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The Triple Threat of Bridging Research, Theory, and Practice

David H. Olson

It is both an honor and a privilege to write a short autobiography about how I became a family psychologist. First of all, it is interesting that only in the years since APA established Division 43 of Family Psychology have I felt comfortable using that as my professional label. Being a Family Psychologist enables me to bridge the two areas that I feel most comfortable with professionally, that is, the family profession and psychology. Previous to this time, I had often called myself a psychologist, a family specialist, a marriage and family therapist, and Professor of Family Studies. Now that I am finally comfortable with a professional identification, let me begin by describing the paths that I took to becoming a family psychologist.

BECOMING A FAMILY PSYCHOLOGIST

Although I was interested in psychology as an undergraduate, I never knew where that discipline would take me. I always attempted to follow my interests, which have pulled me in the direction of trying to better understand intimate relationships.

Roots in Family of Origin

I grew up in a traditional Norwegian family that was Lutheran and lived by the Protestant work ethic. Both of my parents were very supportive of me emotionally and also helped me financially when I needed resources to finish

school, even though it meant a sacrifice for them. They were loving parents and were extremely hardworking, always willing to sacrifice for both their sons. My father was an engineer by training but he and my mother ran a hardware store together during most of my years in elementary school through high school.

Although my parents valued education, they did not pressure me to go to college; nonetheless, they were always happy with whatever my achievements were. In their concern for us fitting into the American culture, they were unwilling for us to learn Norwegian, even though they spoke it in private with relatives and friends. All in all, they were extremely supportive of me and were always pleasantly surprised when I achieved in anything, including sports or education.

I grew up surrounded by most of my father's and mother's family and relatives. At times, I felt like I could not "get away with" anything because relatives were always emotionally and/or physically present. Being the oldest child in my family, and also the oldest male in my generation in my father's family (and he was also the oldest child), I often felt responsible for doing well in whatever I did so as not to embarrass my parents or relatives. This feeling was often a guiding force even though the pressure was often self-imposed and more implicit than explicit.

Concept of Balance

As I was born a Libra, it might seem logical that the concept of balance would play an important part in my life. I didn't realize how important balance was until the last few years. First of all, balance is a critical concept in bridging research, theory, and practice. It is impossible to be effective at integrating these domains unless you have competence and interest in all three domains and are willing to balance your time between them. It means, therefore, that I cannot be a full-time researcher, a full-time teacher, or a full-time therapist. It has also helped me to constantly balance time and energy between these domains.

The concept of balance also is important in my daily life, in which I try to balance work, my couple and family relationships, and time for myself. Here, too, balance is a critical concept because it emphasizes the need to juggle multiple tasks and demands and to realize that balance is a dynamic process that must always be a part of one's awareness. Balance also is a major concept in the Circumplex Model of Marital and Family Systems, which will be described later.

Professional Heritage

Training in Psychology

I received my bachelor's degree in psychology from St. Olaf College (1962) and my master's in psychology from Wichita State University (1964). Then I went on to complete my doctorate at Pennsylvania State University (1967) and took postdoctoral training in marriage and family therapy at the University of Minnesota (1968). At each stage in this process, I was not sure where exactly the next stage would lead. In fact, when I started my bachelor's degree, I assumed I would become an M.D., until I realized how squeamish I was about dissecting animals and how much I disliked chemistry. A real turning point in my goals came when I worked at a residential treatment center for severely emotionally disturbed children.

Learning a Systems Perspective at a Resident Treatment Center for Children

After my bachelor's and master's degrees, I spent the two summers of 1962 and 1964 at a residential treatment center called Hathaway Home for Children in Pasadena, California. Working at that home with extremely emotionally disturbed children convinced me of the importance of a systems perspective. After working with some of these disturbed children for a few weeks, the staff could see considerable change and progress in their development. After sending these children home for just a day visit with their parents, however, we frequently saw the children regress.

The new staff were often surprised by this dramatic change but the ongoing staff assured them that regression after a home visit was very typical. However, they never developed any interventions with the parents to change their system, but simply saw this as one of the natural outcomes of the child's visit home. From that experience, I became increasingly convinced that in order to be effective in the long run with these children, one needed to also work with the home environment where the children were to live after the treatment was completed.

