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Routine Outcome Monitoring In Emotionally Focused Therapy: A Clinical Perspective

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ROUNTINE OUTCOME MONITORING IN EMOTIONALLY FOCUSED THERAPY: A CLINICAL PERSPECTIVE

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Family Sciences in the
College of Agriculture, Food and Environment
at the University of Kentucky

By

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ABSTRACT OF THESIS

ROUNTINE OUTCOME MONITORING IN EMOTIONALLY FOCUSED THERAPY: A CLINICAL PERSPECTIVE

The field of couple and family therapy has a foundation in systems theory and recognizes the intricate dynamics of relationships. Therapists often navigate complex webs of connection, aiming to enhance communication, foster healthy interaction patterns, and cultivate emotional well-being to strengthen relational bonds. This thesis focuses on the integration of routine outcome monitoring (ROM) within Emotionally Focused Therapy (EFT) and aims to shed light on its role in achieving therapeutic goals. ROM tools offer insights into the therapeutic process, facilitating tailored interventions to meet clients' needs. The findings suggest that integrating ROM into EFT benefits therapists and clients, enhancing our understanding of the therapeutic process and optimizing outcomes. As therapy progresses, clients experience transformative growth and healing, underscoring the profound impact of therapy. Reflecting on personal and clinical experiences, this study highlights the resilience and courage of individuals engaged in the therapeutic journey.

KEYWORDS: Routine Outcome Monitoring, Emotionally Focused Therapy, MFT-PRN, Systemic Therapy.

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04/11/2024
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ROUTINE OUTCOME MONITORING IN EMOTIONALLY FOCUSED THERAPY: A CLINICAL PERSPECTIVE

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Date

DEDICATION

To all who have filled my cup and loved the overflow.

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The following thesis, while an individual work, benefited from the insights and direction of several people. First, my Thesis Chair, Nathan Wood, exemplifies multiple traits to which I aspire to be. His unwavering support and kindness has made me the clinician and student I am today. In addition, Katarina Krizova and Alexander Elswick, my Thesis committee, provided guidance and instructive comments and evaluations at every stage of the thesis process. Next, I want to thank the entire Family Sciences Department, and each individual within it who provided insights that guided and challenged my thinking, substantially improving me and my work.

The love and support I have received from my family and friends provided throughout the thesis process has been unwavering and much appreciated. Finally, I want to thank my clients who have been active participants throughout data collection and their therapeutic journeys.

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CHAPTER 1. INTRODUCTION

1.1 Background

The field of couple and family therapy is deeply rooted in the principles of systems theory, wherein the intricate connections of relationship dynamics is acknowledged as a fundamental aspect of human experience (Stratton et al., 2015). The connections one makes is often likened to a chain or web of bonds. Central to the practice of couples and family therapy is the exploration of how these connections are established and sustained. In this intricate dance of relationships, therapists are challenged to address multiple objectives simultaneously, including enhancing communication, promoting healthy interaction patterns, and cultivating emotional well-being to fortify relational bonds.

This thesis delves into the intricate realm of achieving therapeutic goals, particularly emphasizing the integration of routine outcome monitoring (ROM, Hill et al., 2023). In navigating the landscape of therapeutic interventions, the study seeks to shed light on how routine outcome monitoring can serve as a strategic tool. It explores how routine outcome monitoring can enhance the practice of Emotionally Focused Therapy (EFT). In doing so, I aspire to contribute to the ongoing dialogue on the refinement of therapeutic practices in individual, couples, and family therapy.

1.2 Routine Outcome Monitoring (ROM)

Routine Outcome Monitoring is a practice widely employed across diverse fields such as healthcare, education, and mental health, and has become an indispensable tool for assessing clients' progress (de Jong & Aafjes-van Doorn, 2022). In most cases, ROM is used as an ongoing process of collecting and using data to better inform clinicians of their client's progress and outcomes. Routine Outcome Monitoring involves the regular and

standardized assessment of several factors, such as symptoms, functioning, and well-being. This assessment can be conducted through client self-report measures, clinician-rated scales, or a combination of both (Schick-Makaroff et al., 2022). The collected data is then analyzed to track changes and inform treatment decisions. ROM is important because, at a baseline level, it helps all involved in the therapeutic process see if treatment is effective or not this includes but is not limited to therapist, clients, and supervisors. Using it in practice can help all involved feel they have a better grasp on transparency, collaboration, and the ability to tailor interventions to the needs of clients.

