As well as providing a system for the conduct of empirically informed and multisystemic psychotherapy, the *Systemic Therapy Inventory of Change (STIC)* system provides an ideal platform for multisystemic and multidimensional supervision. The STIC system of measuring progress in systems-oriented therapy is useful for supervisors who are interested in utilizing progress measurement in supervision and the therapy they supervise. Chapter 14 in the accompanying book provides additional information and results from the use of the STIC system. After describing the instrument and its development briefly, suggestions are given for ways supervisors can use it in individual and group supervision.

**The STIC System**

The STIC® Measurement and Feedback System has four components: (1) the STIC INITIAL (INI) (Pinsof et al., 2009), an integrated set of client-report questionnaires that assesses six client systems with six distinct multidimensional “system” scales that are filled out by clients before the first session to identify clinical problems and establish their pretreatment level for tracking change; (2) the STIC INTERSESSION, briefer versions of the six INI system scales that are filled out by clients before every session after the first to track change over the course of therapy; (3) three brief alliance scales that are part of the INT to assess and track the Integrative Psychotherapy Alliance in individual, couple, and family
therapy (Pinsof, Zinbarg, & Knobloch-Fedders, 2008) over the entire course of therapy; and (4) psychotherapychange.org, a software system and website that collects clients’ STIC data, analyzes them, and feeds them back in real time to therapists and other clinical stakeholders.

**Descriptions of the Scales, Factors, and Items**

The first system scale, *Individual Problems and Strengths (IPS)*, assesses individual adult/adolescent functioning with 28 INI and 18 INT items that load on eight factors. Exemplary factors include Negative Affect, which taps anxiety and depression with items like “Felt tense or anxious” and “Felt sad most of the day,” and Open Expression, which addresses self-expression with items like “I can openly express my feelings” and “I can speak up for myself when the situation calls for it.”

The *Family of Origin (FOO)* Scale taps adults’ recollections of their family of origin when they were growing up with 22 INI and 12 INT items on six factors. Exemplary factors include Positivity, which addresses prosocial aspects of family life with items like “We knew how to have fun together” and “I knew I was loved in my family,” and Abuse, which taps psychological, sexual, and physical abuse with items like “I was afraid of someone in my family” and “Someone in my family pushed people around physically to get his or her way.”

*Relationship with Partner (RWP)* addresses the client’s relationship with a partner in a committed relationship with 24 INI and 15 INT items on seven factors. Representative factors include Commitment, which taps partner’s commitment to each other with items like “I would do anything to save this relationship” and “I am sure that we will make it as a couple,” and Trust, which addresses trust between the partners with items like “I feel betrayed by my partner” and “I know I can trust my partner.”

*Family/Household (FH)* targets adults’ or adolescents’ experience of their current nuclear family with 30 INI and 12 INT items on seven factors. Exemplary factors include Positivity, which targets prosocial aspects of family life with items like “I know my family will be there for me” and “People in my family respect each other’s feelings and thoughts,” and Negativity, which taps distressing aspects of family life with items like “Talking together in my family is a nightmare” and “I feel like a prisoner in my family.”

The fifth scale, *Child Problems and Strengths (CPS)*, uses 24 INI and 14 INT items on seven factors to ask parents about the functioning and well-being of each of their children between 5 and 18. Typical factors include Antisocial, which addresses distressing child behaviors with items like “My child lies” and “My child blames others for his/her problems,” and Impulsivity, which taps self-control with items like “My child considers the consequences of his/her behavior before acting” and “My child is fidgety, restless, or hyper.”

The last scale, *Relationship with Child (RWC)*, uses six (INI and INT) items on three factors to delineate a parent’s perception of his/her relationship with each
child targeted by the CPS Scale. Exemplary factors include Efficacy, which taps the parents' sense of effectiveness as a parent with that child with items like “I do a good job as a parent with my child” and “Parenting my child is easy for me,” and Negativity, which taps distressing parent/child interactions with items like “I lose my temper with my child” and “My child manipulates me.”

