:

- 1) The present study should be replicated, including studies which encompass any of the several variations suggested for research design.
 - a) A replication variation should include two-year graduate counseling trainees, undergraduate CCYW trainees, or trainees in graduate-level psychology in the post-training practitioner non-systems-oriented comparison group sample.

- b) A replication variation should include testing of WOSC-SAC trainees who have taken post-training workshops and education in structural, strategic, and/or brief family counseling. Data should be collected that may be interpreted with respect to control variables, or which provides a comparison or matching of the post-training education of WOSC-CCYW trainees.
 - c) A replication variation should include pre- and post-testing as well as periodic retesting, following a true longitudinal research design. While this approach may be practical for some training and educational programs as the delayed post-testing used for the present study, this type of study is desirable and should be attempted where possible. Results would provide a valuable comparison to those from the present study.
 - d) A comparison between the characteristics of trainees who were admitted to counselor training programs in the same year and a sample of trainees entering during different years (as in the present study) would be an important variation on recommendation 1c.
- 2) A research design should be developed for the examination of differences in systemic thinking (including Perceptual, Conceptual, and Executive scores) as measured by the FTAE among practitioners trained in different school of MFC training. Distinctions between first-cybernetic and second-cybernetic schools of MFC training would be of particular interest. Vari-

ables for type of counseling practiced, amounts of practitioner treatment experience, and number of years of post-training experience should also be included.

- 3) A research project which includes the use of the FTAE is recommended for the investigation of the generic parameters of systemic thinking, to the end of formally pursuing the development of the empirical as well as the theoretical basis for a systemic thinking construct.
- 4) Studies are recommended that more clearly define the cognitive parameters of system thinking. Cognitive research should consider such variables as style of learning, stages of cognitive development, and maturation and personality.
- 5) Studies should be designed that clearly define and distinguish between different teaching methods of systems-oriented training (e.g., live or video-taped supervision, clinical case study groups, lecture and roleplay, or self-apprenticeship training).
- 6) An important recommendation derived from the present study is that educational programs articulate teaching objectives and student learning outcome goals, as well as teaching theory and methods for implementation. One example would be the specification of teaching objectives for perceptual, conceptual, executive, and systemic thinking and related teaching methods. Evaluation and outcome studies should include appraisal of the specific theories and operating premises of teaching and the methodologies

and techniques of teaching. Published results in this area could serve to significantly expand upon the range, development, and evaluation of systems-oriented teaching approaches.

- 7) It is a fundamental recommendation that counselor and CYC education programs conduct regular follow-up studies. In relation to this recommendation, professional associations of educators and practitioners as well as regulating agencies should bear some of the burden of responsibility for ensuring the implementation of this research direction. The publication of follow-up studies may exercise a positive effect upon the competency of both systems- and non-systems-oriented instructors, the integration of university education and clinical practice as preparation for counselor educators, and the facilitation of shared learning among researchers, educators, and practitioners.

The present study has thus generated more questions, implications, and recommendations than it has answers to specific research questions. However, if the purpose of research is to develop new knowledge and to solve problems for particular educational and/or practitioner settings, then the findings of the present study, even if limited in extent, represent a successful research effort. The conduct of this study has answered the need of a particular setting, the graduate program in CCYW at WOSC, to determine if key learning objectives (i.e., teaching systemic thinking, conceptual, perceptual, and therapeutic skills) have been fulfilled among program trainees. The research model used, if limited to the extent that findings from its application can be generalized across a

broader scope, offers counselor education programs a model of follow-up research that is both practical and informative. By demonstrating the relationship between systemic thinking abilities and training, and by introducing the self-apprenticeship training method as a potential resource for the enhancement of systemic thinking abilities, the present study has added to the existing state of professional knowledge.

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APPENDICES

A. DEMOGRAPHIC SURVEY

DEPARTMENT OF
HUMAN DEVELOPMENT
AND FAMILY SCIENCES



OREGON
STATE
UNIVERSITY

Millam Hall 322
Corvallis, Oregon
97331-5102
USA

Telephone
503-737-4765

Dear Colleague:

August 31, 1992

Enclosed you will find a questionnaire which is part of a study for my doctoral dissertation. The study is meant to assess the effects of training in graduate programs in the mental health field. Through this study we will learn how to further strengthen our training programs.

There are two parts to the study. Here's how you can help. For the first part, you can simply complete the enclosed survey. The second part will be a more in-depth case study utilizing a questionnaire and a video & multiple-choice test. If your name comes up through the selection process, you may have the opportunity to choose to participate in the second part of the study. It is very important for the significance of the initial study that we receive as many of the surveys as possible.