Routine Outcome Monitoring also serves as a cornerstone for the tailoring of treatment plans, fostering an environment characterized by personalization and client-centricity (Lambert et al., 2003). This approach recognizes the uniqueness of each client's therapeutic journey, acknowledging that a one-size-fits-all strategy may not capture the intricacies of individual experiences, enabling them to discern subtle improvements and potential pitfalls throughout treatment. This awareness facilitates timely adjustments to interventions and empowers clients to actively engage in their therapeutic process, fostering a sense of agency and ownership over their well-being (Whipple & Lambert, 2011). ROM has also been proven to be effective in the therapeutic process from start to finish. One study showed that it was effective by having better treatment outcomes for clients regardless of clients initial presentation of distress but those that received ROM later in treatment benefited more from its use then those who received it in the beginning (Brattland et al., 2018).

In this collaborative venture, clients have a sense of autonomy, as clients play an active role in articulating their challenges, successes, and aspirations. This collaborative aspect enhances the therapeutic relationship, positioning clients as partners in their care and

creating a foundation for effective communication between clinicians and clients. This paper critically examines how integrating ROM into clinical practice can influence the ongoing professional development of clinicians, shaping their ability to adapt and refine therapeutic strategies based on real-time client feedback. As the mental health field continues to evolve, an in-depth exploration of the multifaceted utility of ROM becomes imperative for optimizing its application and harnessing its full potential across diverse clinical settings.

1.3 ROM in MFT

In the landscape of Marriage and Family Therapy (MFT), many Routine Outcome Monitoring (ROM) models have been embraced by clinicians, each serving diverse purposes. For instance, the Systemic Therapy Inventory of Change (STIC) focuses on soliciting feedback regarding Individual Problems and Strengths (IPS), Relationship with Partner (RWP), Family/Household (FH), and Child Problems and Strengths (CPS) (He, 2019). Similarly, the Outcome Rating Scales (ORS) primarily gauges therapy experience and thoughts toward treatment goals, albeit with limited research on its validity and reliability (Harris, 2019). Additionally, Feedback-Informed Treatment (FIT) utilizes ORS and Session Rating Scales (SRS) to garner client feedback, proving beneficial for individual therapy (Prescott, 2017). While each ROM model offers valuable insights, they often present a fragmented view of the therapeutic journey, emphasizing specific aspects or goals. The Marriage and Family Therapy Practice Research Network (MFT-PRN, Johnson, et al., 2017) stands out for its holistic approach, tailored to provide a comprehensive understanding of client progress and treatment dynamics. By integrating specific measures to assess progress, treatment goals, and client satisfaction, MFT-PRN

facilitates a deeper comprehension of the therapeutic process, bridging the gap left by other ROM models. While various ROM approaches possess inherent strengths and weaknesses, MFT-PRN emerges as a tool for capturing the entirety of the therapeutic journey.

1.4 Emotionally Focused Therapy (EFT)

Emotionally Focused Therapy (EFT, Greenberg & Johnson, 1988; Johnson, 1996, 2004, 2019) is a therapeutic approach founded on the significance of emotional bonds and human connections. After its creation Johnson and Greenberg parted ways and the emphasis on attachment theory started to bloom in Johnson's EFT approach. EFT was initially devised to address the intricate dynamics of couples and gained prominence for its commitment to enhancing communication and fostering mutual understanding, by cultivating secure attachment bonds within relationships (Johnson, 2019). The efficacy of EFT extends beyond its initial objectives, demonstrating notable success in the short-term improvement of marital satisfaction, a positive trend that endures over extended periods (Beasley & Ager, 2019). Initially crafted for couples, EFT has emerged as a therapeutic approach, which can be used in diverse therapeutic contexts, including individuals and families. Its malleability extends beyond its original scope, proving instrumental in aiding individuals in processing and exploring emotions, understanding attachment patterns, and fostering more secure relationships. This versatility is underscored by empirical evidence, with studies highlighting EFT's efficacy in dealing with symptoms associated with depression, anxiety, and related disorders such as trauma (Johnson, 2009). Expanding its scope to families, EFT plays a pivotal role in family system repair, particularly in the aftermath of conflict or distress and helps the restructuring attachment dynamics within the family unit (Stavrianopoulos, 2019). At the conceptual core of EFT lies attachment theory,

