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# REFLECTING ON THE PAST: A CONTENT ANALYSIS OF FAMILY THERAPY RESEARCH FROM 2000-2015

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*In this content analysis, researchers examine articles published from 2000 to 2015 in three family therapy journals, yielding a total of 948 empirical articles. The purpose is to provide an overview of the research being published, assess who is publishing, and investigate the current state of clinical effectiveness research in marriage and family therapy (MFT). Most first authors were affiliated with MFT programs and primarily included diversity and couples in their research. There was a significant increase of research on clinical process—though the number of clinical outcome studies held steady. There were no significant changes with regard to research funding. Implications support the use of innovative research methods to provide evidence of clinical effectiveness.*

Since the profession's beginnings in the late 1930s and early 1940s (Becvar & Becvar, 1988; Doherty & Baptiste, 1993), marriage and family therapy (MFT) scholars have been producing substantially more research (Sexton & Lebow, 2016). Additionally, researchers in our field utilize sophisticated methods to investigate relevant clinical issues (Sprenkle & Piercy, 2005) that are essential to address as a profession. To continue our research endeavors, the American Association for Marriage and Family Therapy (AAMFT) has facilitated and invested in future directions for MFT research (e.g., the Minority Fellowship Program, research awards, and annual conference presentations). The AAMFT Research and Education Foundation's top priority is to support "evidence based systematic research. . .to improve healthcare outcomes" (AAMFT Research & Education Foundation, n.d., para 1). It is clear that as a field we believe that advancing research is necessary to our survival as a profession—it is knowledge which can make a difference (Gilgun, 2013).

Given the dedication of the field to promote research, the main purpose of this study is to assess the production of MFT scholarship. Past patterns provide information for future scholars to address research gaps, which can inform scholarship to meet the needs of the profession. Christensen (1964) and Peterson and Bush (2013) suggest evaluating past research to better understand where we are and where we are going. The last study to investigate the trends in empirical research in our discipline was published by Hawley, Bailey, and Pennick (2000). We want to provide a more updated analysis of MFT scholarship trends by assessing who is publishing research and what we are researching as a field. Additionally, we closely examine the scholarship on clinical effectiveness, identifying what content areas are being investigated, from which disciplines authors are producing this type of research, and how much funding has been obtained to conduct these studies. Acquiring this knowledge can enhance future actions to advance the field.

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## THE IMPORTANCE OF FAMILY THERAPY RESEARCHERS

The question of "who" is publishing has been raised as a concern by several scholars (Hawley & Gonzalez, 2005; McWey et al., 2002; Sprenkle, Bailey, Lyness, Ball, & Mills, 1997). Feinauer, Pistorius, Erwin, and Alonzo (2006) found that the number of MFT-identified researchers publishing in three major MFT journals decreased by approximately 12% over a period of 12 years. Todd and Holden (2012) inquired, "...will other professions be studying the marriage and family therapy field? Will those holding such research positions postulate that marriage and family therapy is a skill set rather than a profession?" (p. 16). While the contribution of psychologists, psychiatrists, and other disciplines is acknowledged and appreciated, Sprenkle (2002) argued that MFT researchers need to be at the forefront of producing MFT scholarship, rather than "outsourcing" our research. Crane, Wampler, Sprenkle, Sandberg, and Hovestadt (2002) also advocated for the importance of having MFT scholars drive the research in our field to ensure that these investigations serve the needs and wants of the entire profession including MFT practitioners.

## THE IMPORTANCE OF "WHAT?"

To assess how the field has shifted we must question not only "who" but also "what" is being published. As Bailey, Pryce, and Walsh (2002) noted, publication trends change within a 10-year period; thus, it is imperative to revisit research trends to obtain an updated view on the broad landscape of MFT scholarship. Several authors have focused on specific issues, such as the use of theory (Chen, Hughes, & Austin, 2017); aging issues (Lambert-Shute & Fruhauf, 2011); LGBT (Blumer, Green, Knowles, & Williams, 2012; Hartwell, Serovich, Grafsky, & Kerr, 2012); race and racism (McDowell & Jeris, 2004); cyber issues (Blumer, Hertlein, Smith, & Allen, 2014); or diversity, intersectionality, and social justice (Seedall, Holtrop, & Parra-Cardona, 2014). Diving into specific topics can be useful and necessary in order to advance research. Yet, it is also essential to expand our view to more fully understand our field as a whole. This type of investigation has not been conducted in over seventeen years (Hawley et al., 2000).

## THE PUSH FOR MFT CLINICAL EFFECTIVENESS RESEARCH

A prominent trend in our field has been proving whether or not family therapy is an effective treatment for families. Since 1995, Pinsof and Wynne have stressed the importance of producing sound clinical effectiveness research to establish credibility. Clinical effectiveness researchers help establish the viability of the profession, strengthen family therapy as a clinical approach, and enhance our services to clients (Hawley et al., 2000). Over two decades later, scholars have continued to push for more formal methods of research, particularly in examining the effectiveness of MFT approaches (Addison, Sandberg, Corby, Robila, & Platt, 2002; Heatherington, Friedlander, Diamond, Escudero, & Pinsof, 2015). Scholars have found increasing evidence that supports the effectiveness of systemic treatments (Carr, 2014a,b; Pinsof & Wynne, 1995; Sexton, Datchi, Evans, LaFollette, & Wright, 2013).

While Heatherington et al. (2015) found that MFT approaches are effective for a spectrum of treatment issues, and for certain presenting problems, more effective than individual-based treatments, they also proposed that MFT effectiveness research remained insufficient, and researchers should address the clinical effectiveness of systemic approaches with understudied therapeutic concerns and in different settings, particularly community settings. Another area of concern is the dissemination of research into clinical practice. Withers, Reynolds, Reed, and Holtrop (2016) suggested further establishing the clinical effectiveness of systemic and relational approaches to bridge this gap. These concerns expressed by scholars have not been investigated in quite some time, thus it is essential to obtain a comprehensive view of the clinical effectiveness research being published in our discipline.

## DEFINING CLINICAL EFFECTIVENESS RESEARCH

Historically, researchers have focused on efficacy and effectiveness. "Efficacy" research refers to statistical significance and outcomes from controlled settings (Sprenkle, 2002), while

"effectiveness" research refers to treatment that "works under normal therapy field conditions" (Pinsof & Wynne, 1995; p. 342). Critics of efficacy-based treatments acknowledged the usefulness of empirical data to establish the field's credibility, but questioned if controlled trial studies translated into real-world practice (Sprenkle, 2002). To address the issue of applicability, Addison et al. (2002) advocated for methodological pluralism and effectiveness studies focused on "therapeutic change in non-laboratory settings" (p. 340). They further suggested that MFT clinical effectiveness researchers should attend to salient clinical issues and reflect the systemic, relational practices of the field.

Sexton and Datchi (2014) indicated a shift from assessing clinical outcomes to examining moment-to-moment changes in the therapeutic process, increasing the clinical applicability of MFT research. As Addison et al. (2002) stated, ". . .there are many different levels and types of evidence for effectiveness" (p. 341). Clinical process research can meaningfully capture the mechanisms of change in the therapeutic setting. This includes, but is not limited to, client response to interventions, therapeutic alliance, and other interactional processes among family members and between clients and therapist (Addison et al., 2002). Inevitably, therapeutic process and outcome are closely interconnected.

Pinsof and Wynne (2000), as well as Sexton and Datchi (2014) critiqued a narrow definition of clinical effectiveness. Thus, clinical process and outcome research are necessary for clinicians to know what treatment is likely to work and whether or not the treatment is working for their particular client (Howard, Moras, Brill, Martinovich, & Lutz, 1996). Therefore, in our research, we include studies that focus on both clinical outcome and process in order to identify clinical effectiveness research being published in the field.

