Triangulate then Reconnect: An Observation of Within Session Communications

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Disagreements are an inevitable part of life for families with an adolescent. In fact, adolescents report having an average three to four arguments with their parent everyday (Adams & Laursen, 2007). While this is considered normal, when negative communications increase to unhealthy levels, the family might seek family therapy. Studies show that family therapy promotes better results then either individual or group therapy (Graves, Shelton, & Kaslow, 2009; Liddle, 1996; Robbins, Alexander, & Turner, 2000; Robbins, et al., 2006). In order to obtain positive treatment outcomes, increasing healthy, direct communications is an important therapeutic goal. Though many studies have examined communication patterns before and after treatment (Beyebach & Carranza, 1997; Fernandez & Eyberg, 2009; Oei & Kazmierczak, 1997), this is one of the first to examine within-session communication patterns in family therapy.

Therapy Process Research

Beyebach and Carranza (1997) studied communication patterns between the adult client and therapist in individual therapy. Results showed clients that dropped out of therapy interrupted the therapist at higher rates, disapproved of their therapist, and assumed a superior position in discussion (Beyebach & Carranza, 1997). Although this study is helpful, the results were gathered based on post-treatment interviews with the therapist and thereby lack the potential insight into the actual therapy sessions. This study acknowledges that gap in the literature by utilizing within-session transcripts in order to analyze communication patterns.

In addition to individual therapy, communication patterns in family therapy have also been studied. Fernandez and Eyberg (2009) studied the amount of maternal positive and negative talk in structured play activities between a mother and her child. Results were found by utilizing structured play activities at pre- and post-treatment and at 1- and 2-year follow up assessments. Actual therapy sessions between the parent and the child were not coded for communication patterns, preventing a within-session perspective on why change occurred.

Many studies have analyzed communication styles before and after therapy (Beyebach & Carranza, 1997; Oei & Kazmierczak, 1997). However, few have identified within-session therapist or client behavior. Process data, obtained by coding in-session communication patterns among all members of the system provides a rich source of information (Beyebach & Carranza, 1997). One benefit of observational data is that it provides an objective perspective on in-session processes therefore eliminating self-report bias.

Though the goal of family therapy is increased positive communications in the system, some disagreement among the parent-adolescent dyad can be beneficial (Adams & Laursen, 2007). Studies have shown that disagreement in families is necessary to bring problems into awareness so that changes can be initiated to correct them (Adams & Laursen, 2007). Those adolescents who report no conflict in their families may lack competency in successfully navigating disagreements and making their opinions heard (Adams & Laursen, 2007). On the opposite end of the conflict spectrum, those who report high levels of conflict can be at a disadvantage over those that report some to no conflict, as

constant states of anger may lead to lower self-esteem and poor coping skills (Adams & Laursen, 2007). In addition to the potential benefits to a moderate amount of non-violent disagreements, adolescents are more successful in families where the parents have the ultimate decision on what is best for the family (Preto, 1999/2004). Those parents who take control, in an authoritative manner (versus authoritarian manner), have adolescents who display positive traits, such as independence and confidence (Preto, 1999/2004). Therefore, successful parent-child relationships may not be determined by the amount of positive or negative communications, but by the ability for both to articulate their wants and needs in a direct manner. This paper examines the change in direct and indirect communications across family therapy.

EBFT

Ecologically-Based Family Therapy (EBFT) is a multi-systemic treatment based on the theory that problem behaviors occur due to many sources of influence and in the context of many systems. It uses a family systems orientation influencing change through improving family interactions. Although all family systems interventions are conceptually very similar, EBFT is home-based, includes therapeutic case management, and utilizes concepts from contextual therapy (Boszormenyi-Nagy & Krasner, 1986). In particular, the fundamental human need to be connected to others in trustable and loving relationships is one of the most salient targets of EBFT interventions. EBFT is offered for 12 sessions. Positive outcomes of EBFT include reduced substance use and improvements in psychological and family functioning (Slesnick, 1996).

Current Study

Little is known regarding family and therapist communication processes within-session. The current study addresses the dearth of information in the literature by analyzing the within-session communication patterns of the parent, and adolescent. By comparing direction of communication in the first and last session, it is possible to identify where change occurs and what therapists can do to facilitate process.

As this is one of the first studies to examine within-session communication, it is considered exploratory. It was expected that in the first session, the adolescent and parent would direct most of their communications to the therapist, regardless of whom they were referencing. They do this, because speaking through a therapist causes less anxiety than talking directly to their family member about difficult topics. In addition, it was hypothesized that at the end of treatment, the parent and adolescent would speak directly to each other when speaking about the other person, as the anxiety had been reduced through various therapeutic interventions.

Method

Participants

Participants for this study (n=12 families) were recruited as part of a larger clinical trial testing adolescent substance abuse interventions with runaway adolescents and their families (n=180 families). Adolescents were engaged through a runaway shelter in a Midwestern city. Eligible participants for the larger study were between the ages of 12-17 years (M=15.5, SD=1.2), had the legal option of returning home, had at least one parent willing to participate, and met DSM-IV (Association, 2000) criteria for alcohol or drug abuse or dependence. The majority of youth were African America (62.9%), followed by

White/non-Hispanic (31.4%), Hispanic (1.4%) and American Indian/Alaskan Native (1.4%).