The research from this study will offer valuable feedback to training programs about their impact and about the educational needs as defined by the students. Specifically, the aim is to offer recommendations as to what teaching methods and content are currently found to be useful in certain areas of counseling and child mental health. If you are interested in learning about our findings, please let me know. I realize that everybody is busy this time of year and that although the survey is short, it requires some thought. It requires no more than 1/2 hour to complete. Your part of the study will provide unique information that will strengthen the whole study.

Your participation is entirely voluntary, but take a few minutes out to help the counselors of the future by improving our training programs. Your help in this will be greatly appreciated. It would be most helpful if the survey is returned by Friday, September 18th (we can accept some later post marked returns).

Our thanks to you for your time and your contribution to the field.

Sincerely,
Redacted for privacy

Raymond Peterson, Ph D Candidate
Counselor Education, OSU

Sam Vuchinich, Ph D
Major Advisor
Human Development & Family Studies Dept., OSU

Background Information Survey

Code# _____

Please write your:

Name: _____

Address: _____

BACKGROUND INFORMATION

I. Demographics

A. 1. Age _____ 2. Sex: M F 3. Address _____

City _____ Zip: _____ Wk Ph: _____ Hm Ph: _____

B. Marital Status: Never married, Married _____ Yrs. Divorced, Other (circle)

C. Ages of children (if any) _____

D. Circle the number of the highest degree you have earned.Underline the word if you are currently working toward the degree.

1. College diploma, in what? _____

2. Masters degree, in what? _____

3. Ph. D., Level (intern, practitioner, etc) & major: _____

4. Other: _____

E. What year did you begin your Master's Degree Program? _____

What year did you graduate? _____

II. Profession:

A. Circle your chosen profession & indicate whether you are currently or will be eventually practicing it.

1. Counselor (school) _____ currently _____ will be

2. Counselor (agency) _____ currently _____ will be

3. Clinical Child & Youth Work _____ currently _____ will be

4. Psychologist _____ currently _____ will be

5. Social Worker _____ currently _____ will be

6. Teacher _____ currently _____ will be

7. Other: _____

B. From the date when you began your graduate program, please, list the agencies for whom you have worked and the titles of the positions that you have held. List the beginning and ending dates of each.

Beginning	Ending date	Agency and Title of position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	Not currently employed
10. _____	_____	Other comments: _____

(Hang in there, you're half-way done!)

- C. If you currently work in a child/youth care agency or day & residential treatment center or juvenile corrections or child/youth related service, please rank your primary 5 job functions (starting with #1 being the greatest proportion of time, #5 being the least). After ranking 5, estimate the % of time you spend on each of the five (it should total 100%). If you don't work children/youth, please skip to the next question.

 Rank (1-5)

- On-the-line in the group-living setting with children/youth
- One-on-one individual counseling sessions with children/youth
- Specialized therapy (music, dance, play, activity, recreational, other)
- Group therapy/counseling (eg GGI, PPC, A & D, Perpetrators, other)
- Group management meetings in the milieu
- Family therapy
- Marriage & couples counseling
- Parent &/or youth education classes
- Case management, resource & placement development
- Clinical Supervision (child/youth case-oriented)
- Staff Supervision (administrative)
- Agency administration & management
- Teaching or training other professionals
- Other (Please indicate) _____
- Other (Please indicate) _____

III. Training and Experience

- A. Since enrolling in a Master's Program (both during & after graduating):
1. Approximately how many courses have you had in counseling? _____
 2. Approximately how many courses have you had in WOSC's program in CCYW? _____

3. Approximately how many courses were in the subject of family therapy method or family systems theory? ____
4. What additional training have you had in family systems related subjects? Please, specify: _____

B. What school (s) of family therapy are you familiar with?

	Not at all		Very familiar		
1. Bowenian	1	2	3	4	5
2. Behavioral (Patterson)	1	2	3	4	5
3. Brief (de Shazier, MRI)	1	2	3	4	5
4. Communications (Satir)	1	2	3	4	5
5. Experiential (Whitaker)	1	2	3	4	5
6. Strategic (Haley, Madanes)	1	2	3	4	5
7. Structural (Minuchin)	1	2	3	4	5
8. Other (Specify please)	_____				
9. None	_____				

C. Since enrolling have you practiced some form of marriage & family therapy/counseling in your employment? ____ Yes; ____ No.

If "yes", please continue; if "no", you have completed this survey.