## KEY SCHOLARS IN CLINICAL EFFECTIVENESS RESEARCH

In the latest study assessing who produces clinical effectiveness scholarship (Hawley et al., 2000), the authors found that 75% of the research conducted on clinical outcomes and 54.5% on clinical process was produced by non-MFTs. These findings raise concerns for the field; if MFT scholars are not the leaders in producing clinical effectiveness research, are these results applicable to our profession? Sprenkle (2002) noted that the interventions tested in the efficacy studies reviewed by Pinsof and Wynne (1995) did not represent the practice of our profession. To better understand if MFT's are at the forefront of producing clinical effectiveness scholarship, the researchers in this study will investigate who is producing this research.

## FUNDING AND CLINICAL EFFECTIVENESS RESEARCH

Hawley et al. (2000) found that 21% of the research published from 1994 to 1998 investigated clinical process or outcome research. Out of those studies, only 7% on outcome research and 5% on process were funded. Give these findings, Hawley et al. (2000) identified funding as a major barrier to conducting effectiveness research. These scholars are not alone as others have raised concerns about the issue of funding (Oka & Whiting, 2013; Pinsof & Wynne, 2000; Sprenkle, 2002). One reason may be that MFT faculty compete with research teams embedded in well-funded settings such as medical schools (Sprenkle, 2002). DuPree, White, Meredith, Ruddick, and Anderson (2009) encouraged future researchers to assess funding as this may indicate the health of the profession. Thus, it is essential to investigate the funding trends within clinical effectiveness research.

## PURPOSE AND RESEARCH QUESTIONS

Our primary purpose is to provide an update on the trends in MFT scholarship published in three journals, *Journal of Marital and Family Therapy* (*JMFT*), *American Journal of Family Therapy* (*AJFT*), and *Family Process* (*FP*) from 2000 to 2015. The following research questions guide the study:

1. Who is publishing research?
2. What kind of research is being published?

3. What kind of research is focused on clinical effectiveness?
4. Who is publishing clinical effectiveness research?
5. What is the relationship between funding and clinical effectiveness research?

## METHODS

### *Content Analysis*

To identify trends in the MFT research and effectiveness studies, we conducted a content analysis. A content analysis is a technique for gathering and analyzing information, using objective and systematic methods (Neuman, 1997). "In a content analysis first the researcher identifies a body of material to analyze and then creates a system for recording specific aspects of it" (Neuman, 1997, p. 31). This allows a researcher to discover aspects of the data that might otherwise go unnoticed, especially in large amounts of text (Huckin, 2004). For this study, we used a quantitative content analysis. Berelson (1952), Krippendorff (2004), and Neuendorf (2002) identify this method of content analysis as a way to code text into actual numbers. This allows one to summarize details of a "message set" (Bengtsson, 2016, p. 10). This makes it possible for the researchers to answer the question "how many" (Krippendorff, 2004; Neuendorf, 2002). Thus, this type of content analysis fits well with the purpose of our study and allows us to address our research questions.

### *Sample*

*Time frame*. Our study provides a recent investigation of the MFT field to identify the current research trends. As noted earlier, the last published article to assess trends was in 2000. Additionally, the year 2000 was chosen as a starting point to capture articles that were subsequent and prior to the year 2002 in which Sprenkle's volume of effectiveness research in MFT was published. Authors in this volume present "compelling evidence that MFT is making significant progress" (p. 9). Yet, Sprenkle highlights several limitations to the effectiveness research produced during this time; challenges included "outsourcing" our research to non-MFTs, limited scope of efficacy research, and funding issues. By analyzing this time period, we assess how scholars in the field have tackled these challenges since Sprenkle's publication. Additionally, we have chosen this time range 2000 to 2015 in order to ensure a substantial number of articles, which would allow us to properly analyze trends over time (Seedall et al., 2014).

*Journals*. Ideally, this study would have included all family therapy journals; however, a study of this magnitude was not possible, given the available resources. Thus, the researchers examined empirical articles published from 2000 to 2015 in *Journal of Marital & Family Therapy (JMFT), American Journal of Family Therapy (AJFT),* and *Family Process* (*FP*). Though there are other high-quality family therapy journals, all three of these seem to best represent the MFT profession due to their long history of leading research production in our field (Gurman, 1981; Naden, Rasmussen, Morrissette, & Johns, 1997). Specifically, *JMFT* holds a strong position as the flagship journal for AAMFT (Nguyen & Piercy, 2016), *AJFT* has maintained a substantial influence over the past four decades (Sperry, 2015), and *FP* is an older, prestigious publication that greatly contributes to the MFT field (Kaslow, 2010; Sprenkle et al., 1997).

Additionally, these three journals were used exclusively in multiple content analyses and were recognized as reflecting past and ongoing research in our profession (Addison et al., 2002; Feinauer et al., 2006; Hawley et al., 2000; Seedall et al., 2014). They have also been included in several significant content analyses as part of their sample (Blumer et al., 2012; Clark & Serovich, 1997; Faulkner, Klock, & Gale, 2002; Hartwell et al., 2012; Hawley & Gonzalez, 2005). These journals can help us assess where we have been and where are we going. As Feinauer et al. (2006) stated, *JMFT*, *AJFT*, and *FP* "reflect the direction and values of the profession" (p. 117).

### *Inclusion/Exclusion Criteria*

Our inclusion criteria included all empirical articles published from 2000 to 2015. To identify articles that fit our inclusion criteria, we first reviewed the title and abstract of 2,195 published works across all three journals, and excluded editorials, annual reports, video reviews, book reviews, journal reviews, erratums, introductions to special issues, call for editor/articles,

welcoming a new editor, annual reports, memorial/obituaries, index/bibliographies, and commentaries. This maintains conformity with other researchers who have conducted similar studies (Gurman, 1981; Hartwell et al., 2012; Naden et al., 1997; Tatman & Bischof, 2004). Once we removed these types of publications, we excluded 473 published works across all three journals (*JMFT* = 255, *FP* = 81, *AJFT* = 137) that did not fit our inclusion criteria.

After these published works were excluded, we reviewed the remaining 1,722 articles to assess whether data was analyzed quantitatively, qualitatively, or both to identify the empirical articles within these journals. This was accomplished by searching for the articles "methods" section to determine if the publication included data and how it was analyzed. At this point, the following types of articles were not included as part of the data analysis: literature reviews, case examples, and theoretical papers. Examples of published articles that were not included in this analysis were: (a) "Family psychoeducation and schizophrenia: A Review of the Literature (McFarlane, Dixon, Lukens, & Luckstead, 2003) examines past research on family psychoeducation and its efficacy as a treatment modality for families; (b) "Queer Youth in Family Therapy" (Harvey & Stone Fish, 2015) provides a theoretical framework and several case examples of working with queer youth; and (c) "Humor, Joining, and Reframing in Psychotherapy: Resolving the Auto-Double-Bind" (Panichelli, 2013) is a theoretical piece about how to use humor to connect both verbal and nonverbal communication to reframe a client's problem. Once this step was completed, 774 published articles were excluded across all three journals (*JMFT* = 273, *FP* = 283, *AJFT* = 218) as these articles did not fit the inclusion criteria of an empirical article.

Excluding all published work that did not fit the inclusion criteria resulted in 948 (45.2%) empirical articles for our analysis (*JMFT* = 362, *FP* = 317, *AJFT* = 269), which is a total of 13,861 pages (*FP* = 5043, *JMFT* = 4924, *AJFT* = 3894). Out of these 13,861 pages, the journals roughly published about the same average number of pages per year (*FP* = 315, *JMFT* = 308, *AJFT* = 243).