a foundational principle emphasizing the enduring consequences of early emotional connections on an individual's lifelong well-being. In this theoretical framework, EFT navigates the intricacies of human relationships, offering a nuanced and practical approach to fostering positive change.

Expanding from EFT's original 1988 conceptualization, EFT's conceptual core is now deeply rooted in attachment theory, emphasizing the enduring impact of early emotional connections on individuals' lifelong well-being (Johnson, 2019). This theoretical foundation guides EFT's approach to human relationships, providing a powerful means to navigate complexities and foster positive change (Johnson, 2019). Its effectiveness extends beyond immediate interventions, highlighting long-term benefits in relationship dynamics and personal well-being (Wiebe et al., 2016). This amalgamation of empirical support, adaptability, and alignment with attachment theory solidifies EFT's standing as a comprehensive and impactful therapeutic modality with far-reaching applications in the realm of mental health and well-being.

1.5 EFT Treatment and the Role of the Therapist

Emotionally focused therapy (EFT) is structured into three stages, each with specific steps to describe and guide the therapy progression (Gehart, 2014). The initial stage, termed "de-escalation of negative cycles," focuses on building rapport and identifying negative interaction patterns between partners. Here, therapists work collaboratively with clients to recognize unacknowledged emotions and illustrate how these contribute to dysfunctional cycles within the relationship (Gehart, 2014). Essential therapeutic techniques introduced in this stage include validation, reflection of emotions, and empathetic understanding.

In the second stage, titled "Change interactional patterns and creating engagement," clients and therapists delve deeper into identifying attachment needs that may not be met within the relationship. Therapists assist clients in expressing their needs directly and promoting acceptance of their partner's experiences. Techniques such as heightening, reframing, and strengthening emotional bonds facilitate this process (Gehart, 2014).

The final stage, "consolidation and integration," focuses on solidifying the newly established patterns of interaction and addressing any remaining issues. Therapists guide clients in creating alternative, healthier relationship cycles while continuing to provide validation, empathy, and genuineness. Additionally, evocative responses and enactments may uncover underlying emotions and facilitate expression (Gehart, 2014). Throughout treatment, the therapist assists clients in reprocessing their emotional experiences and restructuring their relationship dynamics within a supportive therapeutic alliance (Gehart, 2014). By collaboratively navigating through the stages of EFT, clients are empowered to communicate their needs effectively and develop more satisfying relational patterns.

1.6 EFT Efficacy and Effectiveness Studies

Within the realm of EFT, the measurement of relationship satisfaction is consistently measured—similar to other couples therapy effectiveness studies—however, one notable instrument employed is the Brief Accessibility, Responsiveness, and Engagement Scale (BARE) (Sandberg et al., 2012). This assessment tool boasts validity and reliability and serves as an attachment-based instrument capable of accurately gauging and predicting outcomes related to relationship stability and satisfaction (Sandberg et al., 2012). The BARE scale emerges as an invaluable resource, effectively comprehending the intricate

dynamics through which individuals perceive their partners within the context of EFT interventions.

Before the development of the BARE, the Dyadic Adjustment Scale (DAS) served as a commonly utilized tool by EFT therapists for assessing relationship quality among couples. The DAS is comprised of questions about relationship satisfaction, intimacy, and emotional expression (Spanier, 1976). Research in 2009 found that it was the most often used measure for marital satisfaction and was the most used measure in creating new measurement tools (Ostenson, 2009). However, in 2012 the BARE was created as a way to gain more insight into attachment in couples. Even after its pilot study it showed validity and reliability and was also able to appropriately predict outcomes of stability and satisfaction for couples who used it. This pilot study highlights the transformative impact of the BARE and underscores the critical role of assessment tools in informing therapeutic interventions and enhancing treatment outcomes in couples therapy.