1. What percentage is in marriage & family therapy/counseling? ____ %
2. Approx. how many families have you worked with in total? a. 1 - 3 ____;
b. 4 - 10 ____; c. 11 - 25 ____; d. 26 - 50 ____; e. 51 + ____
3. Approximately how many hours of family therapy supervision have you received? ____ Was your supervisor a trained family therapist? ____ If yes, what was his/her orientation _____?
4. Of these, how many hours involved video tape supervision? ____ hr
5. How many were live-supervision or behind one-way mirror? ____ hr

Check name in name - field +
Redacted for privacy

B. FOLLOW-UP QUESTIONNAIRE FOR SAC STUDENTS

FOLLOW-UP QUESTIONNAIRE FOR COUNSELING STUDENTS

Some courses during graduate training were oriented around systems theory and practice for working with families, children and individuals and their community and agency networks. In most graduate programs, systems oriented training is a relatively new addition (eg in family therapy courses).

This study is looking for information about the teaching of systems thinking abilities in graduate counselor education programs and for follow-up information about the learning of systems thinking or systems oriented therapy, since graduating from your particular program. The purpose is to improve future counselor education programs.

Thank you for your thoughtful responses.

1. Which college counseling program did you complete? _____
What year _____?

2. During your education, did you take course-work that included systems oriented theories and methods?

None ____; Minimal or general exposure ____; One or more courses that stressed systems theory & practice ____

3. Would you say your over-all systems thinking abilities increased or decreased **during** graduate education?

Incr ____; Decr ____; Maintained ____; Does not apply to my program ____

(You may comment on backside of sheet regarding any of these questions.)

4. If systems thinking abilities increased during graduate training, can you identify teaching/learning experiences that were significant to increasing your **systems thinking** abilities?

5. Has your **systems thinking** abilities increased or decreased **since** graduating? Incr ____; Decr ____; Maintained ____;

6. If they have **increased** since completing the Counseling program, what **training** or workshops have you taken that may be significant to increasing your systems thinking abilities?

7. If they have **increased** since completing the Counseling program, what **on-the-job** experiences may be significant to increasing your systems thinking abilities?

8. Since completing the Counseling program, what **other** experiences (clinical supervision, reading, etc.) may be significant to increasing your systems thinking abilities?

9. If your systems thinking abilities have **decreased** since completing the Counseling program, what experiences or circumstances may be responsible for this?

9. In your current job, does systems thinking influence your daily work?

1. No ___ 2. Small ___ 3. Medium ___ 4. Large ___ 5. Very large influence ___

10. Do you currently work providing direct treatment therapy service? (child/youth worker, therapist, counselor or other)? Yes ___ No ___

11. If so what % of your job/position is direct treatment therapy service? ___

12. Since graduating, how much experience do you have providing direct treatment therapy service (hours/months/years)? ___

13. What method(s) of ind. &/or family therapy do you primarily practice?

14. Any comments regarding systems thinking (Backside, if needed)?

15. Any comments regarding teaching/learning in the Counseling program?

16. Any comments about the video tape &/or questionnaire experience?

Thank you for your considerable effort and help with our research today.

C. FOLLOW-UP QUESTIONNAIRE FOR CCYW STUDENTS

FOLLOW-UP QUESTIONNAIRE FOR CCYW STUDENTS

The training of the CCYW-Core Courses was oriented around systems theory and practice for working with families, children and individuals and their community and agency networks. One aim was to teach systems thinking. This study is looking for information about the teaching of systems thinking abilities in the CCYW program and for follow-up information about your experience with systems thinking since leaving the Core courses. The purpose is to improve our further training efforts.

Thank you for your thoughtful responses.

1. When did you complete the Core Courses of the CCYW program? _____
2. Would you say your over-all systems thinking abilities increased or decreased **during** the Core Courses? Incr ____; Decr ____; Maintained ____;
(You may comment on backside of sheet regarding any of these questions.)
3. What teaching/learning experiences were significant in increasing your **systems thinking** abilities? Rate them 0 - 3: 0 no impact on the teaching/learning of **sys. th.**; 1 Definite impact; 2 Significant impact; 3 High sign. impact on **sys th** &/or identifiably utilized in direct daily work
1. ____ ACTS-SelfApprenticeshipTrning(SAT): Structured self-change sheets
2. ____ Opportunity Event(SAT) Structured crisis/opp. self-change sheets
3. ____ Journal writing(SAT); 4. ____ Daily affirmation (SAT);
5. ____ Treatment technique log(SAT); 6. ____ HOPE time-management sys.;
7. ____ Burnout/Burnthru self-assess&intervention; 8. ____ Networking;
9. ____ Initial Comp. Assess. Report & Treat. Sum & Disch/followup Report
10. ____ Defining your treatment phil. & apprch paper; 11. ____ Guest Lecture;
12. ____ Integrating systems thinking & CCYW paper; 13. ____ Group projects;
14. ____ Inclass demonstrations & clinical stories; 15. Training with video
16. ____ Inclass "co-teaching" exper.; 17. ____ Metaphor/storytelling lectures;
18. ____ Didactic lectures; 19. ____ Conference pres. or staff training exper.;
20. ____ Ritual, metaphor, empowerment objects tech.; 21. ____ Req. reading;
22. ____ Clinical case dilemmas, discussions, ethical issues;
23. ____ Other: _____;
24. ____ Other: _____;
4. Have your **systems thinking** abilities increased or decreased **since** completing the Core Courses? Incr____; Decr____; Maintained ____;
5. If they have **increased** since completing the Core, what **training** or workshops have you taken that may be significant to increasing your systems thinking abilities ?