### *Procedure*

*The researchers.* The research team consisted of one faculty member, two doctoral candidates, and one masters-level family therapy student. One doctoral student served as a consultant to the project; this involved searching the literature for previous research and reviewing the manuscript. The other three team members served as coders. When a discrepancy was found between any of the coders, they met as a group to discuss the item until consensus was reached. The faculty member attempted to provide space and allow other coders to equally determine the codes. This was facilitated by raising questions, inviting all thoughts, and allowing discussion of multiple perspectives. Consensus was obtained by having a discussion with all the coders until each agreed with the assigned code.

*Data analytic plan.* To code the data, we created a coding sheet based on Hawley et al.'s (2000) coding scheme. Next, the coders reviewed all articles for the first 3 years from all three journals. During this training period, the coders met every other week to review the coding process and redefined the codes as necessary. After the training period was completed, the coding team was randomly assigned all of the articles, and at least two team members coded the same article. Next, we calculated inter-rater reliability by selecting every fifteenth article, and the percent of agreement was 95% for all categories except for descriptor and purpose. The percent of agreement on the descriptor was 86% and purpose was 88%. Lastly, the coders discussed any discrepancies until consensus was reached.

### *Data Analysis*

*Author affiliation.* For this coding category, we were consistent with Hawley et al.'s (2000) coding scheme. First authors were categorized into the following possible affiliation categories: Marriage and Family Therapy, Psychology, Social Work, Psychiatry/Medicine or medical schools/hospitals, private practice, agencies not associated with a university setting, and nonclinical programs at a university (e.g., family studies, education, etc.).

*Coding process.* To find the author's affiliation, the researchers used the author's information provided on the article byline. If the byline of the article did not provide enough specific information to place this author in a particular category, Google was used to search the author's place of

employment or vita. We were unable to find three authors' affiliations using these methods, and thus, these authors' affiliations were coded as missing.

*COAMFTE accreditation*. In line with Hawley et al. (2000), we also were interested in how many first authors were affiliated with programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). First authors were categorized into either yes, affiliated with a COAMFTE-accredited program, or no, not affiliated with a COAMFTE-accredited program.

*Coding process*. To find if an author was affiliated with a COAMFTE-accredited program, the researchers used the author's information provided on the article byline. If the information provided on the byline connected to a program listed in the directory of COAMFTE-accredited programs, we coded this author as affiliated with a COAMFTE-accredited program.

*Description*. Like Hawley et al. (2000), we based our coding plan of description on Sprenkle et al.'s (1997) study, which provided us with a comprehensive, detailed list of possible descriptors. After initially using this coding scheme, the research team realized that having 60 possible descriptors would make it difficult to identify trends over time. Therefore, we combined several of their descriptors to condense the content areas. In our study, the possible description codes included: couples (e.g. all forms of couplehood, dating, married, nonmarried, cohabiting, same-sex couples), training/supervision, children/adolescents, techniques, chronic/inpatient/schizophrenia, family therapy models, professional issues/self-of-therapist, violence/abuse/incarceration, parent/child relationships, diversity (race/ethnicity, gender, sexual orientation, religion, aging, social class), medical issues, divorce/stepfamilies, military, and adoption/foster care.

*Coding process*. The category of description was based on the idea of categorizing articles by their content area, which were more detailed descriptors than the purpose of the article (Sprenkle et al., 1997). The question "who" or "what" of the research is answered in the description categories. Each article could receive up to three descriptors. A little over half, 54.4% ($n$ = 516), of the articles had at least two, and 14.4% ($n$ = 137) had three descriptions assigned.

*Purpose*. For this coding category, we slightly modified Hawley et al.'s (2000) coding scheme. We combined two codes, therapists' characteristics and training issues, into a single code, therapist development. We made this modification since therapists' characteristics were often addressed as training issues. We coded the primary premise of the study into one of the following possible categories: (a) Family process/individual issues, which were studies that addressed individual or family dynamics outside a clinical context; (b) Clinical process, which examined interactions that occurred during therapy with a clinical sample; (c) Clinical outcome, which evaluated the effectiveness of therapy with a particular population, area of treatment, or therapy model/technique, or examined clinician's adherence to a model or testing a model with a clinical sample; (d) Prevention and psychoeducational studies, which examined preventive education and programs; (e) Therapist development, which entailed issues in supervision and the formal development of therapists or therapist characteristics—ideologies or attributes influencing how therapists worked; (f) Descriptive studies, which were surveys and content analyses to provide an overview of a particular subject area; and (g) Psychometric/assessments, which included research about reliability and validity of assessment instruments.

*Coding process*. To categorize the purpose of the articles, the researchers first identified the purpose statements in the documents; for example, "the purpose of the article was to. . .", "the goal of the article. . .", or ". . .was the objective of the study." Authors used purpose statements to summarize "why is the study worth doing?" (Maxwell & Loomis, 2003, p. 245) and to find "the importance (significance) of the study" (Newman & Covrig, 2013, p. 5).

*Sample*. Hawley et al.'s (2000) coding scheme included: clients, therapists, supervisors, nonclinical, and content analysis. We slightly modified our coding scheme to also include the following sample types: therapists-in-training, subjects with a medical diagnosis, and participants with a DSM diagnosis, but not in treatment. Thus, the possible coding categories include: clients, therapists, supervisors, nonclinical, content analysis, therapists-in-training, subjects with medical diagnosis, and participants with a DSM diagnosis, but not in treatment.

*Coding process*. To code these categories, the researchers examined the recruitment methods of each article to determine the sample type. Each article could have up to three sample types assigned—for example, clients and therapists or clients and nonclients. Only 17.7% ($n$ = 168) of

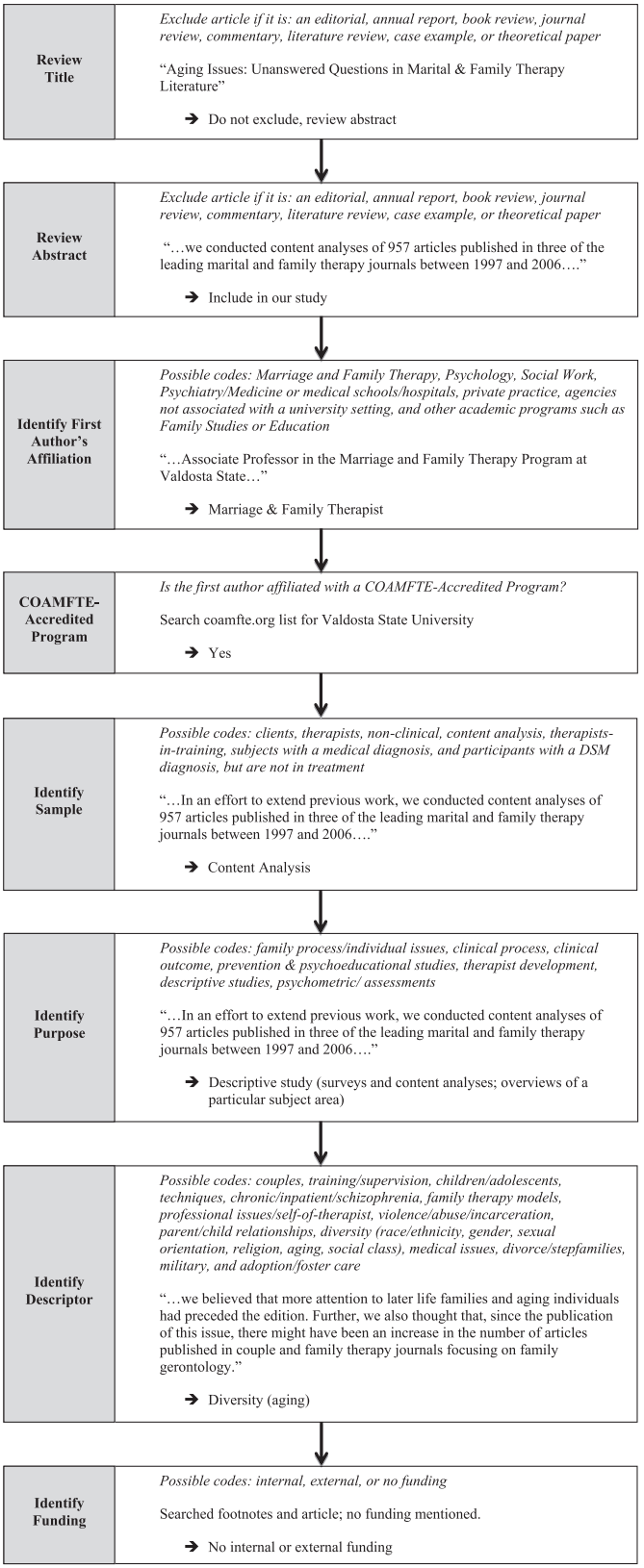


*Figure 1.* Coding exemplar.

the overall articles had two types of samples assigned, and very few 3.3% ($n$ = 31) had three types of participants.

