Bringing science into practice to make therapy better
President’s Letter
from WILLIAM M. PINSOF, PHD

Dear Friends,

In 1994, at the dedication of our Bette D. Harris Center on Northwestern University’s Evanston campus, Arnie Weber, the President of the University, ambitiously defined our partnership with the University as bringing together, under one roof, the desire to do good with the quest for truth.

In fiscal year 2012, we “did good” by providing mental health services to over 6,500 individuals, couples and families in the Chicagoland area and by training over 100 mental health professionals from around the world.

We also “pursued truth” with our research programs. Our Psychotherapy Change Project brought the best scientific “data” to therapists and clients in the United States and Europe to help them work more efficiently and effectively. Our Anxiety and Depression Research Programs found better ways to help partnered adults struggling with personal and relationship distress. We began a new research initiative to find better ways to help couples struggling with physical illness. For us, the pursuit of truth through research realizes our commitment to find better ways to strengthen and heal individuals and families.

We are grateful to all of our generous donors who have helped our Research Program continue to grow.

With gratitude,

William M. Pinsof
President
Psychotherapy Change Project Aims to Change Future of Therapy

By William Pinsof, PhD, President

The Psychotherapy Change Project is a major clinical research initiative of The Family Institute. Its mission is to provide therapists and their clients with “the best and most useful” scientific data about their actual treatment to increase its efficiency and effectiveness.

To achieve that goal, the Project created the STIC, a set of multi-systemic questionnaires that clients fill out before the first and every subsequent session of their treatment. The questionnaires address different aspects of clients’ lives, their close relationships and their alliance with their therapist.

The Project has set the structure of the STIC scales on two clinical and one normal sample. In collaboration with the University of Chicago’s National Opinion Research Center, the Project has also normed the STIC.

With the support of the Bette and Neison Harris Family, the A.C. Nielsen Family and the Dan J. Epstein Family, the Project has developed a website for collecting client data and feeding data back to therapists in the most user-friendly and clinically helpful way possible over the entire course of therapy. With the support of the abovementioned families, the ability of the STIC to increase the effectiveness of individual, couple and family therapy is currently being tested in randomized clinical trials at The Family Institute, in a Consortium of Mental Health Centers in Chicago (with the additional support of the Chicago Community Trust) and in a Consortium of Mental Health Centers in Norway.

In addition to the STIC, the Project has also developed the ITSR, a questionnaire therapists fill out online after each session that addresses the major clinical foci and interventions of the session. Two small clinical studies have supported the hypothesis that therapists can reliably rate their own behavior. An ITSR website is currently under development.

The long-term goal of the Project is to integrate STIC and ITSR data in an extensive database that will ultimately facilitate the prediction of expected client-change trajectories and the therapeutic interventions associated with those trajectories for specific cases.

William Pinsof founded and leads the Project; Richard Zinbarg is the Project’s scientific director; Tara Latta is the administrative and IT director of the Project; Reginald Richardson directs the Project’s clinical consultations; Heidi Hayden coordinates customer relations; and Jacob Goldsmith is the Project’s post-doctoral, clinical research fellow.

Family Institute therapists use STIC® data to develop best practices for their clients.
Improving the Treatment of Generalized Anxiety Disorder

The Family Institute's Anxiety and Panic Treatment Program team has been conducting research aimed at improving the cure rate for GAD by exploring the potential that couples intervention might have on the benefits of individual CBT. Our first study assumed that people with GAD are willing to enter into marriage or a marriage-like relationship. We found that the majority of people with GAD (about 88%) enter into such a relationship at some point in their life and are more likely to do so than people who don't have an emotional disorder (about 77%).

Our next study was aimed at discovering whether any pre-treatment variables predicted the outcome of individual CBT. We found that partner hostility toward the GAD patient predicted the patient receiving less benefit from individual CBT. We also found that partner non-hostile criticism of the patient predicted the patient receiving more benefit from individual CBT.

In collaboration with The Family Institute’s Dr. Tamara Sher, we are currently developing and pilot-testing a couples treatment that incorporates individual CBT for anxiety techniques along with communication training designed to reduce hostility and increase levels of non-hostile criticism.

This research would not have been possible without a generous donation to The Family Institute’s Research department and we are hopeful of improved treatment for many patients with GAD in the future.

Rick Zinbarg, PhD, is the Patricia M. Nielsen Research Chair and co-director of the Anxiety and Panic Treatment Program at The Family Institute. He can be reached at rzinbarg@northwestern.edu.
Relationship dysfunction is a strong risk factor for depression. In fact, people in distressed relationships are 10 times more likely to develop depression than the average population. Research also demonstrates that if the underlying relationship problems are not successfully treated along with the depression, patients are at a high risk for depression relapse.

I have developed a program of research investigating the links between couples’ interpersonal behavior, relationship dysfunction, depression, and psychotherapy outcome. The goal of this work is to develop a more effective couple therapy for the treatment of relationship distress and depression.

Using self-report and observational methods, my colleagues and I have compared two groups of couples – distressed couples in which one partner is depressed, and distressed couples without depression in either partner. As part of the study protocol, participant couples are brought into our observational laboratory at The Family Institute and videotaped as they discuss a variety of topics, including intimacy, conflict, and problem-solving. Their interpersonal behavior is coded at a microanalytic level in order to distinguish couples with depression from those without.

This investigation has revealed several important findings. Overall, couples’ interpersonal hostility is strongly associated with relationship distress and depression. Additionally, when depressed patients and their partners were compared with randomly-selected, gender-matched participants from the control group of nondepressed couples, interesting results emerged.