6. What **on-the-job** experiences may be significant to increasing your systems thinking abilities?

7. What **other** experiences (clinical supervision, reading, etc.) may be significant to increasing your systems thinking abilities?

8. If your systems thinking abilities have **decreased** since completing the Core, what experiences or circumstances may be responsible for this?

9. In your current job, does systems thinking influence your daily work?

1. No ___ 2. Small ___ 3. Medium ___ 4. Large ___ 5. Very large influence ___

10. Do you currently work providing direct treatment therapy service? (child/youth worker, therapist, counselor or other)? Yes ___ No ___

11. If so what % of your job/position is direct treatment therapy service? ___

12. Since completing the Core how much experience do you have providing direct treatment therapy service (hours/months/years)? ___

13. What method(s) of ind. &/or family therapy do you primarily practice? ___

14. Any comments regarding systems thinking (Backside, if needed)?

15. Any comments regarding teaching/learning in the CCYW & Core Prog?

16. Any comments about the video tape &/or questionnaire experience?

Thank you for your considerable effort and help with our research today.

D. FAMILY THERAPY ASSESSMENT EXERCISE



The Family Institute

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William M. Pinsof, Ph.D.
President and
Chief Executive Officer

Douglas C. Breunlin, MESA, LCSW
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FAMILY THERAPY

ASSESSMENT EXERCISE (T₅)

Douglas C. Breunlin, M.S.S.A.

and

Richard C. Schwartz, Ph.D.

An independent affiliate of Northwestern University

-1-

INSTRUCTIONS FOR ASSESSMENT EXERCISEIntroduction

You are about to take part in an exercise in which you will see a series of video tape segments from one family interview and after each segment answer several questions about the interview. The exercise is designed to assess the framework you employ when you deal with families. In this sense it is not intended to be a measure of your competence so much as a measure of how you work. You should, therefore, select the alternative for each question which best fits your way of working with families now, and not an alternative you suspect might be correct for other reasons. If you have never interviewed a family, then select the alternative which most closely fits how you imagine you would work.

You will be asked to answer questions relating to your observations, your ways of thinking about the family and your assessment of the therapist. To answer the observational questions you must attend closely to all behaviors (both verbal and nonverbal). When answering questions concerning your understanding of events, remember that all of the alternatives have some validity depending on ones perspective so select the one which seems correct to you. You will also answer questions regarding your assessment of the therapist. Some of the therapist's interventions should be considered mistakes so do not hesitate to select alternatives which are critical to the therapist.

- 2 -

Format for Exercise

The events portrayed on the tape are from one interview. The eight segments you will see provide you with the salient information to follow that interview. After you see the first segment of the interview, turn the page and begin to answer questions. Continue answering questions until you see the word STOP at the bottom of the page. At this point, do not turn the page until you have seen the next segment of tape. Continue in this manner until you have seen all eight segments. You will answer 32 questions. While you are answering questions, the tape will continue to run, showing only "grey" on the screen; hence you have a limited time to answer the question. The time available for each segment is shown at the top of the first page of questions for each segment. You will hear a tone twenty seconds before a new segment appears on the screen. Do not attempt to answer questions while a segment is being shown as you may miss valuable information, and do not go back to change answers once a new segment is shown. The total time for the exercise is approximately one hour.

The Family

The Davidson family consists of four members; the parents, Robert and Marie, and two children, Susie, 10 and Carl, 9. The therapist is Dr. Brown. Recently, Mrs. Davidson brought Carl to Dr. Brown because he was wetting the bed. Carl received a complete workup and the tests were normal. Recognizing that Carl appeared to be highly anxious, and that multiple factors might be involved in such a case, Dr. Brown requested the entire family to come into this office to discuss the problem at length. The present videotape is performed by actors to preserve the confidentiality of the family. However, this is not a dramatization, as the original transcript is followed closely. The adaptation, including the choice of segments, is geared to abbreviate and highlight material for training purposes.

