

## INTEGRITY OF THE MARRIAGE AND FAMILY THERAPY RESEARCH LITERATURE: PERCEPTIONS AND RECOMMENDATIONS

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*Reports of falsification, fabrication, plagiarism, and other violations of research integrity across the sciences are on the increase. Joining with other disciplines to actively protect the integrity of the marriage and family therapy (MFT) research literature is of utmost importance to both the discipline and the future of the profession. To inform the issues raised, results are presented of an informal survey among MFT clinical members on their perceptions about the literature together with their preferences for how best to protect its integrity. This article initiates an important discussion about the honesty of MFT research.*

At one time the bulk of the marriage and family therapy (MFT) literature consisted of books and speculative essays by the well-known personalities in the field. Beyond the behavioral treatments for marital communication, these early propositions were untested. Research contributions to the MFT literature began in earnest in the 1980s. Later, Gurman and Kniskern (1981) and Gurman, Kniskern, and Pinsof (1986) were the authoritative scientific voices through excellent reviews that were published over several years in different therapy handbooks. Their work established a scientific foundation for the discipline.

Ten years later it was built upon by meta-analytic work distilled from a trove of outcome studies. In 1995 the special edition of the *Journal of Marital and Family Therapy* on research efficacy/effectiveness punctuated the arrival of MFT as a science-based discipline and practice (Pinsof & Wynn, 1995). Since then, incorporating science into clinical work and developing a science-based literature have become clear trends for MFT (Crane, Wampler, Sprenkle, Sandberg, & Hovestadt, 2002; Sprenkle, 2002, 2005).

Key to the usefulness of a science-based literature is whether the research that comprises it is honest and accurate. Cheating (e.g., fabricating and falsifying findings, plagiarism, exploitation of research participants, and conflicts of interest) has a long history among all the sciences. As of this writing (2006), Google lists over 45,000 websites from a search on "research fraud," including reports that Galileo, Mendel, and other icons in science faked some portion of their data.

Today, science is big business and reports of misconduct have become routine (Steneck, 2002). From a regulatory point of view, the question has changed from whether researchers are cheating to how much is going on. Federal funding agencies are concerned enough about misconduct to staff two investigative offices: the Office of Research Integrity (ORI) at the National

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Institutes of Health and the Office of the Inspector General at the National Science Foundation. The Office of Research Integrity (2005) has documented an increase in actual reports of misconduct through 2004. For example, in 2002 there were 141 allegations of misconduct reported to the Office of Research Integrity, up from 127 the year before. More recent reports show a slight reduction in the number of institutions reporting new and continuing research misconduct—106 reported misconduct in 2004, 106 in 2003. Overall, however, the trends for reports of misconduct, at least involving federally funded research, are up.

In an effort to prevent misconduct and to strengthen institutional policies governing research integrity, the United States Department of Health and Human Services (DHHS) has issued guidelines for training federally funded researchers in the “Responsible Conduct of Research” or “RCR” (2000). A stipulation by DHHS that mandated training in RCR (e.g., human subjects protection, conflict of interest, plagiarism, data falsification or fabrication) of all applicants for DHHS funding was subsequently withdrawn; nonetheless, among research institutions in the United States, training in some aspect of RCR (e.g., human subjects protection) of all researchers, including students, is commonplace. Clearly, concern exists about the integrity of the research literature among research institutions and federal agencies responsible for investigating misconduct.

Marriage and family therapy has lagged behind this rising tide of increasing scrutiny and attempts at preventing misconduct. In fact, the AAMFT Ethics Code makes no mention of fabrication or falsification of research as violations of the Code (AAMFT, 2001). Now is past the time we can avoid responsibility for the veracity of our research literature. Like other disciplines, we are charged to hold ourselves accountable. Talking about the issues to raise awareness is a beginning, and the purpose of this article is to initiate a discussion, hopefully ongoing, about research practices in MFT and how we might best support integrity in our literature. To help frame the discussion, we will present the findings of a survey (random sample of 400 Clinical Members with 157 responding, 39%) conducted to learn the perceptions of MFTs about the integrity of the MFT research literature and what changes they might support to protect it. The ORI has commissioned a similar study among NIH-funded researchers to assess their perceptions on the extent of research misconduct (2006).

### IS RESEARCH IMPORTANT TO MFTS?

As a mental health discipline, MFT has focused on developing a cadre of skilled professionals, not skilled researchers. Testimony to this so-called professional model of training is the designation of the master’s degree as the terminal degree for solo practice rather than the PhD, which is considered a research degree. Although accredited training requires one course on research methods in the master’s curriculum, the focus at the master’s level is on clinical skills development rather than on research. This minimal requirement strengthens an accusation that rumbles around some academic departments where MFT and family science compete for resources; MFTs are more interested in the art of practice and not much interested in research.

We may need to reevaluate this perception because the results of our informal survey found that both clinicians and academics rated research “highly important.” Whether they consider it a necessary evil or part and parcel of the practice is not an important discrimination. MFTs may be more science-practitioner types (Crane et al., 2002) than has been recognized. Revising this image for ourselves and externally to other professionals has implications for training, the mission of AAMFT, as well as the place of research integrity in the foreground for both.