Surprisingly, depressed people did not differ from a control sample of nondepressed participants on any of the interpersonal dimensions we tested. However, their partners did differ from controls by demonstrating more partner-directed hostility and submissiveness. This implies that partners of depressed people exhibit interpersonal behavior that may exacerbate, sustain, or itself be caused by depression in the relationship.

Results from this study have the potential to yield important new insights designed to improve our ability to treat depression in the context of relationship distress.

Lynne Knobloch-Fedders, PhD, is the Director of Research and Kovler Scholar at The Family Institute. She can be reached at lknobloch@family-institute.org.
Does Couple Therapy Work?
What the research says
By Anthony Chambers, PhD, Director, Couples Therapy Program

Couple distress continues to be a frequently encountered difficulty. The divorce rate in America hovers around 50%. The effects of relationship distress are also seen throughout the family system. Whisman and Uebelacker (2006) found that relationship distress is related to social role impairment with family and friends, impaired work functioning, general distress, poorer health, and increased likelihood of suicidal ideation.

Couple Therapy and Individual Mental Health
Research suggests couple distress has a strong relation to an individual’s level of mental and physical problems. Individual problems can exacerbate relationship problems (and vice versa). Whisman and Uebelacker (2006) evaluated associations between marital distress and psychiatric disorders in married individuals. They found that marital distress was often associated with anxiety, mood, and substance use disorders. Studies continue to show that when conducted by a relationally trained therapist, like those at The Family Institute, most couple therapy is effective with about 70% of cases (7 out of 10 couples) showing positive change.

Principles of Couple Therapy
Over the past decade, evidence-based principles for couple therapy have been created. They include:

1. Helping couples move from an individual to a dyadic conceptualization view of their relationship problems (i.e., moving from “it’s your fault” to “it takes two to tango”).
2. Modifying emotion-driven behavior by finding constructive ways to deal with emotions.
3. Eliciting avoided, emotion-based, private behavior so it becomes public to the partners, making them aware of each other’s internal experience.
4. Fostering productive communication, attending to both problems in speaking and listening.
5. Emphasizing strengths and positive behaviors.

For more information, contact Dr. Chambers at achambers@family-institute.org.

References
Behavioral Medicine Helps Those with Illness

By Tamara Sher, PhD, Vice President for Research

It is well understood through research that a physical illness impacts a relationship and a relationship impacts physical illness. That is, when one person becomes ill, whether that illness is acute (flu, knee problem requiring surgery) or chronic (diabetes, heart disease, cancer), it will affect not just the patient but those with whom the patient lives.

Behavioral medicine is a specialization within psychology that deals with the impact of an illness. This impact can be at any level – individual, couple, or family – and is often present at all of them.

When before working with couples dealing with illness, the work is done at three levels:

1. How a spouse can support the patient AND how the patient can support the spouse.
2. Specific aspects of the illness and necessary adaptations are discussed.
3. General issues of the couple relationship are addressed so that the couple is in the best possible position to cope with the illness on an on-going basis.

Throughout treatment, difficult topics of concern are brought to the discussion. Illness requires a change of thinking, behaving and feeling. Behavioral medicine addresses all three for the short- and long-term.

For more information, contact Dr. Sher at tsher@family-institute.org.

Tell us a little bit about yourself.

I was born, raised, and started my professional career in Argentina. I have worked in community mental health for the last 30 years, mostly at the Community Counseling Centers of Chicago (C4). I am passionate about working with children and families as well as advocating for improved behavioral health care in Chicago and Illinois. When I am not working, I enjoy traveling, movies, and volunteering for the Program Committee of the Latino Film Festival.

What attracted you to The Family Institute?

When I started working in Chicago, I was primarily serving Latino clients. Latinos are family-oriented, and clients would come to see me with their siblings, spouses or their significant family supports. I decided that I needed tools to help these families, and The Family Institute’s postgraduate, two-year training program in family therapy was a perfect program for me. I was lucky to receive financial support to attend the program, so after graduation, I was active on the Alumni Association Board. I also started providing individual supervision to students in the Marriage and Family Therapy program.

What do you hope to accomplish during your tenure on the Board?

My hope is that the Institute will continue to serve all families in a linguistically and culturally responsive manner. The Family Institute has done a lot in this regard — welcoming students from all backgrounds, serving populations regardless of their ability to pay, and most recently, partnering for a research project with community agencies to pilot the STIC®. I want more people to learn about the wonderful job The Family Institute does.

Describe the Institute in three words.

Excellence, state-of-the-art, learning
The mission of The Family Institute at Northwestern University is to strengthen and heal families 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, LaGrange Park and Northbrook. For more information on our staff practice, please call 847-733-4300 or visit our website at www.family-institute.org.

Check out The Family Institute’s new website!

Visit The Family Institute’s newly redesigned website (www.family-institute.org). With improved functionality and new features, navigation is much easier, giving you access to a host of valuable information. You will more readily find a therapist who matches your needs. Prospective graduate and postgraduate students can learn about our education offerings. Check out our helpful Tips of the Month that touch on relevant and timely topics for families and couples. We’ve even made it easier for you to support our various programs through online giving and the addition of a planned giving section. Visit www.family-institute.org and see for yourself!

Circle of Knowledge Events

February 28, 2013
Intimacy and Love in the African American Community
Apostolic Faith Church, Chicago

March 7, 2013
Keeping the Flame Alive: Passion, Desire, and Intimacy in Marriage
Burr Ridge Marriott, Burr Ridge

April 5, 2013
Strengthening the Relationship between Adults and their Parents
University Club, Chicago

May 10, 2013
Strengthening the Relationship between Adults and their Parents
Lake Shore Country Club, Glencoe

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