

INTRODUCTION TO SFBT CONTRIBUTIONS TO PRACTICE-ORIENTED RESEARCH. PART I: MICROANALYSIS OF COMMUNICATION

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The four articles in this special section introduce the microanalysis of face-to-face dialogue as a research method that can broaden the current evidence base to encompass the details of communication between therapist and client. Because microanalysis is the reliable, moment-by-moment observation of actual communication sequences, it is also directly related to practice, training, and supervision.

WHAT IS EVIDENCE-BASED PRACTICE?

Evidence-based practice is in our zeitgeist. A widely cited definition of evidence-based practice is “integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996, p. 71). However, in both mental health and medical spheres, “evidence-based” has come to have a much narrower focus, limited to studies that conducted randomized controlled trials (RCTs), which compare the outcomes of different treatments or a treatment and a control condition. Many professional associations and government agencies consider RCTs as the “gold standard” of evidence-based research.

Kazdin (2008) reminded researchers and practitioners that evidence-based practice remains a broader concept than RCTs alone and that truly evidence-based practices require a more diverse evidence base. He went so far as to suggest that when the evidence is limited to RCTs, we should use narrower terms, such as *empirically supported treatment* or *evidence-based treatment*. This would preserve the

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original Sackett et al. (1996) definition of evidence-based practice, which includes both clinical expertise and the best available research evidence.

Several others have also argued against exclusive reliance on RCTs for psychotherapy practice; for example, Chambless and Hollon (1998), the American Psychological Association's (2005) Task Force, and Bavelas (2011). In particular, Kazdin and Nock (2003) pointed out that one effect of exclusive reliance on RCTs is a paucity of evidence about mechanisms of change, that is, "evidence for why or how treatment works" (p. 1116). Only methods different from RCTs, ranging from lab experiments to process research, can elucidate mechanisms of change.

It is unfortunate, in our view, that Nock (2007, p. 8S) subsequently made it clear that his definition of mechanisms of change included only psychological or biological processes within the client and explicitly excluded the actions of the psychotherapist, such as the therapist's communication. We continue to advocate the position (e.g., Bavelas, McGee, Phillips, & Routledge, 2000) that therapists' communication is an essential aspect of why and how treatment works. Therefore, research into *communication processes* is also a contribution to broadening the evidence base.

COMMUNICATION AND CO-CONSTRUCTION

Reddy (1979) pointed out that there is a widespread tendency to minimize communication as a mere carrier of information; he called this the "conduit metaphor" of communication. We often see this mistaken assumption in psychotherapy, when communication is seen as simply the conduit through which the therapists' model or expertise travels on its way to influencing the clients' cognitive, emotional, or biological processes. A more contemporary view emphasizes the co-constructive nature of therapeutic conversations (e.g., de Shazer, 1991). Solution-focused brief therapy (SFBT) has particularly emphasized the central importance of language in psychotherapy (e.g., De Jong & Berg, 2013; de Shazer, 1994). It is therefore not a coincidence that research on therapeutic communication is especially active in SFBT.

If we begin to take seriously the proposal that a therapeutic conversation shapes both the information and the meanings that emerge during the conversation, then close attention to *how* this happens is an essential addition to the evidence base. If effective practice is the ultimate goal of evidence-based research, then it is logical and practical that some research should include studies of actual practice, that is, direct observation of what practitioners do in their sessions. It is obvious (though often taken for granted) that what "talking therapists" do is communicate with their clients. We propose that, contrary to Nock's (2007, p. 8S) position, these observable communicative actions are themselves potential mechanisms of change: Communication is the essential and immediate link between the skills and knowledge that a therapist brings to a session and any changes that can occur for a client.

INTRODUCING MICROANALYSIS RESEARCH

This special section on the microanalysis of therapeutic communication takes seriously the need for detailed research into therapeutic communication. Microanalysis of face-to-face dialogue, which developed in experimental research and draws on experimental findings (e.g., Bavelas, 2011), has proven to be a reliable method for analyzing videos of therapy sessions in order to uncover the moment-by-moment details of communication. In the first article, De Jong, Bavelas, and Korman (2013) review the development of the principle of *co-construction* and point out that, while widely invoked, it has remained largely theoretical rather than observable. In order to show how microanalysis can fill this gap, they briefly introduce its basic principles and illustrate how it is possible to observe directly the therapist's contributions to co-construction within a session. The three articles that follow describe specific research projects using microanalysis to understand specific therapeutic practices.