In more recent practice, the Couple Satisfaction Index (CSI) has emerged as a prominent satisfaction assessment tool within EFT, surpassing the DAS in frequency of use. However, both instruments exhibit notable reliability in gauging relationship dynamics (Crane, Middleton, & Bean, 2000). EFT stands at the forefront of therapeutic modalities for couples and is renowned for its emphasis on attachment and empathetic exploration of needs and emotions within the context of the dyad (Dalgleish et al., 2014). Consequently, integrating assessment measures such as the BARE, CSI, and Couples' Relationship Satisfaction Scale (CRS) is indispensable for comprehensively understanding couples' attachment dynamics as well as relational satisfaction as focal areas for intervention within their therapeutic journey.

1.7 Present Study

The primary objective of this study is to enhance comprehension of routine outcome monitoring (ROM), emotionally focused therapy (EFT), and the therapist's individual contribution to the outcomes observed among clients within their care. This study seeks to assess the efficacy and potential benefits of these factors in shaping client progress and overall therapeutic effectiveness.

In therapeutic practice, assessing a client's progress and goal attainment has traditionally relied heavily on subjective verbal communication. Therapists often inquire about perceived improvements or areas of progress through dialogue with clients. However, the advent of methods such as Routine Outcome Monitoring (ROM) has introduced a transformative dimension to this process. This systematic approach empowers clinicians across diverse disciplines to meticulously track, monitor, and comprehend clients' position in their therapeutic journey.

Surprisingly, despite the evident advantages, approximately 62% of therapists abstain from incorporating any form of progress monitoring into their practice (Jensen-Doss et al., 2016). Contrastingly, those who integrate progress monitoring tools report a more positive perception and an enhanced understanding of their clients' evolving conditions. This suggests a gap in awareness and utilization, revealing the untapped potential for clinicians to harness the benefits of progress monitoring methodologies.

From the client's perspective, engaging in ROM emerges as a valuable tool that promotes self-awareness and cultivates a sense of responsibility and contribution to their therapeutic journey. The research underscores the transformative impact of ROM on the client's experience, rendering therapy a collaborative and inclusive endeavor. Clients find

empowerment in controlling the results, allowing them to define their outcomes based on tangible shifts observed in their lives (Solstad et al., 2017). This shift towards a more collaborative therapeutic alliance aligns with the contemporary emphasis on patient-centered care and client agency within the therapeutic process.

In embracing Emotionally Focused Therapy (EFT) as my foundational theoretical framework, it becomes imperative to not only acknowledge but deeply understand how to apply its principles to benefit myself as a therapist and, more significantly, my clients. As a practitioner rooted in systems thinking, recognizing the broader context surrounding individuals within the therapy room is paramount. This perspective allows acknowledgment of the multifaceted influences that extend beyond the therapeutic relationship, delving into the intricate interplay of external elements shaping one's life.

Integral to this approach is the strategic integration of measurement tools and scales, such as the Individual Intersession, Family Relationship Scale, and BARE. These instruments serve as invaluable compasses, affording me the ability to navigate the emotional landscapes of my clients and discern their relational dynamics. By utilizing these measures, I gain a nuanced understanding of their current states, allowing for a more informed and adaptive therapeutic approach.

As a practitioner of EFT, it allows me to be a collaborator and facilitator, engaging in joining with my clients. EFT provides me with an intrinsic framework to collaboratively explore their emotional landscapes, understand their relational patterns, and chart a course toward the destination they aspire to reach. This collaborative journey hinges on the premise of creating a secure and supportive space wherein clients feel not only heard but truly understood.

In summary, adopting Emotionally Focused Therapy is a guiding beacon in my therapeutic practice, offering a comprehensive and nuanced lens through which to perceive and engage with the intricate dynamics of individuals, couples, and families. Integrating measurement tools and the collaborative nature of EFT not only refine my therapeutic self but also allows a commitment to facilitating emotional transformations in the lives of those I am privileged to help.