*Funding*. For this coding area, we made no modifications to Hawley et al.'s (2000) categories. The team then coded the information into three possible categories: internal, external, or no funding.

*Coding process*. To determine research funding, we reviewed the acknowledgements in the footnotes of the articles. Internal funding was identified as the researcher being funded by their own institution, department, or program. In contrast, external funding was identified as originating from a source outside of their institution, such as a grant from AAMFT. However, it should be noted that funding does not necessarily have to be reported in all cases, for example, internal grants or seed funding. See Figure 1 for detailed exemplar, illustrating the process the coders followed to analyze an article.

### *Cleaning the Data*

Osborne (2013) stated that "cleaning the data is critical to the validity of the data" (p. 9). "Cleaning" is commonly known as checking the data for errors. We used two steps to clean the data. The first step in cleaning the data was to verify the codes entered in the dataset by checking the variables for impossible codes. For example, when checking the category of affiliation and a code appeared that did not match our data analytic plan, this indicated a coding error. The next cleaning method used by the research team was to have one of the researchers randomly check 10% of the coded data for each coding category. For example, the researcher reviewed the coding category of purpose for 95 articles. If any coding errors occurred in this set of articles, the researcher would check the category of purpose for another 10% of the data. This would occur until no errors were found in this category.

## RESULTS

### *Who Is Publishing?*

*Author affiliation*. When coding the affiliation, we were unable to find three authors' affiliations; thus, in this category, we have results for 945 articles instead of 948. Out of the 945 empirical articles published, 42.2% ($n$ = 399) of first authors identified as being affiliated with a Marriage and Family Therapy program, followed by 32.4% ($n$ = 306) Psychology, 8.1% ($n$ = 77) Social Work, 7.3% ($n$ = 69) Psychiatry/Medicine or medical schools/hospitals, 4.3% ($n$ = 41) nonclinical programs at a university (e.g., family studies, education, etc.), 3.9% ($n$ = 37), agencies, and 1.7% ($n$ = 16) private practice.

We divided the articles into three segments (2000–2005, 2006–2010, 2011–2015) and conducted a Chi-squared analysis to determine the affiliation trends over time. Authors identified as MFT increased ($X^2 = 9.61$ with $df = 2$, $p = .008$), while those identified as Psychology decreased ($X^2 = 13.0$ with $df = 2$, $p = .001$) over the time frame.

*Journals and affiliation*. Out of the total 948 articles, 38.2% ($n$ = 362) of the authors published in *JMFT*, followed 33.4% ($n$ = 317) in *FP* and 28.4% ($n$ = 269) in *AJFT*. When examining journals and affiliation, we were only able to analyze 945 (*JMFT* = 361, *FP* = 315, *AJFT* = 269) publications in this area as three authors affiliations could not be found.

Specifically, in *JMFT*, the majority 63.7% ($n$ = 230) of authors were affiliated with the field of Marriage and Family Therapy, followed by 24.4% ($n$ = 88) Psychology, and 5.8% ($n$ = 21) Social Work. The other 6.1% of authors were affiliated with Psychiatry/Medicine or medical schools/hospitals (2.8%, $n$ = 10), nonclinical programs at a university (2.5%, $n$ = 9), and agencies (0.8%, $n$ = 3). No first authors affiliated with a private practice published in *JMFT*.

We found similar trends in *AJFT* with 40.5% ($n$ = 109) of authors affiliated with the discipline of MFT, closely followed by 29.0% ($n$ = 78) Psychology, then 6.3% ($n$ = 17) Social Work. However in *AJFT,* the next largest author affiliations were 7.8% ($n$ = 21) in agencies and 5.9% ($n$ = 16) in private practice. The other 10.4% of authors were affiliated with nonclinical programs at a university (5.6%, $n$ = 15) and Psychiatry/Medicine or medical schools/hospitals (4.8%, $n$ = 13).

In comparison, authors publishing in *FP* were most commonly affiliated with Psychology at 44.4% ($n$ = 140), followed by MFT at 19.0% ($n$ = 60), Psychiatry/Medicine or medical schools/

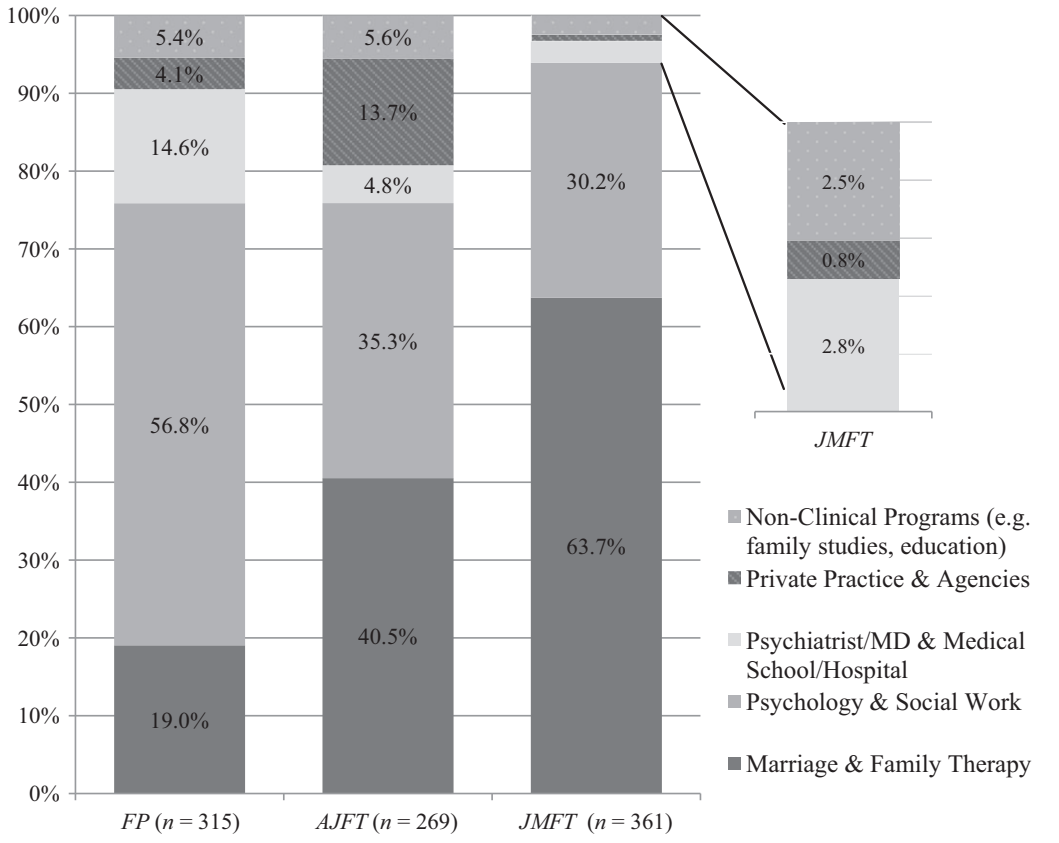


*Figure 2*. Author affiliations by journal.
Some author affiliations could not be found and are not shown (*FP*, $n = 2$, 0.6%; *JMFT*, $n = 1$, 0.3%). Thus, a total of 945 articles were coded for affiliation.

hospitals at 14.6% ($n = 46$), and Social Work at 12.4% ($n = 39$). The other 9.5% were affiliated with faculty who taught in nonclinical areas such as Family Studies, Education, etc. (5.4%, $n = 17$) and agencies (4.1%, $n = 13$). No first authors affiliated with a private practice published in *FP*. Figure 2 reports the author affiliations for all three journals.

