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Journal id: CCPQ_A_268436

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Title: RESEARCH DIGEST

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RESEARCH DIGEST

5 **Grief counselling**

Larson, D. G., & Hoyt, W. T. (2007). What has become of grief counseling? An evaluation of the empirical foundations of the new pessimism. *Professional Psychology: Research and Practice*, 38, 347–355.

10 An ethical mandate for all counsellors and psychologists is that they act in a
manner to avoid harming their clients. It is of some concern, therefore that over
the past 7 years a number of professional journals have published articles in which
the possible harmful effects of grief interventions are cited. Larson and Hoyt
15 (2007) have been sufficiently alarmed at these assertions to explore the origins
and validity of the findings that have led to this pessimistic view of grief
counselling. Their article describes the authors' exploration for research evidence
of the negative characterization of grief counselling. Their exploration is thorough
and enlightening. They cite the critical research article of R. A. Neimeyer (2000)
20 where he reported that more than one third of grief counselling clients were worse
off at the end of treatment than they would have been in the absence of treatment.
Careful reading of this article, however, revealed that the findings are based on a
student's unpublished dissertation (Fortner, 1999) using a statistical procedure of
questionable validity. A post hoc blind peer review of the statistic and the findings
25 reported by Fortner (1999) concluded that the statistic is seriously flawed and
that "there is no valid basis for the claim that 38% of grief counselling clients
suffered deterioration" (p. 349).

The problem with this flawed finding is that numerous subsequent articles in a
number of professional journals have cited Neimeyer (2000) and this has led to
the misleading impression that findings are based on empirical data and statistical
30 analyses that have been subjected to peer review, which is not the case.
Furthermore, Larson and Hoyt (2007) found that when the research community
accepted Fortner's (1999) claim as scientific fact the tendency was for researchers
to omit or distort findings that provided a counterview. One is reminded of
Kuhn's (1962) work on paradigmatic shifts, and scientist's resistance to
35 anomalies when reading the author's accounts of such distortions. As Larson
and Hoyt (2007) note "the widespread acceptance of [Fortner's] findings
among researchers and practitioners interested in issues of grief and loss

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represents a breakdown in this validity-enhancing system and suggests lessons for both groups in the interest of creating a scientific research culture that will inform, rather than misinform, practice” (p. 353).

The paper, therefore, provides readers with a clear rebuttal to the claims that a large proportion of clients are harmed, effect sizes for grief counselling outcome studies are zero, and grief counselling is especially harmful for normal grievers. It also provides researchers, editors, reviewers and therapists with some useful reminders to read the cited sources and become active and critical evaluators of research literature, and it challenges editors of principal journals responsible for propagating the findings to publish retractions and prevent future citations of them.

References

- Fortner, B. V. (1999). *The effectiveness of grief counseling and therapy: A quantitative review*. Memphis, TN: University of Memphis.
- Kuhn, T. S. (1969). *The structure of scientific revolutions*. Chicago: University of Chicago Press.
- Neimeyer, R. A. (2000). Searching for meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24, 541–558.

Couple therapy

Davis, S. D., & Piercy, F. P. (2007). What clients of couple therapy model developers and their former students say about change. Part I: Model-dependent common factors across three models. *Journal of Marital and Family Therapy*, 33, 318–343.

Davis, S. D., & Piercy, F. P. (2007). What clients of couple therapy model developers and their former students say about change. Part II: Model-independent common factors and an integrative framework. *Journal of Marital and Family Therapy*, 33, 344–363.

While there is current debate on the wisdom of continuing comparative efficacy research (Duncan & Miller, 2000; Wampold, 2001), interest in what helps people make positive changes remains a focus of counselling and psychology research. In these two companion papers the role of both common factors and specific therapeutic model interventions in couple therapy is explored and a framework to interpret and describe how change occurs across specific treatments is developed.

75 In the first paper, the authors describe, extensively, the qualitative research methodology used, including actions taken to improve credibility, ways in which anomalies were addressed and the chronology of analysis. Findings came from interviews conducted with three couple-therapy model developers, their former clients, their former trainees and the trainee's former clients. The models were emotionally focused therapy, cognitive-behavioural marital therapy and internal family systems model. The focus of the first article was model-dependent
80 themes that helped promote positive client change. These included therapist conceptualization of the problem (including model-specific conceptualizations such as attachment theory and common conceptualizations such as the influence of family of origin on current behavior or cognitions); clients' initial conceptualizations and the way that clients adopted the model of the therapist;
85 common interventions such as raising awareness of the interactional cycle and use of metaphor; model-specific interventions; and common outcomes which included softening and making space for the other person.

The companion paper described the model-independent variables that were found to promote client change and presented a general framework outlining
90 how model dependent and model independent common factors interact to produce change. Model-independent themes included therapist variables, client variables, the therapeutic alliance, therapeutic process and expectancy and motivational factors. While these appear to confirm Lambert's (1992) common-factors findings, the use of interviews has allowed the authors to include several
95 subcategories not previously detailed in the common factors literature. Examples include the expansion of therapeutic alliance to include comments from clients highlighting that their trust of a therapist often followed successful experiences and therapist comments that their respect for clients developed when the saw clients working hard and taking risks. Furthermore, both clients
100 and therapists mentioned the value of repetition to help encourage positive change.

The findings also support research that highlights the importance of both the beginning stages of therapy and client resourcefulness in promoting positive
105 change. A major finding, however, was that the clients benefited from each of the three therapies, but this benefit was noticeable particularly if they viewed their therapist and his or her model as offering a credible explanation for how they got into their problem and how to get out of it. The main implication of this finding is that while therapists should focus much of their own development on helpful common factors, they should supplement this development with knowledge of
110 some specific models of therapy.

References

Duncan, B. L. & Miller, S. D. (2000). *The heroic client: Doing client directed, outcome-informed therapy*. San Francisco: Jossey-Bass.

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- 115 Lambert, J. J. (1992). Psychotherapy outcome research: Implications for integrative and eclectic therapists. In J. C. Norcross & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York: Basic Books.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models methods and findings*. Mahwah, NJ: Erlbaum.

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