STOP

DO NOT TURN THE PAGE UNTIL YOU HAVE SEEN THE FIRST SEGMENT OF TAPE

-3-

QUESTIONS FOR SEGMENT ONE

You Have 7:00 To Answer

1. Select the alternative which describes most accurately what is happening when Susie first begins to fidget with her hat.
 - a. The therapist is talking to father.
 - b. The therapist is talking to mother.
 - c. The therapist is talking to Carl.
 - d. The therapist is talking to Susie.

2. Below is a list of six statements all of which are true of the family members' behavior before the therapist entered. Select one of the four alternatives that groups together the three statements that best help you to understand the presenting problem.
 1. The parents do not attend to the children's play.
 2. The children ignore mother's request to put the toys away.
 3. The parents make no attempt to reinforce appropriate behavior in their children.
 4. Father yells at the children to put the toys away.
 5. Mother defends the children's behavior to father.
 6. The parents demand rather than request that the children put away the toys.
 - a. 1, 2, 4
 - b. 1, 3, 6
 - c. 2, 4, 6
 - d. 2, 4, 5

CONTINUE TO THE NEXT PAGE

-4-

3. Given the information concerning the family members' behavior before the therapist entered, which of the following content areas would be closest to your focus for the upcoming interview.
 - a. The way father was treated by his own parents.
 - b. What prevents the father, mother and children from expressing their feeling directly.
 - c. How the father and mother handle demands they make on the children.
 - d. Why the father needs to displace his anger on to the children.
4. Select the alternative which you believe is the least accurate assessment of the therapist's greeting of the family members.
 - a. By speaking to Carl least the therapist acknowledged Carl's embarrassment for being the identified patient with a sensitive problem.
 - b. The therapist should have spoken more to Carl because he too must be engaged and motivated.
 - c. The therapist should have further explored the father's work in order to highlight it as an area of competence for the father.
 - d. The therapist missed an opportunity to focus on interaction when Carl turned and whispered something to mother.

STOP

DO NOT TURN THE PAGE UNTIL YOU
HAVE SEEN THE NEXT SEGMENT OF TAPE

- 5 -

QUESTIONS FOR SEGMENT TWO

You Have 3:30 To Answer

5. Select the alternative which describes the content area being discussed when the father first cues the mother to speak for him.
 - a. The number of times Carl has wet the bed in the past two weeks.
 - b. The problems Carl has been having at school.
 - c. The mother's work and the fact that she has taken some time off.
 - d. The father doesn't cue the mother at all; she interrupts him.
6. Select the alternative which is the most useful conclusion the therapist could draw from the parents' speculations about the possible causes of Carl's bedwetting:
 - a. The inability to agree on this issue is reflective of the general lack of agreement in their relationship.
 - b. Because the parents do not ask for Carl's opinion on this issue, they probably disregard his feelings too much.
 - c. Although the parents mentioned explanations which involved them, they preferred those which absolved them of responsibility for Carl's problem.
 - d. The parents have considered explanations that involve themselves which is a good sign.

CONTINUE TO THE NEXT PAGE

- 6 -

7. In this segment, the therapist asks father to describe the problem first, before Carl or mother. Select the alternative which you believe is the best assessment of this intervention.
- a. The intervention is a mistake because had he asked Carl first he would have learned something of his feelings unbiased by the opinions of his parents.
 - b. The intervention is correct because it initiates the process of defining the father as an important person in the family.
 - c. The intervention is a mistake because had he asked to the mother first he would have supported the parent likely to be most involved in the problem.
 - d. The intervention is a mistake because by asking the father to speak first, the therapist loses an opportunity to find out who the spokesperson for the family is.
8. In this segment, the therapist asks several questions related to the parents' suggestion that Carl's bedwetting is somehow associated with worry. Select the alternative which you believe is the best assessment of this intervention.
- a. The intervention is correct because it provides an explanation which enables the therapist to focus on family interaction.
 - b. The intervention is a mistake because he fails to ask Carl whether he actually worries about such things.
 - c. The intervention is correct because he is beginning to show the connection between Carl's bedwetting and his feelings.
 - d. The intervention is a mistake because he prematurely leads the parents to view Carl's problem in a certain way.

STOP

DO NOT TURN THE PAGE UNTIL YOU

HAVE SEEN THE NEXT SEGMENT OF TAPE

-7-

QUESTIONS FOR SEGMENT THREE

You Have 5:30 To Answer

9. At one point in the segment you just observed the father defends himself and then criticizes the mother. To answer, select the alternative which best describes what happens just after this occurs.
- a. The mother again criticizes the father.
 - b. Carl defends his mother.
 - c. Father criticizes Carl.
 - d. The mother asks Carl a question.
10. Select the alternative that is closest to what you think would be best to say at this point.
- a. Carl, how are you feeling right now?
 - b. Mr. D. I would like for you and Carl to try to talk to each other in a different way right now. Are you willing to try?
 - c. Mr. D. the issue was originally between you and your wife. Can you get her to talk to you about discipline without either of you drawing Carl into the discussion?
 - d. Is this typical of what happens at home, where Carl fights with his father so his mother does not have to?