Another significant learning experience from that Center was about systems and the importance of a team approach where all staff worked together to help the children. All the staff worked as a "cooperative team." This included the cooks, groundkeepers, the recreation workers, the teachers, houseparents, social workers, and psychiatrists. Daily and weekly staff meetings focused specifically on how to treat particular children that week. This "team approach" impressed me in terms of its effectiveness, and also in the

mutual respect and support that this approach generated among the staff. Since that time, I have often tried to develop a "team approach" in the projects I have directed.

Bridging Family and Psychology

At Penn State, I was involved in both the Family Relations program and the Clinical Psychology program (1964-1967); at that time, I was one of the few students who tried to bridge the two areas. After completing the Clinical Psychology sequence and having worked with Carlfred Broderick in learning about family theory and research, I tried to encourage the Psychology Clinic to allow me to see couples and families. This initial request was refused, but ultimately a strategic move enabled this to happen.

My first marriage counseling (now called marital therapy) case was quite important in my professional development. No couples had at that time (1965) been seen at the Psychology Clinic on campus. My first clinical case was a male exhibitionist who had been caught three previous times on campus and was required to come to the clinic. As we were trained in the Rogerian approach, I did my best to be an understanding and empathic listener.

At about the same time a colleague in my class, Craig Messersmith, began seeing a woman who had phobic reactions to snakes. Although he was a better Rogerian therapist than I because this approach was compatible with his personal style, he had great difficulty getting this woman to discuss anything, whereas my client was very happy to come to all of the sessions and talked incessantly, even about feelings.

One day after our supervision class, it became obvious that these two people were husband and wife. I thought it would be ideal to see them together, even though I didn't know much about marriage counseling. When we recommended to our clinical supervisor that we see these people as a couple, he denied our initial request. Knowing that he had done his dissertation on Rogerian group therapy, we then proposed that we establish a small group with two therapists and this couple. The supervisor was willing to try this idea as long as it was videotaped and supervised.

In brief, the outcome of the case was quite dramatic. Even though we were both inexperienced therapists, we found the dynamics in the couple very interesting and revealing. Whenever the husband would try to talk, his wife would interrupt and become generally disruptive. After several sessions of focusing on their communication style and working primarily on their relationship, the individual symptoms that they had exhibited seemed to "magically disappear." It seemed magical because we did not focus specifically on the individual symptoms and yet they seemed to become less frequent and less problematic. More specifically, he no longer had the urge to be an

exhibitionist and her phobic reaction to and fantasies about snakes disappeared. This case helped to crystallize in my mind the importance of working with a couple as a system.

Postdoctoral Training in Marital and Family Therapy

After completing my doctorate in 1967, I had to decide between doing a traditional psychology internship or a postdoctoral program in marriage and family. Because I did not feel adequately trained to work with couples or families, I chose the latter. I was fortunate to be accepted into the postdoctoral training program in marital and family therapy at the University of Minnesota. This unique program was directed by Dr. Gerry Neubeck and Dr. Richard Hey who were pioneers in marriage counseling. From that experience, I had the opportunity to work with all types of couples and families in a variety of settings. That year's experience increased my commitment to the field of marriage and family therapy.

At that time (1967), marriage counseling was still in its infancy and very little was even known about family therapy. A few mavericks were starting to discuss seeing families together. In 1961, Don Jackson and a few colleagues launched *Family Process* as a professional journal. During that time, Virginia Satir, Jay Haley, Lyman Wynne, Murray Bowen, and Nathan Ackerman were among the most visible family therapists.

Spirit of Creativity

In many ways, I felt like a maverick in trying to bridge psychology and the family field both in my doctoral training and my postdoctoral work. It was often difficult for many in traditional academic departments to see the need to pursue the integration of these fields. Frequently this occurs because most academic departments reward professors for work that will directly advance their own discipline and typically it is easier to publish and work within one specific discipline than to bridge or integrate perspectives. I was convinced, however, of the value of integrating these disciplines even though I was not sure how this could be accomplished.

MAJOR THEMES AS A FAMILY PSYCHOLOGIST

Most of my contributions to the field would never have occurred if I had not teamed up with exceptional colleagues and doctoral students. Much of my work has been done in teams, which I believe facilitates collaboration and cooperation versus competition. Working with teams continues to be a grat-

ifying and effective way of developing ideas, projects, and inventories for me. The following are some of the major themes and projects that I have worked on over the last 20 years.