CHAPTER 2. METHODOLOGY

At the University of Kentucky, the Individual, Relational, and Financial Therapy Clinic (I-RAFT Clinic) is part of the Marriage and Family Therapy Practice Research Network (MFT-PRN, (Johnson et al., 2017) which provides clinics and clinicians access to ROM for their clients. All graduate intern therapists systematically incorporate MFT-PRN data into their routine clinical practices within the I-RAFT Clinic. This underscores a commitment to evidence-based approaches and fosters a symbiotic relationship between research and clinical application. This distinctive approach aligns with the clinic's dedication to advancing the field of marriage and family therapy by seamlessly integrating research and practice.

2.1 Participants

Clients in clinics/practices that are part of MFT-PRN can have their de-identified data used for research purposes. All participants in the present study were aged 18 to 90 from varied ethnic, cultural, and racial backgrounds with income levels that span from less than $10,000 to surpassing $100,000. Data for the present study came from 36,230 sessions from the full MFT-PRN network, 6,774 sessions from the I-RAFT Clinic, and 253 sessions from my clients. These 253 sessions came from 14 individuals who were in couples therapy, 13 in family therapy, and 12 individual adult clients. I saw my couples for an average of 10.43 sessions, family sessions were 5.64 sessions, and 14.17 sessions for my individual adult clients.

2.2 Procedure

The I-RAFT Clinic, an on-campus facility affiliated with our accredited couple and family therapy program, delivers individual, couple, and family therapy services to both

the UK and the greater Lexington community. Under the guidance of licensed therapists, graduate students administer these services, utilizing a sliding fee scale for client remuneration through check or credit card transactions. Since 2019, our clinic has been actively engaged as part of the MFT-PRN hosted by BYU, seamlessly integrating its Routine Outcome Monitoring (ROM) system into our clinical training and daily client care.

As a standard procedure, all students undergo comprehensive training in utilizing the MFT-PRN before commencing client sessions, integrating this monitoring system into their therapeutic practices. Additionally, students are afforded the flexibility to select their preferred therapy model and assess client progress by comparing it against theoretically consistent measures/items found within the MFT-PRN repository. The utilization of the MFT-PRN within our clinic is solely for tracking client progress and guiding clinical decision-making, with no involvement in testing new interventions or therapeutic techniques.

Once IRB approve was received, relevant data from the entire MFT-PRN dataset that was approved for research use, referred to as the PRN dataset, was received as well as a subset of data collected by the I-RAFT Clinic during the respective years of data collection. Both the PRN dataset as well as the I-RAFT Clinic dataset will be used in the representative study. These datasets are a valuable resource for evaluating the effectiveness of therapeutic interventions provided by clinicians within the I-RAFT Clinic setting. By comparing the outcomes of clients treated at the I-RAFT Clinic to those of other therapists who have utilized PRN, insights can be gained regarding the efficacy of therapy.

2.3 Researcher as Instrument

Throughout this thesis, the integration of Routine Outcome Monitoring (ROM) and Emotionally Focused Therapy (EFT) serves as the bedrock of my therapeutic approach in assessing and guiding the progress of my clients. I place a distinct emphasis on the application of EFT. As I explored various therapeutic theories, I encountered segments that deeply resonated with me, reflecting elements that aligned with my therapeutic personality. However, upon delving into Emotionally Focused Therapy deeper, I uncovered a method that fit seamlessly with my therapeutic self.

Central to my practice are fundamental assumptions of EFT, notably the recognition that emotions are vital to the human experience, serving as potent communicators of inner states, specifically the underlying attachment system. This belief underscores my conviction that validating and attending to clients' emotional experiences is essential, fostering a space where their feelings are acknowledged and explored without judgment. Moreover, the belief that everyone possesses the capacity for change, healing, and growth—an outlook I impart to clients as a testament to my unwavering belief in their potential for personal transformation.

