

INSTITUTE FOR CLINICAL SOCIAL WORK

**DETERMINANTS OF SOCIAL WORKERS' TREATMENT
MODALITY PREFERENCES IN MARITAL THERAPY**

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CHAPTER I

INTRODUCTION

The field of psychotherapy is diversified with many theoretical models and approaches used in the practice of individual, marital, family or group psychotherapy. There is a venerable menu of therapies and theories from which the social worker may select, thus the road for the novice social worker is fraught with choices and decisions over her primary theoretical orientation and mode of practice. More often than not, social workers have been exposed to several theories such as social casework, ego psychology, and family systems theory, in the course of their education. Social workers then have a broad knowledge base from which to develop many clinical skills and a versatility in their practice approach. This lends to agency and client expectations for the social worker to deliver a range of services, e.g., individual, marital, and family therapy.

The social worker's primary theoretical orientation, whether she is an individual therapist or family therapist does not necessarily dictate the modality to use in her practice. For example, the family therapist Jay Haley (1987b) reports that family therapists have always practiced individual therapy, as well as family therapy. In the case of marital therapy, there is a menu of treatment modalities available in which to practice. When an individual seeks treatment for marital complaints, the social worker has to decide whether to continue to see the client alone (individual modality) or recommend that the client be seen with their spouse (conjoint modality). If a couple seeks treatment for marital complaints, or after the spouse joins the client in treatment, the social worker could decide instead to see each spouse separately in individual therapy (concurrent modality) or refer one of them for individual therapy with a colleague who could work in consultation with the social worker (collaborative modality). Lastly, there is the choice of using a group modality with individuals with marital complaints where one or both partners are in treatment with other couples.

The choice of treatment modality could be critical in affecting the subsequent treatment, and the attainment of treatment goals. Furthermore, the decision about which treatment modality to use may be a conflictual one for social workers because of the numerous factors to be considered in

making this initial decision. The social worker has to consider how she was trained, what the client wishes, and what effect her choice will have on the marital complaints. It was this researcher's very experience, i.e., that the decision about which treatment modality to use was conflictual, and this experience became the impetus for the current study. Following a couple of years of post-Master's experience in a variety of clinical settings, this researcher found herself questioning the practice approaches learned in graduate training and wanting to try new approaches. In the case of marital complaints, clients' reports about previous treatment experiences with a particular modality and their wishes to be seen using a particular modality were an influence in trying various modalities as well. In an informal ethnographic study with a sample of colleagues about their use of treatment modalities in marital therapy, some of the colleagues had definite ideas about, and preferences for, a treatment modality, while others were flexible depending on certain factors. The reasons and factors given by these colleagues were both professional and personal, and thought-provoking such that the current study was initiated.

The purpose of this study was to explore how social workers make the decision to use a particular treatment modality with individuals who come for treatment with marital complaints, and determine what factors, if any,

might be associated with that decision. Rather than examine how social workers decide on a treatment modality on a case by case basis, the study surveyed the social worker's preferred treatment modality with individuals who seek treatment for marital complaints. Just as social workers become wed to a particular theory or approach in their professional development, it was assumed that a preference for a certain treatment modality could develop over time. In studying preferences, it was anticipated that the factors would be drawn from a broader base, that is, the social worker's years of experience and education versus a specific client's presentation in using a clinical case approach. In addition, in exploring social workers' preferences, the emphasis of the study was placed on the reasoning, experiences, and/or personal qualities of the social workers that might influence the choice of a preferred modality. Research has shown that the selection of a theoretical orientation is influenced by personal factors (Kolevzon, Sowers-Heag & Hoffman, 1989; Norcross and Prochaska, 1983; Rosin & Knudson, 1986; Steiner, 1978), and the same was expected to be true of an established preference. Norcross and Prochaska (1983) noted that "the best current basis for choosing a theoretical orientation could be the degree to which it benefits or 'fits' the clinician rather than the client" (p. 205). One objective of the study was to determine what factors

make the "fit" between the social worker and their preferred modality when seeing individuals with marital problems.

The development of a preference was viewed as part of the professional and personal growth of a social worker. Therefore, the fact that social workers develop preferences was not studied. Identifying the factors that affect the development of the social worker's preference, however, was a crucial part of this research. Greenspan and Wieder (1984) acknowledge that regardless of the approach taken, many factors are operative in the therapeutic process, even though they are not specific to, or even acknowledged by, the technique practiced by the therapist. An intricate web of factors and influences was expected to determine how social workers develop a preference (because of the diverse training available to social workers: their clinical experiences with different clients in various practice settings; as well as different personal backgrounds of the social workers. This study of modality preference is relevant to social work because the practice of marital therapy is a specialization that is popular with social workers who are highly represented in the marital and family therapy field. Social workers make up 14% of the members in the American Association of Marital and Family Therapy (V. Proulx, personal communication, July 16, 1991). In a recent in-house study of the National Association of

Social Work (J. Allen, personal communication, August 2, 1991), approximately 11% of their respondents declared family therapy as their specialization. Even for social workers who do not specialize in marital therapy, they are likely to be treating individuals who complain of marital problems. With the divorce rate at 4.8% per 1,000 population (National Data, 1990), the incidence of individuals, including social workers, seeking therapy for marital problems is probably high.

The popularity of marital therapy is evident in the proliferation of theories about marital discord, as well as research on the practice of marital therapy. Theories about marital therapy appear across disciplines in the behavioral, psychoanalytic, and family therapy literature. Strean (1985) and Satir (1967) are two prominent social workers who have written on marital therapy from different theoretical positions. The research on marital therapy is, in the words of Gurman, Kniskern and Pinsof (1986), "increasing at an impressive rate" (p. 570) as they cite 47 studies. The marital therapy research has been dominated by outcome studies which focus on the effectiveness of one approach over another (Gurman & Kniskern, 1978; Pinsof, 1981). The outcome research includes studies about whether different modalities are effective. Hefner and Prochaska (1984) studied the outcome for concurrent versus conjoint marital therapy. While finding no

significant differences between the two, they advocated future research on examining the process by which marital therapists come to prefer a certain modality because "the preferences are clearly not yet due to empirically based processes" (p. 291). The current study was designed to heed Hefner and Prochaska's call as well as the call to expand marital therapy research beyond outcome to the therapeutic process. Gurman, Kniskern and Pinsof (1986), three notable marital therapy researchers, call for more research on the therapeutic process and the therapist system. In studying social workers' modality preferences, a part of the therapeutic process was explored in the area of clinical decision making. In addition, the clinical decision making was looked at from the perspective of the therapist system, i.e., the social worker's experience and thinking, which satisfied both of Gurman, Kniskern, and Pinsof's recommendations.

With the proliferation of marital therapy theories, and the demand for more marital therapy research, this research is relevant to the profession of social work. With a sample of exclusively social workers, the research contributes specifically to the study of how social work education influences them in their clinical practice. The social work profession will benefit from learning how it's students integrate their various forms of training into practice styles over the years of training and experience. This research will

give the social work profession a current picture of the practices and theoretical orientations used in working with individuals who have marital problems.