Bridging Research, Theory, and Practice

If there is one theme that has been characteristic of my work, it is the attempt to bridge the domains of research, theory, and practice (Olson, 1976, Chapter 23). When I wrote my first paper elaborating on this approach, I described the advantages of working collaboratively to therapists and researchers. I called this the *triple threat approach* because this integrative idea enhances each of these separate domains in a way that cannot be done if each domain is focused on independently. The term *triple threat* comes from a situation in football where a quarterback has an option to do three things: run with the ball, lateral the ball, or pass.

One of my secretaries mistyped triple threat as triple *treat.* This fortuitous typing error helped to clarify for me that this approach is also a treat in that it is more enjoyable and exciting for me than working in any of these three areas separately. One of the ways that I have endeavored to integrate these three domains is through the development of marriage and family inventories.

Even my first published article focused on developing a *Premarital Attitude Scale* (Olson, 1967) and illustrating how it could be integrated into teaching the class and also be used to assess the attitude change resulting from the class (Olson & Gravatt, 1968). Another example of this integrative approach was an attempt to describe how the SIMFAM family interaction game (developed by Murray Straus, who was then at the University of Minnesota) could be used for research and theory building and as a diagnostic tool for marital and family therapy (Olson & Straus, 1972).

Treating Relationships

My first book, called *Treating Relationships* (Olson, 1976), focused on another theme that has been central to my professional career. Having worked with individuals exhibiting all types of symptoms, it became more and more clear that their problems also affected other people and were linked in causal ways to the relationship with these "significant others," whether parents, spouses, or close friends. Therefore, it seemed increasingly obvious that these people could be helpful in the treatment process.

At that time, many of the therapists who were also doing research on couple and family therapy were psychologists. In fact, *Treating Relationships* contained chapters by many of the leading family psychologists: James Alexander on "Behavioral Systems Therapy for Families," Gerald Patterson on "Parents and Teachers as Change Agents," Richard Stuart on "An Operant Interpersonal Program for Couples," Elaine Bleckman on the "Family Con-

tract Game," Bernard Guerney on "Conjugal Relationships Enhancement Program," Louise Guerney on "Filial Therapy Program," and David Fournier on "Diagnosis and Evaluation in Marital and Family Therapy." (See Chapters 5 and 10, respectively, in this volume for long contributions by B. Guerney and Alexander).

Marriage and Family Inventories

I have greatly enjoyed both the process and outcome of developing more than 15 different marriage and family inventories. These are increasingly being used nationally and internationally by people in various disciplines for research and clinical work with couples and families. My interest in developing them comes from my background in psychology, where I was trained to be concerned about reliability, validity, and clinical utility. It also fits with the "dust bowl empiricism" which I apparently acquired from living and being educated at the University of Minnesota.

I began developing inventories when I was a doctoral student; my first inventory was the "Premarital Attitude Scale" (PMAS) (Olson, 1968). The PMAS eventually led to the development of PREPARE and ENRICH, premarital and marital inventories that are now computerized (Olson, Fournier, & Druckman, 1980). Both of these inventories are extensively used and have achieved high levels of reliability, validity, and clinical utility (Fowers & Olson, 1986). PREPARE has now been taken by over 250,000 premarital couples and ENRICH has been taken by at least 100,000 married couples.

The most comprehensive series of self-report inventories was developed by a team that included Hamilton McCubbin, Howard Barnes, Andrea Larsen, Marla Muxen, and Marc Wilson. They are published in a volume entitled *Family Inventories* (Olson et al., 1982); it includes FACES, Parent-Adolescent Communication, Family Strengths, and several other self-report scales. These scales were all used in a national survey of 1,000 nonclinical families and the results of that survey are published in the book *Families: What Makes Them Work,* completed by the same collaborative team (Olson et al., 1983).

Insider Versus Outsider Perspectives

When I initially wrote the paper entitled "Insiders' and Outsiders' View of Relationships" (Olson, 1977), I did not realize how much of my work and ideas would build on this theme and how many theoretical and assessment issues are raised by this distinction. In both clinical and research work, the insider's perspective focuses on feelings and thoughts and is often measured by self-report methods. The outsider's perspective includes observing behavior and rating it either subjectively or with some objective rating scale.