In implementing EFT, I prioritize creating a safe and welcoming therapeutic environment conducive to vulnerability and self-exploration. Interventions aimed at uncovering negative patterns and dynamics and fostering empathy and acceptance form the cornerstone of my therapeutic practice. Through empathy and acceptance, I endeavor to meet clients where they are, offering support and guidance as they navigate their unique therapeutic journey.

It is important to note that while my practice of EFT does not strictly adhere to a purist EFT treatment framework, I draw upon its foundational tenets to inform my

therapeutic interventions. De-escalating negative relational cycles, enhancing communication patterns, and fostering positive interactions are central objectives woven into my therapeutic approach. Furthermore, I incorporate interventions from complementary modalities such as narrative and solution-focused therapy to offer a comprehensive and nuanced perspective in addressing clients' presenting concerns.

In the context of ROM, clients actively monitor and periodically review their data to track progress and identify areas for growth. This collaborative approach allowed me to create meaningful dialogue, enabling clients to gain insights into their therapeutic journey and collaboratively set goals for their ongoing progress. I would show clients their progress when they showed progress/completion of presenting problems. I also showed it to mainly couples and families to show if there was dissonance between those involved or if they were more improved then they were presenting or viscera. Along with ROM I used treatment plans to serve as roadmaps for navigating these goals, providing a framework for assessing progress and making necessary adjustments.

In summary, integrating ROM and EFT principles within my therapeutic practice embodies a commitment to fostering transformative change within interpersonal dynamics. By honoring clients' emotional experiences, facilitating insight into relational patterns, and fostering a collaborative approach to goal setting, I strive to empower clients on their journey toward healing and growth.

2.4 Measures

2.4.1 The Couple Relationship Scale (CRS)

The Couple Relationship Scale (CRS, Anderson et al., 2022) provides a structured platform for each member of a couple to assess their sentiments towards their partner over a week-long period. This scale is given to clients at the beginning of every session and is formatted by ten inquiries using a rating system from zero to one hundred, it covers various facets of relational dynamics. From emotional distance to commitment, trust, conflict, and overall happiness, each question delves into critical dimensions of relational well-being. By offering a comprehensive spectrum of inquiries, this scale fosters a nuanced understanding of the couple's emotional landscape, combining quantitative assessment with qualitative insights. As both a self-reporting instrument and a diagnostic tool, it provides clients and therapists with a nuanced and comprehensive portrayal of the couple's relational experience. For the I-RAFT clinic the CRS has a cut-off score of 70. This indicates to the therapist and the clients that their relationship is at the point for termination of therapy.

2.4.2 Couple Satisfaction Index 16 (CSI)

The Couple Satisfaction Index 16 (CSI, Funk & Rogge, 2007) is a comprehensive assessment tool designed to evaluate couples' satisfaction with their relationship dynamics through sixteen questions covering various aspects. This is given to couple cases every forth session until session sixteen where it is then given to all couple cases every eighth session. Beginning with evaluations of overall relationship quality, including happiness and fulfillment of needs, it proceeds with scaling questions rating current feelings on

dimensions such as interest and stability. The CSI serves as a valuable framework for couples and therapists, facilitating reflection on relationship dynamics and identifying areas for improvement. Therapists benefit from gaining insight into each partner's perspective, guiding interventions to foster positive changes and promoting collaborative dialogue for relational growth and resilience. The CSI embodies client-centered therapy principles, offering a structured approach to assessing and addressing relational satisfaction within couple's therapy, contributing to meaningful therapeutic change. For the I-RAFT clinic the CSI has a cut-off score of 50 this indicates to the therapist and the clients that their relationship is at the point for termination of therapy.

