Clients seen in two marriage and family therapy training clinics were surveyed regarding treatment outcome. They rated their therapist's skill level on several therapist variables including “experience,” “confident,” “concerned,” how well the treatment used seemed to “fit” their view of the problem and if the therapist seemed to “know how to deal” with their concerns. The variable of “fit” of treatment accounted for 35% of the variance in the client's perception of treatment outcome. “Concerned,” “fit,” and “knew how to deal” accounted for 36% of the variance in overall rating of the therapist. Suggestions for using these results in supervision of beginning therapists are given.

Marital and family therapy (MFT) is comprised of several distinct, and often diverse perspectives. Each perspective, or school, has attempted to summarize a particular set of skills which enable the therapist to conduct treatment effectively (e.g., Alexander & Parsons, 1982; Jacobson & Margolin, 1979; Stanton, 1981). These attempts have provided an initial summation of therapist skills which appear to influence MFT outcome. However, a deficit in this summation is its reliance on “outsider” perspective as the point of assessment. An “outsider” refers to someone outside the therapeutic relationship, that is, someone other than a family member of the therapist (Olson, 1977). This outsider assessment typifies the mode of measurement used in assessing therapist skills. An example of “outsider” skill assessment is Alexander, Barton, Schiavo, and Parson’s (1976) use of supervisors in rating therapist relationship and structuring skills.

While the use of the “outsider” perspective has yielded important information, it is unidimensional. It examines the therapeutic relationship only from one side. The other side or “insider” perspective has yet to be examined. The “insider” perspective can best be described as a person in a relationship who is reporting about the relationship, and as noted by Gurman (1977), this perspective may differ drastically from the “outsider” viewpoint. Currently, there appears to be very little MFT research which has examined therapist skills from the “insider” perspective.
The purpose of this study was to evaluate client perceptions of therapist skills, and the relationship of these perceptions to therapy outcome. And finally, to extrapolate from the results some suggestions for MFT training and supervision.

In this investigation, therapist skills that are common to several theoretical approaches were identified as “generic” psychotherapy skills (Orlinsky & Howard, 1978; Parloff, Waskow & Wolfe, 1978; Sundland, 1977). The particular skills identified for study were: whether the therapist seemed to be “experienced” (Auerbach & Johnson, 1977; Strupp, Fox & Lessler, 1969; Ivey, Miller & Gabbert, 1968) seemed to “know how to deal” with the client problems (Frank, 1973; Goin, Yamamoto & Silverman, 1965); was “concerned” (Bent, Putman & Kiesler, 1976; Strupp, Wallach & Wogan, 1964; Sundland, 1977); “confident” (Ryan & Gizynski, 1971; Saltzman, Luetgert, Roth, Creaser & Howard, 1976); how well the treatment approach used seemed to “fit” the client’s perception of their own specific needs (Garfield, 1978; Garfield & Wolpin, 1963; Parloff et al., 1978).

METHOD

Subjects

Clients. Clients (N = 102) seen at two training clinics housed in training programs accredited by the Commission on Accreditation of the American Association for Marriage and Family Therapy. These included the Marriage and Family Therapy Clinic at Brigham Young University (BYU) (N = 59) and the Marriage and Family Development Center at Texas Tech University (TTU) (N = 43). In order to determine if the samples could be combined for analysis, t test comparisons were made by gender of respondent, treatment received (marital versus family), clinic and principal presenting problem (marital versus family). All comparisons were non-significant. Consequently, the samples were combined for analysis.

Therapists. Therapists at the BYU clinic were enrolled in either Masters or Ph.D. programs in MFT. Therapists at the TTU clinic were students in the Ph.D. program in MFT. All therapists were relatively inexperienced with one to five semesters of practicum experience.

Instrument

The survey questionnaire was divided into three sections. Section one contained demographic information. Section two asked the respondents to rate their perception of therapy outcome on a one-to-five scale from much worse to much improved. The third section asked subjects to rate their therapist on the variables mentioned earlier. All ratings of therapist skills were on a four-point scale from “completely characteristic” to “not at all characteristic.” In addition, clients were asked to rate the degree to which their therapist was “well trained.”

Reliability

The Spearman-Brown split-half (odd-even) reliability for the questionnaire was .87 (N = 102).