CONTINUE TO THE NEXT PAGE

- 8 -

11. Select the alternative which you believe is the best explanation to account for father yelling at Carl.
- a. Father is taking out the anger he feels toward his wife on Carl.
 - b. Father yells at Carl, and thus avoids further conflict with mother.
 - c. Father has a bad temper which easily gets out of hand.
 - d. Father is extremely sensitive about the subject of discipline.
12. Select the alternative which you believe is the best explanation for the style of father's discipline.
- a. The style is related to his wife being too soft in her discipline.
 - b. The style is related to the anger he feels toward his wife.
 - c. The style is related to his inability to tolerate behavior in his children of which he does not approve.
 - d. The style is related to the frustration he experiences when his children are repeatedly disobedient.

STOP

DO NOT TURN THE PAGE UNTIL YOU HAVE
SEEN THE NEXT SEGMENT OF TAPE

-9-

QUESTIONS FOR SEGMENT FOUR

You Have 5:00 To Answer

13. Select the alternative that is closest to what you think would be best to say at this point.
- a. Mrs. Davidson, you and Carl are so close that it seems he can get you to speak for him. How does he get you to do this work for him?
 - b. Carl is having trouble telling us how he feels. I wonder what this is about, and how we can help him feel more comfortable.
 - c. Mrs. D., do you always let Carl win disagreements you have with him.
 - d. Carl, I'm interested in what you have to say. There are no wrong answers here. Please tell me yourself.
14. Select the alternative which, in your opinion, best describes the interaction between Carl and the mother which takes place after the therapist moves to speak to the children.
- a. The interaction is an example of how the mother cannot control her son.
 - b. The interaction is an example of how Carl's insecurity leads him to seek his mother's help.
 - c. The interaction is an example of a general inability to reach agreement in this family.
 - d. The interaction is an example of mother's involvement which Carl elicits.

CONTINUE TO THE NEXT PAGE

-10-

15. During this segment the therapist makes initial statements about the problem of discipline and gets the parents to discuss the issue. Select the alternative that best assesses this intervention.
- a. The therapist's initial statements excused the father's harshness to the point that the mother felt he took father's side and so she resists this information.
 - b. The therapist created a good perspective with the parents about their discipline style, but did not follow through to get the family to interact in new ways based on this perspective.
 - c. The therapists' initial statements were well formulated and helped set up the ensuing discussion. He was wise to not push the issue of discipline style further at this early stage of treatment.
 - d. The therapist's initial statements were formulated on insufficient information, consequently he will have trouble getting the parents to accept these new ideas and try the new behaviors.

STOP

DO NOT TURN THE PAGE UNTIL YOU HAVE
SEEN THE NEXT SEGMENT OF TAPE

-11-

QUESTIONS FOR SEGMENT FIVE

You Have 3:00 To Answer

16. Select the alternative which is closest to what you would think would be best to say when Carl says "I have that problem too."
- a. Well, we all have problems. What we want to do today is give everyone an opportunity to discuss the problems they may be having.
 - b. Carl, what are some things you might lie about? What do you think will happen if you tell the truth?
 - c. Carl, when I'm talking to your sister, you interrupt and answer for her. Susie, does he always help you answer questions? Why do you let him talk for you?
 - d. How do you as parents handle the lying problem?

CONTINUE TO THE NEXT PAGE

-12-

17. Select the alternative that best rates the therapist's intervention when he told the mother how to deal with the fights between Carl and Susie.
- a. In keeping with his earlier theme the therapist was correct in encouraging mother to prevent the fights herself and not force father to discipline them later.
 - b. The therapist should have been more clear about the kinds of punishments mother should use whenever they fight.
 - c. The therapist should have made it more clear to both parents that intense fighting between the children should not be tolerated.
 - d. The therapist incorrectly encouraged mother to continue to interfere in the sibling fights, consequently the kids will not be able to resolve them on their own.
18. Based on the video tape segments you have observed thus far, select the alternative which you believe is least useful to you in the formulation of the problem.
- a. The parents allow Carl to share in discussions of adult concerns.
 - b. Carl is involved in arguments between his parents.
 - c. The father is harsh to Carl resulting in hostility in their relationship.
 - d. The mother defends Carl from his father.