2.4.3 The Brief Accessibility, Responsiveness, and Engagement Scale (BARE)

The Brief Accessibility, Responsiveness, and Engagement Scale (BARE, Sandberg, 2012) offers clinicians a concise, systemic, and real-time assessment tool that focuses on self and partner scores, facilitating a comprehensive understanding of relationship dynamics. This is given to couple cases every forth session until session sixteen where it is then given to all couple cases every eighth session. Partner scores demonstrate stronger correlations with critical outcomes, enhancing insight into relationship functioning. Its emphasis on connection beyond physical presence addresses contemporary concerns of digital distractions, making it relevant for modern relationship challenges and predictive of satisfaction and stability, crucial outcomes in clinical contexts (Sandberg, 2012). Moreover, the BARE aids in identifying attachment-related concerns and adapting interventions to enhance specific behaviors related to accessibility, responsiveness, and engagement. In summary, the BARE emerges as a valuable tool for clinicians, providing a nuanced and predictive lens into the dynamics of adult romantic

relationships, supported by its reliability and validity established through Classical Test Theory (CTT) and Item Response Theory (IRT) procedures (Sandberg, 2012). For the I-RAFT clinic the BARE has no cut off score but does have levels to indicate where the individuals attachment needs are not being met. This indicates to the therapist and the clients that their attachment needs need more work or has some concerns that need to be addressed.

2.4.4 Family Relationship Scale (FRS)

The Family Relationship Scale (FRS, Stratton et al., 2013), aligned with the theoretical framework of the Couple Relationship Scale, undergoes a nuanced adaptation for family therapy, primarily differing in its modification of the eighth query to focus on physical affection rather than physical intimacy. It is given to all family cases at the beginning of each session. This adjustment accommodates the unique dynamics inherent in family relationships, offering a comprehensive evaluative lens for all family members. By maintaining the same evaluative rigor for each member, the scale promotes inclusivity, allowing individuals within the family unit to engage in personalized self-assessment. Beyond serving as a self-reporting tool, this adapted scale enriches the clinician's understanding, providing nuanced insights into both collective and individual experiences within the family. In its refined form, the scale becomes a sophisticated instrument, tailored to evaluate familial progress by capturing the nuanced interplay of physical affection within the family dynamic, enhancing its diagnostic utility, and contributing to a deeper understanding of the therapeutic journey for each family member involved.

2.4.5 Rate The Progress-Ongoing Scale

The Rate the Progress scale is a client-driven evaluation tool within the therapeutic framework, allowing clients to articulate their therapeutic journey's focal point and self-assess their progress using a Likert model. It is given to every client type at the beginning of every session. It fosters a client-centered approach by empowering clients to choose the focus of therapy and assess their advancement, offering invaluable insights for clinicians. As a dynamic and iterative tool, it enhances diagnostic efficacy by facilitating quantitative data collection and providing qualitative understanding of the client's subjective experience. Integrated strategically into the therapeutic process, the scale guides interventions precisely, identifies areas of success or challenge, and offers a comprehensive overview of the client's evolving journey, making it an indispensable tool in therapy. For the I-RAFT clinic the FRS has no cut off score but scores closer to 100 indicates to the therapist and the clients that the family unit is at the point for termination of therapy.

2.4.6 Intersession Alliance

The Intersession Alliance (IA, Quirk, Smith, & Owen, 2018) is a vital component within EFT and other therapeutic modalities, designed to gauge clients' perceptions of their relationship with their therapist. It is given to every client type at the beginning of every session. Comprising four key questions, the IA elicits clients' perspectives on their therapist, therapy goals, support system alignment, and safety within the therapy room. It fosters open communication and collaboration, allowing clients to voice concerns and perceptions while providing therapists with vital feedback on competence and effectiveness. By monitoring and enhancing the therapeutic alliance, therapists can

proactively address challenges and optimize therapeutic outcomes, making the IA an indispensable tool in promoting client well-being and facilitating meaningful therapeutic change within a client-centered framework. For the I-RAFT clinic the IA has no cut off score but scores closer to 100 indicates to the therapist and the clients that the relationship between therapist and client is strong.

2.5 Data Collection/Analysis

The data for this thesis will be gathered via the Marriage and Family Therapy Practice Research Network (MFT-PRN) survey. Employing advanced statistical tools such as SPSS and Microsoft Excel, the collected data will be subjected to rigorous analysis to construct clinical trajectories encompassing all clients within the MFT-PRN and those specifically under my care.