Procedure

A research assistant (RA) interviewed potentially eligible youth at the runaway shelter. In addition, the RA interviewed the parents who were offered $25 for completing the interview. After screening and contacting the parents, youth that met eligibility criteria and agreed to participate signed the assent form and completed the self-report and interview questionnaires. Those that did not meet the diagnostic criteria for substance abuse continued with the shelter program. The youth's assessment lasted about three hours and they were offered a $40 gift card upon completion. Families were then randomly assigned to one of three different treatments, Ecologically-Based Family Therapy (EBFT), the Community Reinforcement Approach individual therapy, and Motivational Enhancement Therapy. This study utilized seven families from the EBFT group. The University's Review Board approved all procedures in this study.

Coding System. The Living in Familial Environments code (Arthur, Hops, & Biglan, 1982) examines context and direction of communications. The codes from the manual were divided into four categories, Parental Indirect, Parental Direct, Adolescent Indirect, and Adolescent Direct. The codes are applied to coding units in the transcripts. A coding unit begins when a speaker starts talking and ends when someone else begins speaking or the context of the same speaker changes.

Data Analysis

It is expected that in the first session, data will show that there are more parent and child communications being directed to the therapist referencing the other family member (indirect communication). In addition, analysis should show that in the final stages of therapy, both the parent and child are able to directly communicate to the person they are referring to in the conversation (direct communication). This shows the family that they can communicate effectively without the therapist's intervention, enabling them to thrive post-treatment. It also provides evidence for the efficacy of EBFT.

Descriptive statistics determining means of communication percentages of the parent and adolescent at the beginning and end of therapy were completed. This study utilized percentages of communications rather than number of communications to account for variances in session lengths (Figure 1). A matched pairs t-test was used to determine the change in direct and indirect communications over the beginning and end of therapy. This test was chosen because there is one sample consisting of participants who are evaluated at two different time periods with an intervention in between. The first score provides a baseline and the second shows the change that may have been influenced by the intervention. It is matched pairs, because the same people are used in both time points.

Results

1. *Change in parental communications over 6-8 therapy sessions*

The hypothesis suggested that there would be a significant increase in parental direct communications and a decrease in parental indirect communications. Table 1 illustrates these results. Findings suggest that parents do experience a significant increase in direct communications (t=3.34, p<.05). In addition, statistics illustrate that parents were

approaching significance in regards to decreases in indirect communications. (t=2.06, p=.08).

2. *Change in adolescent communications over 6-8 therapy sessions*

The hypothesis also suggested that there would be a significant increase in adolescent direct communications and a decrease in adolescent indirect communications. Table 1 illustrates these results. Findings suggest that adolescents do not experience a significant increase in direct communications (t=.49, p>05) or indirect communications (t=.17, p>.08).

Discussion

This study examined communication patterns at two points in Ecologically Based Family Therapy (EBFT). To evaluate the efficacy of EBFT in increasing direct communications, this study examined communication style during the 1-3 session and the 6-8 session of family therapy. Overall, EBFT was shown to increase parental direct communications (statistically significant) while decreasing (approaching significance) indirect communications. In contrast, adolescent communication percentages for both indirect and direct did not significantly change over time.

Implications

Too few observational studies of within-session communication patterns have been conducted to make conclusions regarding those communication processes associated with higher likelihood of successful outcomes. However, the current study provides a step towards understanding the complex interactional dynamics within the therapy setting. Although these

findings are preliminary, they provide researchers with an insight into how process research involving therapy sessions could occur.

Limitations

Limitations of this study should be noted. The small sample size may have impacted the power of the statistical analysis. Despite the small sample size, this study utilized coded transcripts of entire sessions, resulting in a large number of codes to analyze, thereby giving added support to our findings. Further supporting the findings is the utilization of within-session coding, as opposed to the more commonly utilized pre- and post-assessment method. By using within-session coding, self-report bias is eliminated, thereby strengthening reliability.

A second limitation is that our sample consisted of runaway adolescents and their parents, a population not frequently seen by therapists. Because of the specific population studied, the results may not apply to families not containing a runaway adolescent. In addition, the adolescents all met the DSM-IV criteria for substance abuse, potentially limiting the applicability of the results to non-substance abusing adolescents in family therapy.

Future directions

This study is an additional step towards identifying process variables that support positive outcomes in EBFT. Additional research needs to be done examining communication patterns across other therapy models. While parental communication patterns appear to be positively changed when utilizing EBFT, it is possible that these results may not be applied to other therapy models. In addition, though there were no significant changes in directness of adolescent communications, it is possible that context

(positive and negative) changed. Future research should examine the change in context of communications across sessions.

It is important for researchers to note that it is not only communication between the clients that affects outcome, but also communications between the therapist and clients. Future research should look at the interaction between the therapist and the client and what specific intervention the therapist is using to provoke change. Thus, attention towards within-session communication patterns, looking at various types of therapy and different types of dyads, is worthy of future research focus.

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Table 1: Summary of primary analysis on within-session communications

	t	Significance
Parent		
Direct	3.34	.01**
Indirect	2.06	.08**
Adolescent		
Direct	0.49	.64
Indirect	.17	.86

**$p<.05$

Figure 1: Percentages of within-session parental and adolescent direct and indirect communications at the beginning and end of therapy