Construct Validity

The construct validity of the questionnaire was tested by examining its ability to distinguish between clients that improved as a result of therapy and those that did not. This was done by comparing cases that reported “no change,” “somewhat worse,” or “much worse” to cases that reported “somewhat improved” or “much improved” as a result of therapy. Results of these comparisons showed statistically significant differences in cases helped and not helped for all therapist variables (p<.01).
Therapist Characteristics Intercorrelations

In an effort to determine the interrelatedness of the questionnaire items, the intercorrelations of the items were computed. As would be expected (Alexander & Parsons, 1982), the individual items of the rating scale were slightly intercorrelated. However, in examining partial correlations, only three variable combinations were statistically significant ($N = 89-100$). They were: “fit” with “knew how to deal,” $r = .48, p < .001$; “fit” with “concerned,” $r = .26, p < .01$; and “confident” with “experienced,” $r = .22, p < .05$. Thus the scale items appear conceptually interdependent, and yet the correlations were not so high as to indicate redundancy.

Procedure

Clients were followed-up by a mail survey. A total of 169 cases were contacted and 102 (61%) returned the questionnaire. A response rate of 60% is considered “good” for mail survey studies (Babbie, 1983). No analysis of ratings by follow-up length (six to eighteen months) was possible since client responses were completely anonymous.

RESULTS

Treatment Outcome

In the first set of data analyses, step-wise multiple regression and analysis of variance procedures were employed to determine which therapist characteristics best predicted client ratings of treatment outcome. Only one variable, “fit of treatment,” was found to predict client-rated treatment outcome, $F(1, 73) = 37.45, p < .0001$. This variable accounted for 34% of the variance in ratings of outcome. No other variables contributed to the equation.

Therapist Skill

A second set of analyses was conducted to examine the relationship between perceived therapist competence (well trained) and the therapist variables. Again analyses consisted of step-wise multiple regression and analysis of variance. The variable of “concerned” was the most important predictor (see Table 1) accounting for 25% of the variance in the overall therapist skill rating, $F(1, 75) = 24.89, p < .0001$.

The next variables to enter this equation were: “knew how to deal with the problem,” and “fit of the treatment,” which accounted for an additional 8% and 3% of the variance respectively. Taken together, “concerned,” “knew how to deal” and “fit of treatment” accounted for 36% of the variance in the overall rating of therapist skill.

Treatment Effectiveness

An additional set of analyses was conducted to determine the overall effectiveness of therapy. “Improved as a result of therapy” was 73%, “not changed” was 20%, “deteriorated” was 7%. Ratings did not differ as a function of gender, therapy site, or presenting problem.

DISCUSSION

These results indicate that client-perceived “fit of treatment” may be a good predictor of treatment outcome. That is, the therapist’s ability to present therapy as consistent and congruent with client expectations is important to the client, at least as assessed retrospectively. Therefore, it seems important that the beginning therapist learn how to assess client expectations. Following this assessment, the therapist might want to select a treatment approach that matches client expectations. Specific ways this might be accomplished include reframing to identify each person’s unique view of the
family, using the language and symbols of the family, constructing a common therapy agenda, or pacing therapy at a rate so as to be understood by clients. Irrespective of mechanism, client expectations should be met.

In terms of the perceived therapist competence, the most important therapist skill was that of appearing concerned. The influence of this variable is suggestive of the importance of establishing a positive therapeutic relationship. To help acquire this skill, beginning therapists might best be coached in such skills as establishing a “collaborative set” (Jacobson & Margolin, 1979), “joining” (Minuchin, 1974), or “relationship skills” (Alexander & Parsons, 1982).

Other variables that contributed to the clients’ perception of competence were if the therapist seemed to “know how to deal” with their particular problems and the “fit of treatment.” Specific examples of knowing how to deal with problems might include appearing calm and maintaining control of therapy sessions. Beginning therapists might therefore benefit from practice sessions with role-play couples and families to overcome personal anxieties related to therapy. In addition, practice in handling emotionally laden material may be helpful.

Another interesting aspect of these results is their similarity to previously reported conclusions regarding overall treatment outcomes. For example, Gurman and Kniskern (1978) reported a summary of previous research articles and estimated approximately a 70% improvement, 29% no change and 5–10% deterioration rates as a result of treatment. Our results were very similar at 73%, 20%, and 7% respectively. Such similarity argues for the accuracy and validity of these data.

However, there are several factors which need to be kept in mind when interpreting these results. First, these data were drawn from clients who, in retrospect, probably saw therapy as appropriate if they got better and inappropriate if they did not. Second, while 34% of the variance was explained in the criterion variable of treatment outcome, this was, in part, a function of the limited number of variables and their intercorrelations. Also, client recall was six to eighteen months after therapy termination. As noted

### Table 1

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**Therapist-Well Trained Concerned**

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<td>Total</td>
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<td>67.82</td>
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**Fit of Treatment**

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*p < .0001
by Parloff et al. (1978), retrospective assessment of therapists' characteristics by clients are subject to various forms of response bias, and should be interpreted with caution. These findings are no exception. Nevertheless, this information is important in that it addresses the issue of client perception and perspective in evaluating therapist skill and MFT outcome.

REFERENCES


