Building Stronger Families Through Innovative MENTAL HEALTH RESEARCH
Greetings!

Just around the time that the idea of creating The Family Institute was taking shape in Founder Chuck Kramer’s mind, I was beginning my career as a clinical psychologist. Interestingly, research has been a major factor in the life of the Institute and my life as well. From its beginning 45 years ago, the Institute was conceived as a research center “committed to search creatively for new knowledge . . . in understanding and perhaps changing the human condition” (from Strategic Plan, 1986-90).

Our current research programs at the Institute are vital and thriving. Under the auspices of the recently created Dan J. Epstein Family Foundation Center for Psychotherapy Change, we have been “searching creatively” for ways to integrate the best science and information technology to better understand our clients and to make therapy more effective. Similarly, our study of returning veterans and their families increases our understanding of and ability to help wounded warriors and their loved ones.

Through the projects detailed in this newsletter, we are studying the human condition with the goal of understanding how an individual’s systems — family, work, school — affect that person and how change in the individual can, in turn, affect his/her systems.

For 45 years we have sought ways to help our therapists fulfill the Institute’s mission to strengthen and heal families and individuals from all walks of life. We are deeply grateful for your generous support of our research initiatives.

With gratitude,

William M. Pinsof
Chief Executive
TFI & Research: A history of bringing research-based treatment into practice
By Colleen O’Connor, Content & Grant Manager

Research plays a significant role in the history of The Family Institute. When mental health practitioners began meeting at Founder Dr. Chuck Kramer’s Oak Park home in 1967, they reviewed research and literature and explored the ways they could treat and understand people’s issues by including whole families in treatment. These meetings were the beginning of The Family Institute, and the beginning of a rich history of using empirically-informed treatments.

1960s & 70s
Institute clinicians relied on research, culminating in the creation of the Center for Family Studies in 1975. The Center pioneered a research study on the qualities of healthy divorced families, making research an official part of the Institute’s mission.

1980s & 90s
In 1986, Dr. William Pinsof succeeded Dr. Kramer as Institute President, ushering in a new era of research and empirically-based clinical service. Dr. Pinsof’s commitment to research and research-based treatment resulted in the creation the Psychotherapy Change Project (PsyChange) in 1998, with the goal of studying the process of client change over the course of therapy. In 2014, in recognition of significant contributions to the work of the Psychotherapy Change Project, the Institute renamed the Psychotherapy Change Project the Dan J. Epstein Family Foundation Center for Psychotherapy Change.

2000s
In 2000, Dr. Pinsof facilitated the creation of the Center for Applied Psychological and Family Studies, a new umbrella for academic and research collaboration between the Institute and Northwestern University. In 2003, Institute researchers completed pilot research on generalized anxiety disorders, and in 2004, researchers began to study the effects of depression and anxiety on marriages and families.

2010 - the Present
The PsyChange project made great strides in this decade, with the creation of consortium partnerships in Norway and Chicago. We also launched the random clinical trials for the STIC® (Systemic Therapy Inventory of Change) to determine the effectiveness of the instrument in tracking client change over the course of therapy. In 2014, in recognition of significant contributions to the work of the Psychotherapy Change Project, the Institute renamed the Psychotherapy Change Project the Dan J. Epstein Family Foundation Center for Psychotherapy Change.

Other current research projects include a study of military couples, funded in part by the U.S. Department of Defense, research on long-distance relationships, anxiety and panic research, and a study of depression and couples. We also house unique postdoctoral clinical research fellowships, including our Madigan and Morgan Fellowships, where fellows conduct research while maintaining a clinical practice.

Deepening STIC® Research: A study within the study
The Family Institute’s Dan J. Epstein Family Foundation Center for Psychotherapy Change (Epstein Center) is currently conducting randomized clinical trials (RCT) in the United States and Norway to gather empirical data on the use of the STIC (our cutting-edge measurement and feedback system that tracks change over the course of therapy) and therapeutic outcomes. As part of the RCT, we are also conducting a study to assess the implementation of the STIC. This study-within-the-study looks at data from participating therapists at each STIC site, and measures things like therapist competence in the use of the STIC, as well as how much therapists believe the STIC is useful. Results from this study will help us to improve the STIC, and develop better practices for training therapists in our projects. These results will also help us to understand the process of integrating technology and empirical feedback into therapy practice.