Korman, Bavelas, and De Jong (2013) focus on a familiar therapeutic technique (often labeled paraphrasing or reflecting), which is called *formulation* in the research literature. They show how a therapist's formulation of what a client has said is far from neutral; it will inevitably preserve some parts but will also omit, alter, or even add to what the client said. By a systematic comparison of the formulations at the beginning of sessions by experts from three different approaches, they confirmed their prediction that the SFBT experts preserved more of the client's exact words and added less of their own than did the experts in Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI).

Jordan, Froerer, and Bavelas (2013) examine a different therapeutic choice, which is whether to focus on *positive or negative topics*. They analyzed everything the therapist and client said in each of six full sessions, three by SFBT experts and three by CBT experts. As predicted, the SFBT therapists were significantly more likely to talk about positive aspects of the client's life than were the CBT experts. The analysis also showed that, across all six therapists, when the therapist talked about something negative, the client's next turn was highly likely to be negative as well, whereas positive talk by the therapist led to positive talk by the client. The study by Froerer and Jordan (2013) builds on the two above studies by examining positive and negative content in formulations by SFBT experts. The results showed how these experts created *solution-building formulations* that implemented two key principles of the SFBT model: First, the content of their formulations was more likely to be positive than negative. Second, when they preserved the client's exact words, it was more likely to be in a positive formulation. Their step-by-step analysis procedure demonstrates how clinicians can examine their own formulations as an essential component of co-construction.

REFERENCES

- American Psychological Association. (2005). *Report of the 2005 Presidential Task Force on evidence-based practice* (pp. 1–28). Washington, DC: Author.
- Bavelas, J. (2011). From the lab to the therapy room. Microanalysis, co-construction, and solution-focused therapy. In C. Franklin, T. Trepper, W. J. Gingerich, & E. McCollum (Eds.), *Solution-focused brief therapy: From practice to evidence-informed practice* (pp. 144–162). Oxford, UK: Oxford University Press.
- Bavelas, J. B., McGee, D., Phillips, B., & Routledge, R. (2000). Microanalysis of communication in psychotherapy. *Human Systems: The Journal of Systemic Consultation & Management, 11*, 47–66.
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66*, 7–18.
- De Jong, P., Bavelas, J. B., & Korman, H. (2013). An introduction to using microanalysis to observe co-construction in psychotherapy. *Journal of Systemic Therapies, 32*(3), 17–30.
- De Jong, P., & Berg, I. K. (2013). *Interviewing for solutions* (4th ed.). Belmont, CA: Thomson Brooks/Cole.
- de Shazer, S. (1991). *Putting difference to work*. New York: W. W. Norton.
- de Shazer, S. (1994). *Words were originally magic*. New York: W. W. Norton.
- Froerer, A. S., & Jordan, S. S. (2013). Identifying solution-building formulations through microanalysis. *Journal of Systemic Therapies, 32*(3), 60–73.
- Jordan, S. S., Froerer, A. S., & Bavelas, J. B. (2013). Microanalysis of positive and negative content in solution-focused brief therapy and cognitive behavioral therapy expert sessions. *Journal of Systemic Therapies, 32*(2), 46–59.
- Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63*, 146–159.
- Kazdin, A. E., & Nock, M. K. (2003). Delineating mechanisms of change in child and adolescent therapy: Methodological issues and research recommendations. *Journal of Child Psychology and Psychiatry, 44*, 1116–1129.
- Korman, H., Bavelas, J. B., & De Jong, P. (2013). Microanalysis of formulations in solution-focused brief therapy, cognitive behavioral therapy, and motivational interviewing. *Journal of Systemic Therapies, 32*(3), 31–45.
- Nock, M. K. (2007). Conceptual and design essentials for evaluating mechanisms of clinical change. *Alcoholism: Clinical and Experimental Research, 31*, 4S–12S.
- Reddy, M. J. (1979). The conduit metaphor—A case of frame conflict in our language about language. In A. Ortony (Ed.), *Metaphor and thought* (pp. 284–324). Cambridge: Cambridge University Press.
- Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. *British Medical Journal, 312*, 71–72.