STOP

-13-

QUESTIONS FOR SEGMENT SIX

You Have 5:30 To Answer

19. Earlier in the interview you observed a sequence in which the conversation also begins with parents and then father berates Carl. Select the alternative which you believe is the best way to think about these two sequences.
- a. The sequences should be considered essentially the same because the events and their order is essentially the same. In addition the outcome of both sequences is the same because further argument between mother and father is avoided.
 - b. The sequences should be considered essentially different because the issues discussed are different. The outcome is also different because in one father complains that Carl doesn't listen to mother, while in the other he and Carl argue about Susie.
 - c. Even though the events are nearly the same, the way Carl gets involved is different so the sequences are different. Nevertheless, the outcome is the same because father and Carl end up in an argument.
 - d. The sequences should be considered essentially the same because in both Carl is scapegoated.

CONTINUE TO THE NEXT PAGE

-14-

20. Select the alternative which you feel is the most useful way to view the sequence described in question 19.
- The father has a tendency to scapegoat Carl when he is angry with his wife.
 - This family cannot tolerate sustained and overt conflict between the parents.
 - This family has a low level of communication skills which hinders conflict resolution.
 - When the father puts the mother down, she uses Carl to defend her.
21. Below are six statements about the therapist's behavior in the previous segment. Select the alternative which clusters together the three statements which you believe provides the best assessment of his behavior.
- Early in the segment he correctly redirected the topic from a marital to a parental issue that is more closely related to Carl's problems.
 - He incorrectly redirects from marital issues because the parents should be encouraged to resolve those issues.
 - The block of Carl would be improved by asking the mother to prevent Carl's interruptions.
 - He correctly blocks Carl himself so that the parents do not get into a power struggle with Carl.
 - At the end of the segment, the therapist incorrectly allows the father to avoid talking to his wife by engaging him.
 - At the end, the father has accepted the therapist's intervention and the therapist is correct to engage with him to highlight the move.
- 1, 3, 5
 - 2, 4, 5
 - 2, 3, 6
 - 1, 4, 6

CONTINUE TO THE NEXT PAGE

-15-

22. Select the alternative which corresponds most closely to what you as a therapist would do at this point in the interview.
- a. Explore with the family the reasons that they have chosen to include Carl in marital issues.
 - b. Summarize and end the session at that point because they would leave remembering this intervention.
 - c. Direct the father to talk directly to Carl about their relationship.
 - d. Direct the parents to return to the issue they were discussing while continuing to block Carl.

STOP

DO NOT TURN THE PAGE UNTIL YOU HAVE SEEN
THE NEXT SEGMENT OF TAPE

-16-

QUESTIONS FOR SEGMENT SEVEN

You Have 5:00 To Answer

23. Select the alternative which is closest to what you think would be best to say when the mother turned to the therapist and said "How do we handle that, Doctor".
- a. I'd like to direct that question back to all of you. How do you think you can arrange family activities that please everyone?
 - b. Mrs. Davidson, I can see that you want to be helpful, but your husband and son were doing a nice job of talking. Mr. Davidson, you talk with Carl about this.
 - c. How do you think you can handle it, Mrs. Davidson.
 - d. Mrs. D, I think you and your husband should sit down and discuss some ways of giving each child some time alone with each of you.
24. Using as background, the observations you have made about the relationship between father and Carl as depicted throughout the tape, select the alternative which, in your opinion, best assesses the conversation which took place between father and Carl in the last segment of tape.
- a. The conversation would have gone much better if the father didn't have a tendency to blame Carl.
 - b. The conversation is representative of the way father and Carl usually talk.
 - c. The conversation represents an improvement given father's role as "ogre" in the family.
 - d. The conversation went as well as it did because mother stepped in to help on several occasions.

CONTINUE TO THE NEXT PAGE

-17-

25. Select the alternative which best describes what, if anything, you would have done when father and Carl were talking.
- a. When the father began to lose his temper, I would have encouraged him to continue talking to Carl, and modeled a way that would make it easier for Carl to respond.
 - b. When the mother first interrupted, I would have first praised her efforts to be helpful, and then told her that it was important that Carl and father talk by themselves.
 - c. When Carl began to have trouble expressing himself, I would have asked him what he was feeling at that moment.
 - d. Like the therapist, I would have said nothing throughout the conversation.
26. Suppose you were to select as a goal an improvement in the relationship between father and Carl. Select the alternative which comes closest to describing your next intervention to achieve this goal.
- a. Help the father and Carl understand that how they relate hurts each of them.
 - b. Assist the father to behave less aggressively toward Carl and be more nurturing.
 - c. Help Carl and father express their feelings toward one another.
 - d. Keep the mother and Susie from interfering with the relationship between father and Carl.