*COAMFTE-accredited programs*. We found that 40.7% ($n = 386$) of first authors were associated with a COAMFTE-accredited program. Furthermore, we performed a Chi-squared analysis to identify COAMFTE-accredited trends and found that authors affiliated with COAMFTE-accredited programs had a significant increase over time ($X^2 = 9.97$ with $df = 4$, $p = .041$).

*COAMFTE accreditation and affiliation*. When analyzing author affiliation and COAMFTE-accredited programs, only 945 publications were used; as previously mentioned, three author affiliations could not be found. The majority of first authors in COAMFTE-accredited programs were affiliated with Marriage and Family Therapy Programs at 85.7% ($n = 342$), while authors affiliated with Psychology was at 6.2% ($n = 19$).

*COAMFTE accreditation and journals*. Finally, we examined COAMFTE-accredited programs and journals. This revealed that 59.1% ($n = 214$) first authors who were affiliated with COAMFTE-accredited programs published in *JMFT*, followed by 43.1% ($n = 116$) in *AJFT*, and 17.7% ($n = 56$) in *FP*.

*What Kind of Research Is Being Published?*

*Description*. Table 1 provides the descriptors for all the empirical articles. As mentioned earlier, we coded up to three descriptors for each article, and thus, the descriptions exceed the number of articles. In this study, the description of diversity yielded 31.0% ($n = 294$) of the total articles

Table 1
*Description of Research*

| Category | $n$[a] | % |
|---|---|---|
| Diversity | 294 | 31.0 |
| Couples | 288 | 30.4 |
| Parent-child relationships | 174 | 18.4 |
| Professional issues/self-of-the-therapist | 152 | 16.0 |
| Children/adolescents | 104 | 11.0 |
| Techniques | 98 | 10.3 |
| Training/supervision | 90 | 9.5 |
| Violence/abuse/incarceration | 74 | 7.8 |
| Models of family therapy | 70 | 7.4 |
| Chronic/inpatient | 57 | 6.0 |
| Medical issues | 53 | 5.6 |
| Assessments/instruments | 49 | 5.2 |
| Model testing or creation | 38 | 4.0 |
| Divorce/stepfamilies | 29 | 3.1 |
| Military | 17 | 1.8 |
| Adoption/foster care | 14 | 1.5 |

*Note*. [a]A total of 948 articles were coded; an article can be coded for up to three descriptions.

analyzed. Couples was the second most frequent description area at 30.4% ($n$ = 288), followed by 18.4% ($n$ = 174) parent/child relationships, 16.0% ($n$ = 152) professional issues/self-of-the-therapist, 11.0% ($n$ = 104) children/adolescents, and 10.3% ($n$ = 98) techniques. Diversity-related researchers focused mostly on race/ethnicity at 53.7% ($n$ = 158); gender at 15.0% ($n$ = 44); social class at 12.0% ($n$ = 35); lesbian, gay, and bisexual at 9.9% ($n$ = 29); religion at 6.5% ($n$ = 19); and aging at 3.1% ($n$ = 9). At least two areas of diversity were addressed simultaneously in 13.3% ($n$ = 39) of articles.

To further understand the descriptors for these articles, we conducted cross tabs to analyze the top two categories: couples and diversity. The top five descriptors associated with studies on couples were 24.0% ($n$ = 69) diversity, 8.0% ($n$ = 23) violence/abuse/incarceration, 7.6% ($n$ = 22) models of family therapy, 5.9% ($n$ = 17) techniques, and 4.5% ($n$ = 13) parent/child relationships. The top five descriptors associated with studies on diversity were 27.0% ($n$ = 69) couples, 19.6% ($n$ = 50) parent/child relationships, 10.2% ($n$ = 26) children/adolescents, 5.5% ($n$ = 14) techniques, and 5.5% ($n$ = 14) professional issues/self of the therapist.

We conducted a Chi-squared analysis to determine the relationship between the top three descriptors and time. We found that couples ($X^2$ = 8.07 with $df$ = 2, $p$ = .018) and parent/child ($X^2$ = 14.5 with $df$ = 2, $p$ = .001) significantly increased over time. The descriptor of diversity did not have any significant results. To better understand significant increase in parent/child during this time frame, we also analyzed the descriptor child/adolescent and time. We found that child/adolescent ($X^2$ = 8.89 with $df$ = 2, $p$ = .012) significantly decreased.

*How do the journals compare?* Diversity and couples, combined, were the most common descriptions across all journals with 56.4% ($n$ = 204) in *JMFT*, followed by 55.8% ($n$ = 150) in *AJFT* and 71.9% ($n$ = 228) in *FP*. Professional issues/self-of-the-therapist was the next most frequent description with 25.7% ($n$ = 93) in *JMFT*, while parent/child was the next most frequent with 29.0% ($n$ = 92) in *FP* and 20.1% ($n$ = 54) in *AJFT*. For more detail, see Figure 3.

*Purpose of research.* When examining the purpose of the articles, we found 44.0% ($n$ = 417) in which individual issues and family process outside the clinical context were addressed, followed by 12.8% ($n$ = 121) therapist development, 11.7% ($n$ = 111) clinical process, and 9.5% ($n$ = 90) clinical outcome. See Figure 4 for further results.

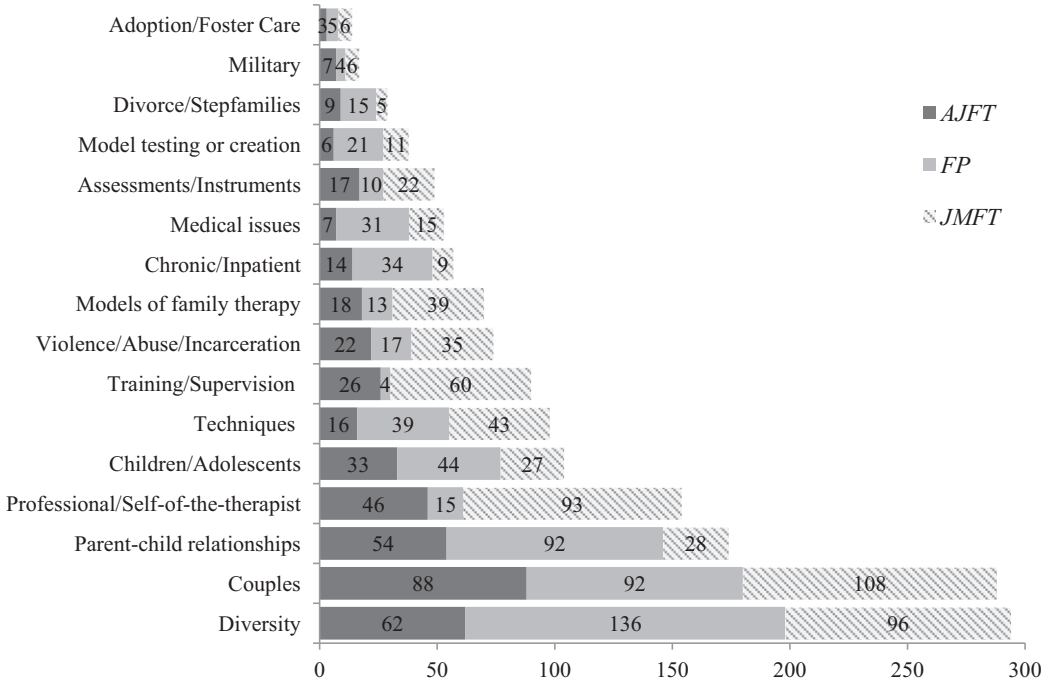


*Figure 3*. How do journals compare by description? An article can be coded for up to three descriptions.