Therapists and researchers are now increasingly aware of the different types of information these two perspectives and methods provide. The fact

that the two approaches do not tend to correlate has raised some important questions about validity. While some maintain that one approach is most valid, I maintain that both are valid and each is different and important.

Because of their differences, it is essential that in clinical work and in research that both perspectives be utilized. More specifically, self-report and observational approaches must be used together to capture the complexity of family systems.

Not only did we discover that self-report and observational methods do not correlate very highly, but family members do not agree with each other on how they each see their own family. In our study of 1,000 nonclinical couples across the family life cycle (Olson et al., 1983), the average correlation between family members on all the self-report scales was moderate (r = .35-.45). Because of this low correlation between family members, we have developed a variety of couple and family scores which can be used to help capture the complexity of the family system (Larsen & Olson, 1990; Olson et al., 1983).

The Circumplex Model of Marital and Family Systems

One of the major ways I have found of integrating my knowledge about couple and family systems is with the Circumplex Model. It has also enabled me to bridge research, theory, and practice and this has been facilitated by developing both self-report and observational inventories. The self-report inventories include *Family Adaptability and Cohesion Evaluation Scales* (FACES), and the *Clinical Rating Scale* (CRS) that can be used by observers or therapists (Olson & Killorin, 1985). FACES (Versions I, II, and III) has been used in more than 500 studies since the first version was introduced in 1979; more than 150 of these studies are now completed.

The Circumplex Model was developed in the late 1970s with Douglas Sprenkle and Candyce Russell who were then doctoral students in Family Social Science at the University of Minnesota. It was an attempt to conceptually integrate a diverse set of clinical concepts that were emerging from the fields of family therapy and family sociology, and from studies of small groups. The three dimensions that consistently seem to emerge as underlined dimensions were *cohesion, adaptability,* and *communication.*

Since the initial work on the Circumplex Model (Olson, Sprenkle, & Russell, 1979), we have collaborated on more than 10 articles that have reviewed the growing research on the Model and the value of the Model in clinical assessment, treatment planning, and intervention. The most recent publication that brings together some of the clinical applications of this Model is in the book, *Circumplex Model: Systemic Assessment and Intervention* (Olson, Russell, & Sprenkle, 1989).