### DO MFTS HAVE EXPERIENCE WITH RESEARCH MISCONDUCT?

Fabrication, falsification, plagiarism, and false reporting are the most egregious forms of misconduct, and 27% of the respondents reported that they had personal experience with at

least one of these four. Disturbing as this may seem, any conclusions based on our survey should be considered speculative for several reasons, notwithstanding a somewhat low response rate. It may have been that respondents defined “experience” differently than our items intended or participants may have included incidents they merely had heard about, not personally witnessed or committed themselves. Nonetheless, the finding is cause for concern.

Similar studies in other disciplines also have found high rates of perceived misconduct. Jacobsen and Hals (1995) found that 27% of their sample of medical investigators knew about one or more cases of research misconduct. In another report, May, Campbell, and Doyle (1998) found that among addiction researchers, 47% of their pilot sample reported knowledge of research misconduct. These reports suggest that anonymous surveys on perceptions of research misconduct, at least among health care providers, may commonly yield perception rates in the 20–40% range.

In our judgment, as perception is reality in MFT parlance, these findings serve an alerting function that research misconduct does in fact make up part of the MFT professional context. It is going on, but we do not know how much or the extent to which our literature is already compromised.

### WHAT INITIATIVES MIGHT MFTS SUPPORT?

Regardless of the explanations that may temper any indictment of the MFT research literature, it is difficult to ignore them altogether and not actively consider steps that will protect its integrity. In considering what might be carried out, respondents endorsed some changes to our survey over others. With more than half of respondents choosing it, a clear front-runner requires authors of published research to at least affirm that their data are valid and reports are accurate. While no mere statement on a publication could by itself prevent dishonesty, it would remind the ignorant and possibly discourage a cavalier attitude about honesty.

Second, the MFT journals may wish to join the medical journals, including the *New England Journal of Medicine* and *Journal of the American Medical Association*, in requiring Institutional Review Board protocol numbers on publications (the title page of this article shows how such documentation appears). These journals also require a statement of any conflict of interest the researcher might have had due to financial support, consulting, or expert witness work. It would be prudent if MFT journals followed suit.

The same procedure could be applied to state and national conference submissions. AAMFT does now require prospective presenters of research on human participants at the national conference to affirm that “the research has received approval from the appropriate Institutional Review Board and the data have been collected in an ethical manner.”

A second tier of approved steps that might help included expanding ethics code provisions on research, devoting *Family Therapy Magazine* space to research integrity articles, requiring MFT researchers to complete integrity training, requiring researchers to expose multiple roles with participants and grantors, informing research participants of the AAMFT Ethics Code, and establishing goals by editorial boards for journals to boost research integrity.

Less than one third of the participants endorsed creating an anonymous reporting system for research integrity violations. Likewise, most did not want to require continuing education on research integrity, requiring authors to show confidentiality waivers, or electing journal editors and reviewers.

There is an important caveat in implementing any of these suggestions under the noble cause of enhancing the integrity of the MFT research literature. Anyone who is conducting research today knows all too well that the demands of record-keeping and reporting have become irksome and may in fact outweigh their usefulness as a means of preventing misconduct and/or promoting safety. Careful judgment is needed to determine which measures are likely to produce real change, which are too expensive, and which impose burdens of cost and time on

those least able to bear them. Monitoring is important, but so is establishing a climate within the discipline that instills high levels of integrity in the process of research as well as in clinical practice, training, and supervision. This climate involves more than the presence of rules to regulate behavior, although such rules help drive ethical discourse and create a tension among us that brings ethical practices to the foreground. We need more talk about research integrity, not more paperwork.

## QUESTIONS FOR RESEARCH

The research on research integrity documents that researchers do commit misconduct, that bias and conflicts of interest influence results, and that personal ambition clouds scientific values (Steneck, 2002). Our survey and this essay generate a number of important questions that will need addressing to understand more fully the influence of misconduct on the MFT literature and how to best protect it.

One question is whether MFT presents unique misconduct concerns compared with those found among researchers in other disciplines or whether particular types of misconduct are over-represented among MFTs. Qualitative inquiries implemented among established MFT researchers may help answer these questions. Follow-up surveys could address differences in violations committed versus those witnessed, and clarification could be made as to what situations leave researchers most vulnerable to unethical conduct. Another question involves understanding how we develop our perceptions of the literature and how personal experience with misconduct influences one's trust of the literature. A larger question well suited to MFT methods involves mapping contexts and identifying patterns that predict and forestall misconduct. Here again qualitative as well as quantitative methods will prove most useful.

Over the past 15 years, MFT has been marketed as a cost-effective mental health service that works. The research record has been and will continue to be the primary means of supporting this claim to the public and to the professional community. Experience tells us that a single incident of misconduct can destroy hard-earned credibility and derail and distract researchers from more productive avenues of inquiry. The same is true of malpractice, and to the credit of MFTs, a professional identity has evolved that is centered on practice ethics that protect clients. As a result, MFT malpractice insurance costs are low and there are grounds to assert that MFT is safer for clients than other modes of treatment (Brock & Coufal, 1994). Initiating a few changes in how MFTs behave as researchers will likely result in better protection of our research literature as well.

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