To better understand the relationship between purpose and time, we conducted a Chi-squared analysis with the top four purpose codes and found that therapist development and clinical outcome did not significantly change over time. However, family process ($X^2 = 8.07$ with $df = 2$, $p = .018$) and clinical process ($X^2 = 16.7$ with $df = 2$, $p = .000$) significantly increased during this time frame.

*Sample*. Figure 5 provides information about the type of samples used in these studies. Each article could have more than one sample type, and therefore, the type of subject exceeds the number of articles. Of the 948 published research articles, 56.1% ($n = 532$) of authors used participants who identified as nonclinical, 27.4% ($n = 260$) clients, and 12.1% ($n = 115$) therapists.

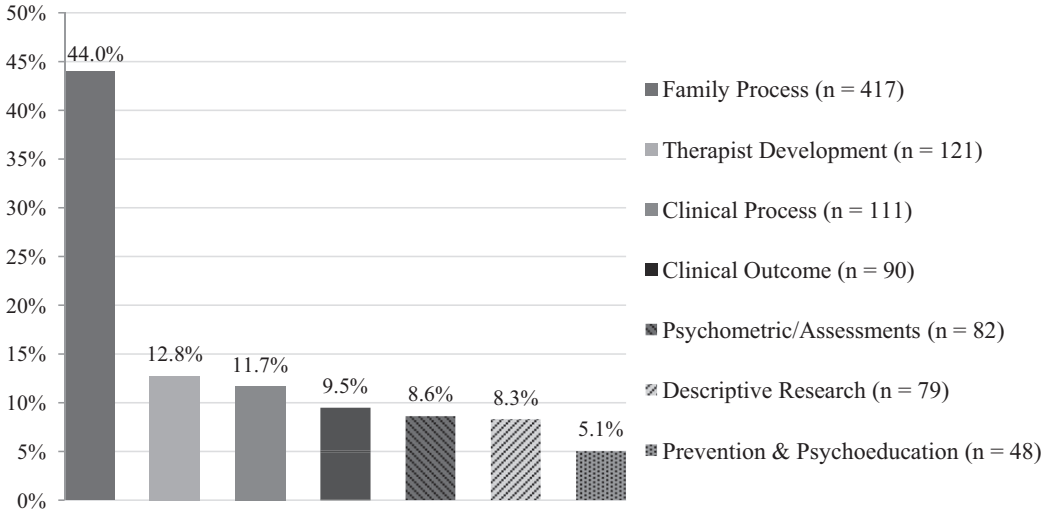


*Figure 4*. Results for the category of purpose across all three journals.

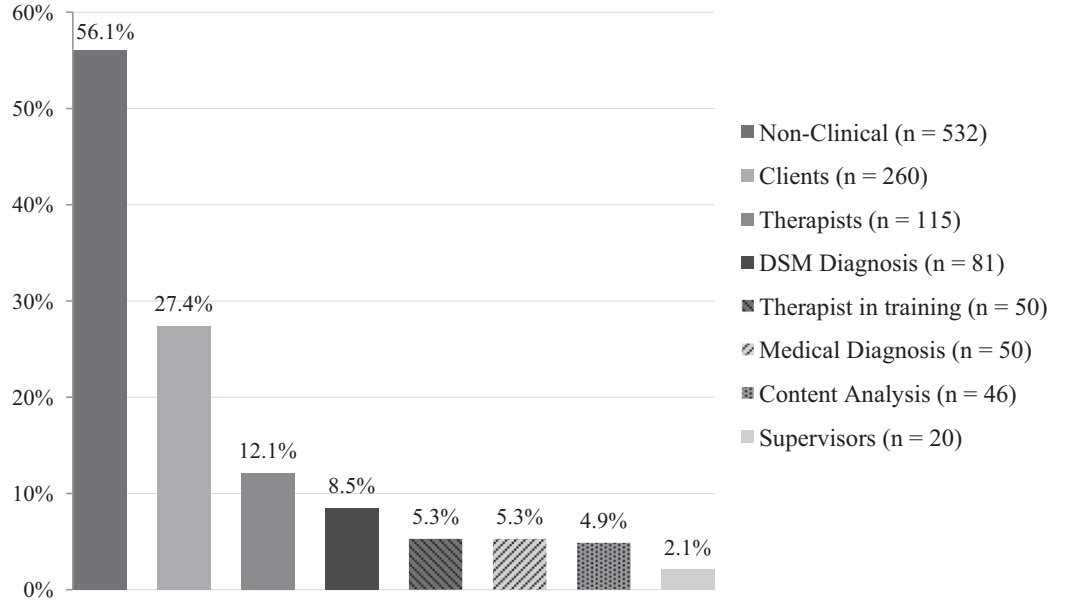


*Figure 5*. What kind of research is focused on clinical effectiveness? An article can be coded for up to three sample types.

We investigated the relationship between the clinical sample and the top two descriptors to further understand the category of description. We found that couples had the most studies with a clinical sample at 37.7% ($n$ = 98), followed by diversity at 15% ($n$ = 39). To investigate the relationship between clinical sample and time, we conducted a Chi-squared analysis and found no significant results.

*What Kind of Research Is Focused on Clinical Effectiveness?*

*Description and clinical process*. To better understand what type of research is being published within clinical process and outcome research, we conducted additional analysis between these purpose codes and the category of description. As stated previously, an article can be coded for up to three descriptors. Research on clinical process consisted of 11.7% ($n$ = 111) out of all published articles. Out of the clinical process articles, we found couples were the highest at 45.9% ($n$ = 51), followed by techniques at 20.7% ($n$ = 23), then models of family therapy at 17.1% ($n$ = 19). For more information, see Table 2.

*Description and clinical outcome*. Of the total articles reviewed, we found that 9.5% ($n$ = 90) consisted of clinical outcome research. From these manuscripts, the top three descriptors within the articles coded as outcome research were 28.9% ($n$ = 26) techniques, closely followed by 27.8% ($n$ = 25) couples, then 23.3% ($n$ = 21) models of family therapy. Table 2 provides more information.

*Description and clinical sample*. When examining the top 6 descriptors that had a clinical sample, we found that the category of couples were most frequently used at 37.7% ($n$ = 98), followed by 20.4% ($n$ = 53) techniques, 16.9% ($n$ = 44) family therapy models, 15.4% ($n$ = 40) diversity, and 12.7% ($n$ = 33) child/adolescent.

*Who Is Producing Research on Clinical Effectiveness?*

*Author affiliation and clinical effectiveness*. After a closer review, most clinical process research was published by authors affiliated with the field of Marriage and Family Therapy at 48.6% ($n$ = 54), followed by authors who were affiliated with Psychology at 28.8% ($n$ = 32). In regard to outcome research, 36.7% ($n$ = 33) of first authors were affiliated with the discipline of Marriage and Family Therapy, followed by 33.3% ($n$ = 30) from the field of Psychology.