Learn more about research at The Family Institute at www.family-institute.org/research.
Treatment Response in Couple Therapy
Studying the Effectiveness of Couple Therapy
By Lynne Knobloch-Fedders, PhD, Director of Research and Kovler Scholar

At The Family Institute, relationships are our passion. We demonstrate that passion through our research, which investigates the ways in which our services directly impact those we treat. By using those results to inform future treatment, we are able to strengthen and heal couples from all walks of life.

In a new study, researchers at The Family Institute studied the effectiveness of couple therapy, both for improving relationship adjustment (the quality of the couple’s relationship), as well as for enhancing individual functioning (the ability of each partner to manage well in daily life).

The investigators studied 125 heterosexual couples throughout their first eight sessions of couple therapy. Couples sought treatment for a variety of problems, including conflict, intimacy, parenting, and/or mental health problems. They were treated using Integrative Problem Centered Metaframeworks (IPCM), an approach to therapy designed by a group of senior clinicians at The Family Institute that addresses emotional, behavioral, and relational problems in the context of the family and larger systems.

As part of the study, couples reported on their individual functioning and relationship adjustment before every session using the STIC* (Systemic Therapy Inventory of Change) questionnaire. This information was provided to therapists, who used the feedback to tailor their interventions to each couple’s specific needs. Results indicated that, for both men and women, individual functioning and relationship adjustment showed a positive response to couple therapy, increasing from sessions 1-4 and stabilizing during sessions 5-8. Overall, men and women showed remarkable similarities in how they changed over the course of treatment. Although women began treatment reporting more relationship dysfunction than men, men and women did not differ in their changes over time in relationship or individual adjustment.

This similarity suggests that couples in treatment improve in unison, with similar pathways and rates of change.

One interesting gender difference was discovered. For men, change in relationship adjustment preceded change in individual functioning, but this was not true for women. This suggests that, at least for men, change in relationship adjustment is a precursor for change in individual functioning.

The researchers plan future investigations to examine the impact of conjoint therapy on other outcomes, including physical health, family functioning and children’s adjustment.

Men and women showed remarkable similarities in how they changed over the course of treatment.

To learn more about this study, please contact Dr. Knobloch-Fedders at lknobloch@family-institute.org.
Moments of difficulty in this therapeutic alliance are called *ruptures*, while subsequent attempts to fix the alliance are called *repairs*. Alliance might rupture when a therapist makes a mistake, such as a failure of empathy. It could rupture in couple or family therapy when the therapist spends too much time and energy on one client’s issues, at the expense of the others’ needs. It could rupture when the therapist pushes too hard or too quickly in a difficult area, leaving the client feeling exposed or misunderstood.

When alliance ruptures, it must be repaired for therapy to continue. Evidence suggests that clients who experience a successfully repaired rupture actually do better in therapy than those who do not. The act of facing and working through problems in the alliance may make the relationship stronger. These moments are also a chance to learn new ways of navigating conflict.

The Epstein Center for Psychotherapy Change at The Family Institute is dedicated to understanding the change process in therapy and to developing empirical tools for research and practice. The Epstein Center recently conducted the first study of rupture-repair in individual, couple, and family therapy. The team found that different sorts of ruptures occurred with different frequency in various types of therapy but overall, ruptures posed a significant threat in all types of therapy. They occurred in the beginning, middle, and end of treatment. But the vast majority of ruptures were successfully repaired.

These findings have a direct impact on clinical service and training at The Family Institute. Data on alliance is not only collected but also presented to the therapists throughout the course of treatment. A better understanding of the processes of rupture and repair shows therapists not only how to look for them but also how to fix them, allowing for an enhanced healing, therapeutic relationship as they continue to strengthen and heal families and individuals from all walks of life.

To learn more about the Therapy Alliance study, contact Dr. Goldsmith at jgoldsmith2@family-institute.org.
While there is a wide variety of research on proximal relationships, or relationships where partners live near one another, research on long-distance relationships is lacking, despite the increasing prevalence of long-distance relationships in the U.S. and elsewhere. Additionally, current research on long-distance relationships and proximal relationships has produced mixed findings. For example, some studies have reported individuals in long-distance relationships report more relationship satisfaction than those in proximal relationships, while other studies report the opposite.

What this means is we need to understand long-distance relationships better. By conducting the Relationship and Health Study at The Family Institute, we hope to help clarify some of these mixed findings.

It is established that being in a proximal relationship relates to positive health. We know that partnered — specifically married — individuals report better psychological and physical health compared to single individuals. Specifically, one study showed that married people report less substance use and better diet than their single counterparts. However, it is unclear if individuals in long-distance relationships also have positive health related to their relationship status. Our study asks if being in a long-distance relationship is associated with better health in the same way as a proximal relationship.