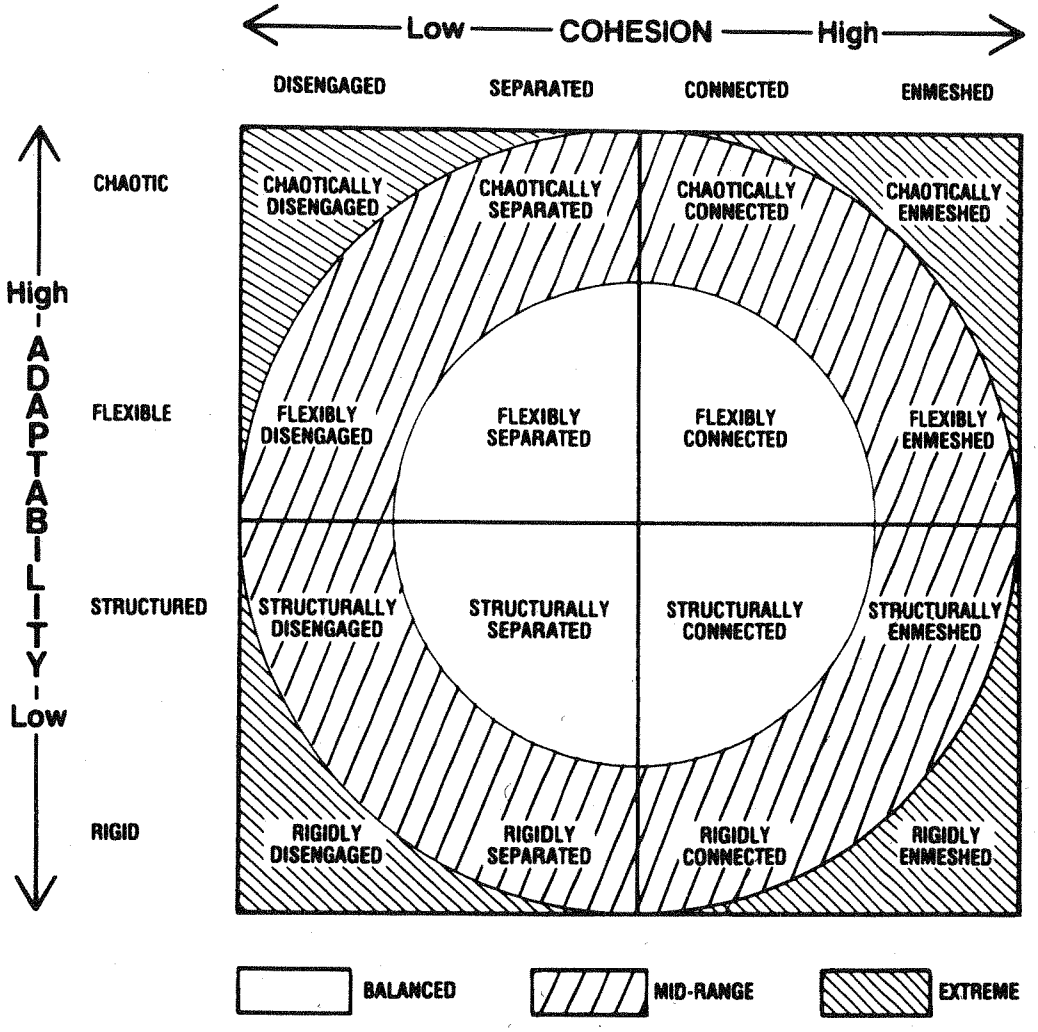

Figure 17.1. Circumplex Model: Sixteen Types of Marital and Family Systems

The Circumplex Model is a systemic model (see Figure 17.1). It was initially developed for understanding couple and family systems, but it is also being used for understanding other organizational systems, that is, departments or small working groups, or larger systems. It has also been expanded for use at the ecosystemic level to describe how organizations work together as a system.

More specifically, Don-David Lusterman (1989) has recently written a paper illustrating how, in working with a problem child, it is important to involve a collaborative team that includes representatives from other system levels, that is, school administrators, teachers, the juvenile officer, the school psychologist, the therapist in a community, and the parent(s). He uses the Circumplex Model to understand and describe how well these people work

as an effective system, which determines how effective they will be in helping the child. (See Lusterman, Chapter 12, Volume 2 of this work.) In other words, this systemic model can be used from the dyadic level to a macrolevel in understanding and changing dynamics within these systems.

Other professionals have built on the Circumplex Model and integrated it with family-based and interdisciplinary programs. It has been used as the core of a family enrichment program (Carnes, 1981); as the base for a "System Map" for describing couple, family, and work relationships (Miller, 1988); and in the field of speech and communication (Galvin & Brommel, 1986).

Multisystem Assessment of Stress and Health (MASH) Model

My most current work builds upon my interest in individual and system level perspectives and my work on stress and coping in couple and family systems. Combining these two perspectives has enabled me to develop a new model called the *Multisystem Assessment of Stress and Health* (MASH) model. The MASH model theoretically builds on the assumption that stress impacts a system, which then triggers coping resources; the effectiveness of these resources determines the final level of adaptation. This basic model is multisystem because it can be applied at the individual, couple, family, and work level. The model provides a way to look at stress, coping, and adaptation across multisystem levels. This enables one to have a more comprehensive perspective on a person's life and assess the total impact of these various components on a person's life and well-being.

A new inventory called *Health and Stress Profile* (HSP) was developed to assess the four major dimensions of stress, system, coping resources, and adaptation at the four system levels of individual, couple, family, and work. These self-report scales have been integrated into the HSP. The HSP is computerized and designed so that a computer report summarizing the data and providing recommendations can be given to the individual. The computerized approach also enables us to conduct ongoing and systematic studies of the theoretical model and the effectiveness of programs which might build upon this assessment procedure.

THE FUTURE OF FAMILY PSYCHOLOGY

I will briefly describe what I see as some of the critical issues confronting the field of family psychology today and in the next two decades.