STOP

DO NOT TURN THE PAGE UNTIL YOU HAVE
SEEN THE NEXT SEGMENT OF TAPE

-18-

QUESTIONS FOR SEGMENT EIGHT

You Have 4:00 To Answer

27. Which of the following most closely resembles your opinion about what happens in the conversation between Susie and her mother?
- a. Susie suggested a way to improve the relationship but mother ignored it.
 - b. Mother made a suggestion but Susie rejected it.
 - c. Neither showed any real moves to improve their relationship.
 - d. Both made initiatives and both were dismissed by the other.
28. In the last segment of tape the father and therapist engage in conversations on several occasions. Select the alternative which you believe represents the outcome of these conversations.
- a. The conversations support the father by building upon the work the therapist had done with him earlier in the session.
 - b. The conversations defocus the work involving mother and Susie.
 - c. The conversations help to define all members as part of the problem between mother and Susie, and encourage them to give their views about the problem.
 - d. The conversations make it easier for Susie and mother eventually to begin talking to one another.

CONTINUE TO THE NEXT PAGE

-19-

29. Which of the following is the least correct observation about the therapists behavior in the last segment?
- a. The first time the father interrupts, the therapist nonverbally redirects the focus back to Susie and mother.
 - b. After the second interruption the therapist made it clear that father and Carl should not interrupt mother and Susie.
 - c. Early in the segment therapist makes it clear that it is important for mother and Susie to be able to talk to each other.
 - d. At one point the therapist interrupts Carl's interrupting and redirects the focus back to mother and Susie's conversation.
30. In this segment mother and Susie have considerable difficulty talking to one another. Select the alternative which you believe provides the least useful explanation for this difficulty.
- a. Throughout the conversation, mother and Susie gave each other mixed verbal and nonverbal messages.
 - b. Because mother has been very involved with Carl, and father with Susie, the relationship between mother and Susie is underdeveloped.
 - c. The conversation was handicapped by repeated intrusions by father and Carl.
 - d. At this early point in the therapy, Susie should not be expected to be disloyal to father by acting interested in the mother.

CONTINUE ON THE NEXT PAGE

-20-

31. Select the alternative which approximates most closely what you would have said when the mother turned to the therapist and said: "and I just kind of give up".
- a. It must be painful for both of you to have such difficulty talking to one another.
 - b. Is that true Susie, are you really disinterested?
 - c. You are doing a good job, and this isn't the time to give up. You are concerned about your relationship with Susie so encourage her to talk more with you.
 - d. Susie did make a suggestion. How about acting on that suggestion.
32. Select the alternative which most closely describes the focus you would select for the next session.
- a. Work to shift the father-daughter and mother-son alliances.
 - b. Work to help the family recognize that it is not just Carl who has a problem, but that they are all involved in the problem.
 - c. Work to help the parents resolve their marital issues.
 - d. Work to help the family understand the connection between Carl's emotions and his problem of enuresis.

END OF TEST

NAME: _____

Pre _____

Post _____

ANSWER SHEET

1. a b c d

2. a b c d

3. a b c d

4. a b c d

5. a b c d

6. a b c d

7. a b c d

8. a b c d

9. a b c d

10. a b c d

11. a b c d

12. a b c d

13. a b c d

14. a b c d

15. a b c d

16. a b c d

17. a b c d

18. a b c d

19. a b c d

20. a b c d

21. a b c d

22. a b c d

23. a b c d

24. a b c d

25. a b c d

26. a b c d

27. a b c d

28. a b c d

29. a b c d

30. a b c d

31. a b c d

32. a b c d

Preferred Answers (T₅)

#	type	Ans.	#	type	Ans.
1.	D	a	17.	T	d
2.	C	d	18.	C	c
3.	C	c	19.	C	a
4.	T	a	20.	C	b
5.	D	a	21.	T	a
6.	C	d	22.	T	d
7.	T.	b	23.	T.	b
8.	T	a	24.	C	c
9.	D	d	25.	T	b
10.	T	c	26.	T	d
11.	C	b	27.	D	d
12.	C	a	28.	T	b
13.	T	a	29.	D	b
14.	C	d	30.	C	d
15.	T	b	31.	T	c
16.	T	c	32.	T	a

D = descriptive, 5 questions

C = conceptual, 11 questions

T = Therapist, 16 questions

E. LETTER OF RELEASE TO USE FTAE



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November 20, 1992

Raymond Peterson
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 818 NW 17th Avenue
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Dear Raymond:

Enclosed is the Family Therapy Assessment Exercise tape we discussed today. Please make a copy and return the original to us.

If you have any questions, please feel free to contact me.

Redacted for privacy

Royce D. Warren
 Executive Secretary to
 Douglas C. Breunlin, MSSA, LCSW

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