Table 2
*Description, Clinical Process, & Outcome*

| Category | Clinical process $n = 111$[a] | | Clinical outcome $n = 90$[a] | |
|---|---|---|---|---|
| | *n* | % | *n* | % |
| Couples | 51 | 45.9 | 25 | 27.8 |
| Techniques | 23 | 20.7 | 26 | 28.9 |
| Models of family therapy | 19 | 17.1 | 21 | 23.3 |
| Diversity | 15 | 13.5 | 15 | 16.7 |
| Professional issues/self-of-the-therapist | 14 | 12.6 | 12 | 13.3 |
| Violence/abuse/incarceration | 13 | 11.7 | 11 | 12.2 |
| Parent-child relationships | 12 | 10.8 | 9 | 10 |
| Chronic/inpatient | 9 | 8.1 | 10 | 11.1 |
| Children/adolescents | 8 | 7.2 | 18 | 20 |
| Training/supervision | 7 | 6.3 | 0 | 0 |
| Assessments/instruments | 7 | 6.3 | 1 | 1.1 |
| Model testing or creation | 5 | 4.5 | 5 | 5.6 |
| Medical issues | 3 | 2.7 | 3 | 3.3 |
| Divorce/stepfamilies | 2 | 1.8 | 1 | 1.1 |
| Military | 0 | 0 | 4 | 4.4 |
| Adoption/foster care | 0 | 0 | 1 | 1.1 |

*Note*. [a]An article can be coded for up to three descriptions.

*COAMFTE accreditation and clinical effectiveness*. In the area of clinical process, we found that 42.3% ($n = 47$) of first authors were affiliated with COAMFTE-accredited programs. There were similar findings within outcome research with 41.1% ($n = 37$) of first authors affiliated with COAMFTE-accredited programs.

*Journals and clinical effectiveness*. We found that authors publishing in *JMFT* produced the most clinical process research at 46.8% ($n = 52$) and outcome research at 48.9% ($n = 44$), followed by *AJFT* at 30.6% ($n = 34$) and 32.2% ($n = 29$). In *FP*, 21.6% ($n = 24$) of the articles were published on clinical process and 18.9% ($n = 17$) on outcome.

*What Is the Relationship Between Funding and Clinical Effectiveness Research?*

To provide an overview, we analyzed how funding related to author affiliations. We found that 69.7% ($n = 661$) of all authors across affiliations did not receive funding of any kind, 24.8% ($n = 235$) obtained external funding, and 5.5% ($n = 52$) acquired internal funding.

*Clinical effectiveness and funding*. Out of the 11.7% ($n = 111$) articles that were coded as clinical process, 23.4% ($n = 26$) of the authors acquired external funding and 4.5% ($n = 5$) received internal. Further, out of the 9.5% ($n = 90$) that were coded as outcome research, 32.2% ($n = 29$) of the authors obtained external funding and 6.7% ($n = 6$) received internal.

*Clinical process, funding, and affiliation*. In terms of the 26 clinical process studies that were externally funded, 46.1% ($n = 12$) were published by authors affiliated with MFT, while 26.9% ($n = 7$) Psychology, 11.5% ($n = 3$) nonclinical programs at a university, and 3.8% ($n = 1$) for each of the following affiliations: Social Work, Psychiatry/Medicine or medical schools/hospitals, agencies, and private practice.

*Clinical outcome, funding, and affiliation*. In regard to the 29 clinical outcome studies that were externally funded, 34.5% ($n = 10$) were published by authors affiliated with MFT, 34.5% ($n = 10$) Psychology, and 10.3% ($n = 3$) for each of the following affiliations: Social Work, Psychiatry/Medicine or medical schools/hospitals, and nonclinical programs at a university.

*Journals, funding, and clinical effectiveness.* In terms of the 26 clinical process studies that were funded, 46.1% (*n* = 12) were in *JMFT*, 30.8% (*n* = 8) in *AJFT*, followed by 23.1% (*n* = 6) in *FP*. *JMFT* authors published 41.4% (*n* = 12) of the 29 outcome studies that were funded, followed by 31.0% (*n* = 9) in *AJFT* and 27.6% (*n* = 8) in *FP*.

## DISCUSSION AND IMPLICATIONS

### *Who Is Publishing Research?*

Having non-MFT researchers help legitimize our profession has been and continues to be a controversial topic, one not easily solved due to the complex nature of this issue. As a discipline, we are comprised of more than just MFTs. This has historically been the case since the conception of the profession (Doherty & Baptiste, 1993), which may illustrate the inclusive nature of our work. While interdisciplinary collaboration may be essential, furthering our identity as a distinct profession is equally crucial and requires research to be conducted by professionals trained in the field (Crane et al., 2002).

In our study, we found that most first authors were MFT-affiliated and this finding significantly increased from 2000 to 2015, while authors whose discipline was identified as Psychology decreased significantly over time. Thus, MFT scholars are starting to address these concerns that has reduced the "outsourcing" of our research. Yet, only noting or counting the number of MFTs publishing research versus non-MFTs may be furthering the divide when one might not be necessary. Future scholars can investigate the affiliation of all authors on a research publication to assess the difference between collaboration versus outsourcing. Previous content analyses tend to code the first authors, as we did; thus, it is difficult to discern the extent that non-MFT professionals are primary or co-producers of MFT scholarship.

*COAMFTE accreditation.* Hawley and Gonzalez (2005) noted that researchers not affiliated with COAMFTE-accredited programs may contribute to the divide between research and practice. They suggested that those who train the next generation of MFTs better understand the needs of clinicians. Interestingly, in our study, most first authors were associated with a COAMFTE-accredited program, and COAMFTE-accredited authors significantly increased over this time frame. This trend may illustrate a decrease in the gap between practitioners and researchers. Future scholars could explore what might be contributing to this trend, given the limited resources available to faculty in COAMFTE-accredited programs (McWey et al., 2002).

*Author affiliation and journals.* It is clear that MFTs have a strong voice within these publications as we found that the majority of MFTs published in *JMFT* followed by *AJFT*. However, in *FP,* this was not the case given that most first authors were affiliated with Psychology. Yet, *FP* produced the most research on parent-child issues, indicating that *FP* does reflect concerns regarding families. We wonder if researchers collaborating in this work may be affiliated with MFT, but were listed as second, third, or fourth author. As we stated earlier, understanding who represents our field is an intricate issue and cannot be decided just by analyzing first authors, rather, future researchers need to consider the interdisciplinary nature of our field when assessing this issue. Thus, scholars may want to investigate if or how researchers publishing in *FP* or any other family therapy journals are connecting their work to the practice of the field. We believe that this may be essential to understand which journals represent our profession.

### *What Kind of Research Is Being Published?*

In reviewing the published articles from 2000 to 2015, we found several trends in the topics being published within these three journals. Reviewing trends allows the field to better assess which topics receive more attention and which are invisible or underrepresented (Sprenkle et al., 1997). Hawley et al. (2000) noted that the descriptor of couples has historically been a popular focus in our discipline, and this continued to be true, as our research revealed "couples" to be a significant trend. Within this body of work, the authors attempted to better understand the multi-faceted nature of couple relationships, as the topic of couples was often studied in conjunction with diversity, violence/abuse/incarcerations, models of family therapy, techniques, and parent/child relationships.

While a substantial number of researchers focused on the intersection between couples and issues of diversity, there was less of a focus on aging and lesbian, gay, and bisexual (LGB) partners.

This is interesting given that aging is a process all individuals eventually experience as well as being an issue that impacts the entire family (McGoldrick, Preto, & Carter, 2015). Likewise, clinicians will encounter LGB individuals, couples, and families in therapy (Green & Bobele, 1994; Henke, Carlson, & McGeorge, 2009), as they seek services at a higher rate than their heterosexual counterparts (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000). Also, in our study, the topic/area of religion is one of the least published within our descriptor of diversity, followed by no research addressing transgender couples and families. This echoes the dearth of literature on transgender issues (Blumer et al., 2012). Future researchers could attend to how couple relationships are shaped by the intersection of religion, age, sexual orientation, gender identity, and other marginalized contexts to further our empirical knowledge base.