Integration of Theoretical Models and Therapeutic Approaches

While conceptual and therapeutic diversity is important, there is increasing need and interest for the field to explore ways of integrating the theoretical models and therapeutic approaches that have been developed over the last three decades. Theoretically, it is clear that the three central dimensions of many of the models developed to date include family cohesion, adaptability, and communication. How these are integrated and utilized for research and clinical work represents a major challenge for the field to continue developing.

Many of the gurus of family therapy have developed major intervention approaches, yet it is increasingly obvious that *no one approach can be used for treating all types of couple and family problems.* I perceive the major therapeutic orientations to be strategic therapy, structural therapy, systemic therapy, communication approaches, behavioral therapy, and cognitive therapy. Each of these approaches has its unique clinical interventions and all are at times useful.

Much could be gained from considering these therapeutic approaches and their specific techniques as simply "tools of the trade" that should be in the repertoire of all marriage and family therapists. In that way, therapists could select the most appropriate techniques for the kind of presenting symptoms experienced by their clients. We must hope that what type of interventions works best for what type of problems will also become more clear.

One of the major gaps in the field is the lack of adequate linkage between family assessment and family intervention techniques. Part of this is a consequence of the lack of systematic use of family assessment tools for doing diagnosis. Too often today, family therapists base their assessments exclusively on their own subjective evaluations and they rarely use objective family assessment tools. The use of self-report methods is particularly compatible with the orientation and training of psychologists.

Comprehensive assessment is critical in order to determine what type of interventions with what type of family system with what type of presenting symptom(s) are likely to be most effective. In that regard, the Circumplex Model is particularly useful because it enables one to do a multimethod assessment using both self-report assessments from various family members and a therapist rating using the Clinical Rating Scale.

Linking Family Assessment with DSM IV

In order for marital and family therapy and systemic perspectives to be more integrated for treating individuals, it is critical that the assessment link

individual symptomatology (physical and emotional) with significant others in their lives, which is typically their couple and family relationships. At the present time, Florence Kaslow and myself are cochairing a Task Force within APA's Division 43 to explore ways in which family assessment, diagnosis, and classification can be integrated into DSM IV and ICD X. Within the American Psychiatric Association, Dr. Hurta Gutman and colleagues are working on a GAP (Group for the Advancement of Psychiatry) Report that is also addressing this major topic within psychiatry.

It is hoped that, as assessment of individual symptoms, both psychological and physical, also includes significant others in the person's life, it will become obvious that these people should also be included in the treatment process. Hence, marital and family intervention will, thereby, become the treatment of choice for an increasingly broader range of individual and relationship problems.

Although this integration is partially driven by marriage and family therapists who want third-party payments for their services, it also has a potential for making a significant contribution and impact, both theoretically and therapeutically.

Collaborative Projects

There needs to be increasing efforts to integrate the three domains of research, theory, and practice. This integration can do much to facilitate the development of each of the areas. This cannot be accomplished, however, unless researchers, theorists, and therapists collaborate as teams rather than work in isolation from each other.

One critical problem that can be addressed in these collaborative projects is the relationship between self-report and observational approaches. This question is important conceptually, methodologically, and clinically. Because most past research has indicated a lack of congruence between a family member's perspective and a therapist's perspective, this raises the issue of which approach is most valid. I believe each approach is appropriate and valid in its own right. Until we have a clearer understanding of when these discrepancies occur and do not occur, however, we will not be able to clearly understand the dynamics within the "family-therapist system."

SUMMARY AND EPILOGUE

Having been a part of the process of seeing the field of marriage and family therapy grow from its infancy, it is gratifying to see the dramatic progress that has been made in just 25 years. While the excitement and enthusiasm of this approach has created much vigor among both academicians and practi-

tioners, it is critical that increasing scientific rigor be used to improve and expand our theoretical basis, our clinical assessments, and our therapeutic interventions.

Personally, I am committed to further developing the Circumplex Model as a theoretical model and as a tool for clinical assessment, treatment planning, and intervention. I am also planning to continue to develop and refine a range of couple and family inventories that have high reliability, validity, and clinical utility. I am increasingly moving toward a multisystem perspective of bridging individual, couple, family, and work systems, particularly regarding how they cope with stress. As Churchill once said, "This is not the end. It is not even the beginning of the end. Let us hope it is the end of the beginning."

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