Together, the six scales provide a comprehensive psychological picture of the intimate world of adults and adolescents. Clients rate items on five-point Likert-type scales ranging from never to all of the time. Clients fill out all demographically appropriate scales, regardless of the type of therapy (e.g., individual, couple, etc.). Married adults with children fill out all six scales; single adults without children fill out the IPS and the FOO; and adolescents fill out the IPS and FH. It takes a married parent (the most demographically complex client) about 45 min to complete the INI and 6–8 min to complete the INT. This demographically based data collection procedure permits investigation about how much couple therapy impacts adult, family, and child functioning or how much individual therapy affects couple, family, and child functioning. It also can test how much different system factors moderate and mediate change in different therapies.

Prior Research: Developing and Testing the System

Pinsof et al. (2009) developed and preliminarily tested the factor structure of five (of the six) scales that comprised the STIC INI. The sixth scale, RWC, had not been developed when the first five scales were developed and tested. Scale items were generated by a group of highly experienced individual, couple, and family therapists in response to the request to write down the “kind of things that clients say about themselves in therapy that are likely to change over the course of treatment.” The scales were developed on data from an outpatient clinical sample. The development process began with an initial confirmatory factor analysis (CFA) of a rationally derived model (based on theoretically “loading” items on obvious factors like depression, intimacy, sexuality, physical abuse) of each scale that was followed by respecification based on modification indices and content analysis, until each model achieved acceptable fit according on three goodness-of-fit indices: the comparative fit index (CFI) (≥0.9), the root-mean-square error of approximation (RMSEA) (≤0.06), and the standardized root-mean-square residual (SRMR) (≤0.08). Results supported the validity and reliability of the five scales and their subscales. The particular combination of items and subscales that eventually emerged out of this process for each scale was the only combination that we could find that met the fit criteria.

As well as delineating the creation of and testing of the factor structure of the STIC INI scales, Pinsof et al. (2009) found that subscales from each scale correlated highly with client scores on other methodologically sound and widely used convergent validity measures like the Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), the Beck Anxiety Inventory (BAI) (Beck,

Using the STIC System as a Guide in the Supervision Context

There are a number of ways that this system can guide supervision and simultaneously be used as evidence to inform therapy. Therapists can present STIC INI data in supervision before the first session and/or early in treatment to facilitate the creation of assessment hypotheses about the relationship between the factors in the clinical range on the different scales. This assessment hypothesizing leads directly into planning the treatment (which STIC problems should be focused upon in what sequence?).

Because the STIC tracks the six major clinical problems for each case member (as well as any other factors that are clinical and/or changing), STIC data can provide a snapshot of progress to date (showing what has and has not changed). It can be used whenever a supervisee is presenting a case to bring empirical information into the supervisory, progress evaluation process. Conversation can and should be focused on what has improved (frequently a good surprise for supervisees), what if anything has deteriorated, and what has not changed.

Lastly, the STIC can be used to decide about and plan termination. Ideally, termination occurs when all of the STIC problems (factors/subscales in the clinical range) have gone into the normal range. Frequently, clients may choose to terminate while some areas are still at clinical levels. This kind of situation leads into helping therapists work with clients on what they can do posttherapy in regard to these ongoing problematic areas.

If supervision occurs in a group context, showing the data to all of the supervisees and soliciting their hypotheses and recommendations creates a lively and frequently passionate conversation about the case that engages the groups and builds cohesion and solidarity. This is particularly the case when supervisees present STIC alliance data. They are revealing their relationship with the clients to the group, and that experience can deepen the group supervisory process. Looking at and commenting on STIC data in a group format typically elicits numerous ideas and helps the group become more cohesive and helpful.

Empirically Informed Therapy and Supervision

As developers of the system, we believe that ultimately all systemic supervision (and therapy in general) should be empirically informed, where supervisors (and therapists) use scientific data. The use of the STIC system in supervision facilitates
such empirically informed and multisystemic supervision. Supervisors interested in exploring the use of the STIC can obtain information from wpinsof@family-institute.prp.

References