*Trends in parent/child relationships*. Another interesting finding was that since 2000, researchers published significantly more on parent/child relationships and significantly less on children/adolescents over time. We wonder if this suggests more emphasis on the relationship rather than looking at children and adolescents isolated from their family systems. This knowledge is essential for clinicians working with children and adolescents so that they can better understand how the child's behavior is embedded in the larger system, i.e. families. We also found limited publications addressing other types of caregivers in relationship to children and adolescents. According to the Generations United (2014) report, grandparents play a vital role in raising 7.8 million grandchildren. Given this, future researchers should further investigate extended family members and other caregivers such as grandparents. Furthermore, adoptive and foster parents only accounted for 1.5% of the publications in our study. This illustrates the field's lack of attention to the diverse range of parenting.

*Diversity*. The descriptor of diversity was often addressed as 31.0% of authors attended to at least one aspect of diversity, with most focusing on race and ethnicity. Additionally, we noticed that 13.3% of the publications included at least two areas of diversity, which is a slight increase from the 9.5% found in Seedall et al. (2014) and the 7.8% found in Bailey et al. (2002). The MFT field has been striving to address diversity issues for quite some time. As noted by Seedall et al. (2014), AAMFT began to promote responding to the unique needs of diverse clients by including additional core competencies in 2004. Also, AAMFT has been spearheading diversity initiatives and programing (AAMFT Research & Education Foundation, n.d.). Additionally, in Version 11 of COAMFTE accreditation standards, programs were required to integrate issues of diversity in their benchmarks and educational outcomes (Commission on Accreditation for Marriage and Family Therapy Education [COAMFTE], 2005). These efforts seem to be making a difference.

While we are progressing in this area, there is still much left for us to accomplish as a field. For instance, in our study, race and ethnicity only accounted for 16.7% of the overall research, while other areas of diversity received minimal attention. We wonder about the ways in which diversity was included in these studies. Since we did not evaluate how diversity was addressed in these articles, we cannot delineate if authors incorporated diversity beyond using it as a demographic. We encourage future researchers to examine diversity from an intersectional approach to better understand multiple social inequities and the multifaceted nature of families' experiences. We also propose that family therapists are uniquely qualified to address these complex issues, due to our training in understanding multiple systems, how these systems interact with one another, and how they influence the lives of families.

### *What Kind of Research Is Published on Clinical Effectiveness?*

One fifth of the published articles were coded as clinical effectiveness research. This included 9.5% on clinical outcome and 11.7% on clinical process. While researchers did investigate moment-to-moment changes in relationship to models of family therapy, they most often examined the pivotal moments with couples in the therapy room. Thus, it seems that understanding how change occurs—regardless of models—was more valued.

Clinical process research significantly increased from 2000 to 2015. This signifies a response to previous calls for process-oriented research. Also, engaging in clinical process research allows clinicians to utilize the research as it helps them intervene and identify moments for change, which can help close the gap between research and practice (Sprenkle, 2002). Future scholars should continue to push clinical process research as this provides practitioners, teachers, and therapists-in training

with information on what to do less, more, and how to modify what we are already doing. This fosters knowledge to shift interactions between the therapist and clients to enhance therapeutic progress.

*Clinical outcome*. In our study, clinical outcome research remained steady. This finding was supported by Hawley et al. (2000) who also suggested that outcome research will continue to be a challenge, as many barriers exist that prevent its growth in the MFT field. This may include time, research training, support, facilities, and access to a clinical population not associated with a university. As expected given our other findings, clinical outcome research that was published during this time frame tended to focus on three main areas: techniques, couples, and models of family therapy. Techniques were a descriptor that significantly changed over time, while models of family therapy did not; this highlights the MFT field's interest in connecting interventions to the outcome of therapy. Knowing what interventions are effective provides a foundation for identifying the catalyst for change within a model (Sexton & Datchi, 2014). Future researchers should expand beyond identifying what is effective with couples as we are a profession that works with more than this dyad. It is essential to know if and how we can be effective with the diverse range of clients that seeks our services.

*Clinical sample*. To better understand if we are moving away from laboratory research to real-world practice, we investigated the sample in these studies and found that one third of our research on couples had a clinical sample. Additionally, clinical process and outcome research was mostly about couples. Given this finding, researchers may first need to establish a foundation of literature before investigating clinical effectiveness with a clinical population. Future researchers could conduct meta-analysis to synthesize the body of research, providing an encompassing view of a particular topic area and opening the door for research that assess how we are effective.

*Who Is Publishing Research on Clinical Effectiveness?*

Clinical effectiveness research is mostly published by MFTs and authors affiliated with COAMFTE-accredited programs. As the focus has shifted to clinical process, the number of MFT first authors has increased. This may be evidence that MFT researchers are becoming the forerunners in producing research to help establish the credibility of our field. We believe several factors may play a role in this finding, such as available resources (access, funding, technology, training, etc.) and the possible alternative methodologies for clinical process research. Furthermore, MFT researchers may be choosing to examine the moment-to-moment change over outcome–an approach that seems to fit, considering the connection between process and the underpinnings of systems theory.

In regard to journals and clinical effectiveness research, *JMFT* had the most articles published on clinical process and outcome followed by *AJFT*. This may suggest that MFTs consider *JMFT* a primary vehicle to showcase their research or this shift may represent journal editors' and board members' focus on publishing clinical effectiveness research in MFT.

*What Is the Relationship Between Funding and Clinical Effectiveness?*

As a whole, our findings revealed that funding held steady from 2000 to 2015, and the majority of clinical effectiveness research is being conducted without funding of any kind; it is remarkable that MFT researchers are able to find other ways to conduct their research despite having little to no financial support. Interestingly, clinical process and outcome research that was funded in our study doubled in comparison to Hawley et al. (2000). Thus, MFTs are finding ways to successfully obtain funding and in greater numbers.

AAMFT has strived to support the training of MFT researchers as well as provide opportunities to secure funding. The AAMFT Research and Education Foundation, research institutes, and workshops at annual conferences are some of the platforms offered to increase effectiveness research in the field. It seems that these efforts may be contributing to the ability of MFT scholars to produce more research. We encourage AAMFT to provide other sources of support that may be able to mitigate the limited amount of external funding, such as more specialized workshops on progress research. Progress research "integrates process and outcome perspectives into a unified methodology that feeds research data back into therapy where it can make a difference" (Pinsof & Wynne, 2000, p. 5).

## LIMITATIONS

One potential limitation of the current study was our inability to capture research articles submitted for publication that were rejected. Also, the use of *JMFT*, *AJFT*, and *FP* excluded research published in other family therapy journals, and thus we may be omitting quality research presented in other sources. Additionally, only including certain types of publications limited the external validity of this study. In the area of funding, one limitation was not being able to precisely account for all funding streams, thus, authors may have been able to access more funding then we reported in this study. Another limitation was that we only had two coders code each article, which provided a higher inter-rater reliability than if three coders were used. Although the team incorporated multiple methods to ensure data accuracy and consistency, a margin of error occurs in any content analysis. This can limit the generalizability of the results to the field at large. Additionally, only including first authors in our analysis obstructed us from assessing how much MFTs work in collaboration with other fields to produce research.

## CONCLUSION

Overall, MFT scholarship has increased, and it is important to recognize the progress we have achieved in a short amount of time with limited resources. We now have a better understanding of what occurs in the therapy room with couples. In addition, MFTs are developing a foothold in the clinical effectiveness research, especially in the area of clinical process. Specifically, researchers have examined moment-to-moment interactions with couples and parent/child relationships. However, clinical effectiveness research is still in its infancy with regards to issues of diversity. We believe that enhancing this area of research by attending to diverse forms of couples/families and exploring the multicultural nature of these relationships will provide clinicians the resources necessary for their work.

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