This research will extend the existing research on couples, and will hopefully start a new branch of research — one that investigates long-distance relationships as they relate to individual health. Additionally, our findings may shed light on core, critical ingredients for successful relationships — those qualities that relate to positive individual health even without the luxury of abundant in-person time. Finding these ingredients and disseminating them would be an important contribution to the field, and valuable for both long-distance and proximal relationship couples.

Learn more about the Relationships and Health Study at www.family-institute.org/relationshiphealth.
The most commonly used treatment for the over 14 million Americans who suffer from Major Depressive Disorder is anti-depressant medication. While such medications bring relief to many, current research suggests that one size may not fit all when it comes to treating depression. Individually-tailored treatment — a combination of medication and psychotherapy, or psychotherapy alone — may provide better results. Given such findings, how can we determine which approach to use for a particular individual? A recent study looked at just that question.

This randomized clinical trial, published in the *Journal of the American Medical Association-Psychiatry*¹, focused on a type of evidence-based psychotherapy called Cognitive Behavioral Therapy (CBT). CBT is the most well-studied form of psychotherapy for depression and has been shown to be effective when used alone or in combination with medication. Patients receiving CBT work collaboratively with their therapists to learn specific skills to solve their problems and manage their emotions. In the study, patients were randomly assigned to receive treatment with either antidepressant medications alone or antidepressants combined with CBT.

The results showed that recovery rates were substantially higher for patients with recurrent and severe depressions when antidepressant medications and CBT were combined. The recovery rates for patients who received combination therapy were better than for those who received medication alone (72.6% vs 62.5%), and this difference was particularly pronounced for patients who had severe and recurrent depressions (81% vs. 51%). Patients receiving combination treatment also had fewer serious side effects. The results of this study suggest the importance of tailoring treatment for depression.

The effectiveness of cognitive behavioral therapy in studies like this depends largely on the experience of the practitioner in the delivery of Cognitive Behavioral Therapy. The CBT Program at The Family Institute is staffed with therapists who have specialty training in this therapy for the treatment of depression.

**CBT is the most well-studied form of psychotherapy for depression and has been shown to be effective when used alone or in combination with medication.**

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The mission of The Family Institute at Northwestern University is to strengthen and heal families and individuals from all walks of life through clinical service, education and research.

An affiliate of Northwestern University, The Family Institute is a unique, innovative not-for-profit organization, governed by its own independent Board of Directors and responsible for its own funding. We have four staff practice locations, including Evanston, Chicago, Northbrook and LaGrange Park. For more information on our staff practice, please call 847-733-4300 or visit our website at www.family-institute.org.

At The Family Institute, Stories Matter

Every client at The Family Institute is unique. The families, couples and individuals who come through our doors bring complex stories with them: A marriage strains as a husband grapples with his wife’s depression. A mother struggles as she learns to parent her troubled teenager. A grandfather has difficulty adjusting to retirement.

Our Stories Matter series follows three families facing these issues as they seek support at The Family Institute. These stories, told in installments throughout the year, illustrate the ways in which our expert care helps build stronger family bonds.

Follow along on our website (www.family-institute.org/buildingstrongerfamilies) and consider a gift to our Building Stronger Families Fund to help clients like these begin a new chapter in their lives. This fund supports our Bette D. Harris Family and Child Clinic, where clients pay what they can afford. Learn more about this fund, the programming it provides and how you can help at www.family-institute.org/storiesmatter.

Circle of Knowledge Events

February 12, 2015
42%: Single, African American & Female Apostolic Faith Church, Chicago

March 12, 2015
The Pleasures & Challenges of Retooling at Midlife Edgewood Valley Country Club, Highland Park

April 10, 2015
Straight A’s & Stressed Exmoor Country Club, Highland Park

April 30, 2015
Dating, Mating & Marrying in the Age of Social Media Microsoft, Chicago

If you are interested in more information about our upcoming events, please contact Michelle Javaherian at 312-609-5300, ext. 480 or cok@family-institute.org.

Locations

Bette D. Harris Center–Headquarters
618 Library Place
Evanston, IL 60201
847-733-4300

Millennium Park
8 South Michigan Avenue, Suite 500
Chicago, IL 60603
312-609-5300

Northbrook
666 Dundee Road, Suite 1501
Northbrook, IL 60062
847-733-4300

LaGrange Park
335 North LaGrange Road
LaGrange Park, IL 60525
847-733-4300