This framework will allow me to discern and delineate the developmental pathways exhibited by my clients against the broader trends observed within the MFT-PRN cohort. Understanding my clients' growth across various scales outlined within the MFT-PRN surveys will cultivate a comprehensive understanding of therapeutic efficacy, facilitating informed comparisons and interpretations of client progress within the broader context of marital and family therapy practices.

CHAPTER 3. RESULTS

In pursuing the potential of ROM as a strategic instrument in therapeutic practice, this research investigates its implications specifically within the context of EFT. Central to this inquiry is exploring how integrating ROM measures can augment the understanding and assessment of client progress and the therapist's efficacy and professional development. By examining the data collected through these measures, a rich tapestry of insights emerges, shedding light on the intricate dynamics of therapeutic progress and the transformative potential of ROM within an EFT approach.

Figure 3.1: Rate the Progress-Ongoing Scale Outcomes: Individual

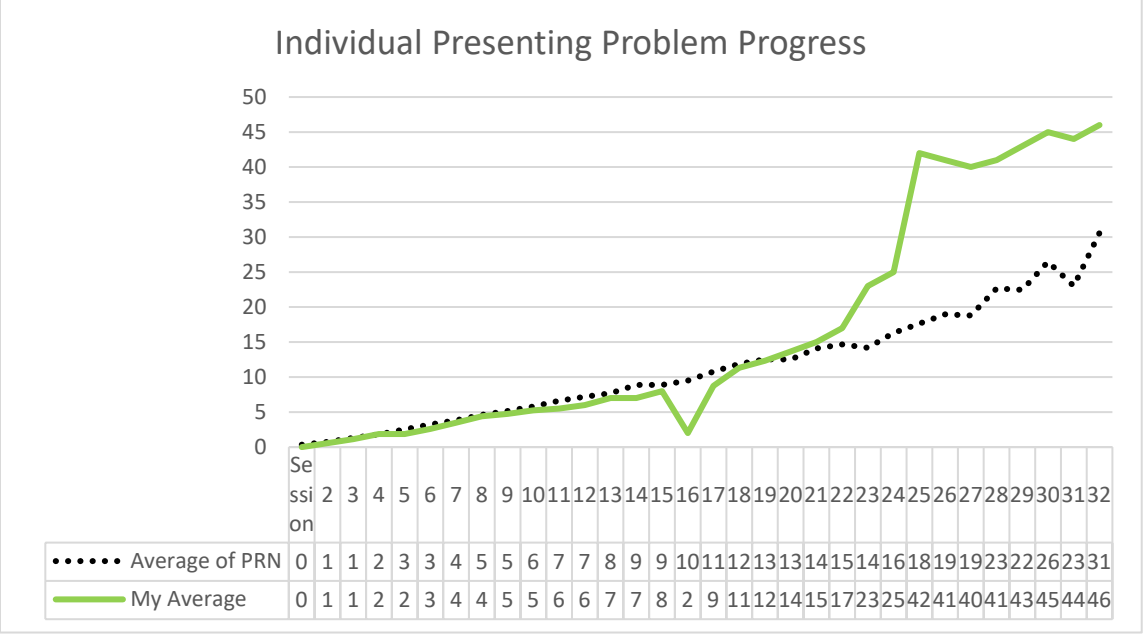


Figure 3.1 shows the trajectory of individual clients presenting problem progress across sessions. This figure compares my clients presenting problem scores compared to those of the entire MFT-PRN network. Examining these data points reveals a discernible trend, mirroring the progress observed within the context of the PRN dataset. Initially, my

clients and those within the PRN cohort exhibited a consistent upward trajectory, indicative of gradual improvement of their presenting issues throughout sessions. A notable deviation from this overarching trend is seen around session ten, where my individual adult client's progress starts to surpass the PRN dataset's. This slight divergence persists and gradually amplifies until session seventeen, where a subtle regression is observed, albeit maintaining a higher average than the PRN dataset. However, post session seventeen a dramatic escalation is seen in my client's progress. Subsequent sessions are a testament to sustained progress, with incremental increases consistently observed, signaling either noteworthy progress of presenting issues or a solved problem.

Figure 3.2: Rate the Progress-Ongoing Scale Outcomes: Couples

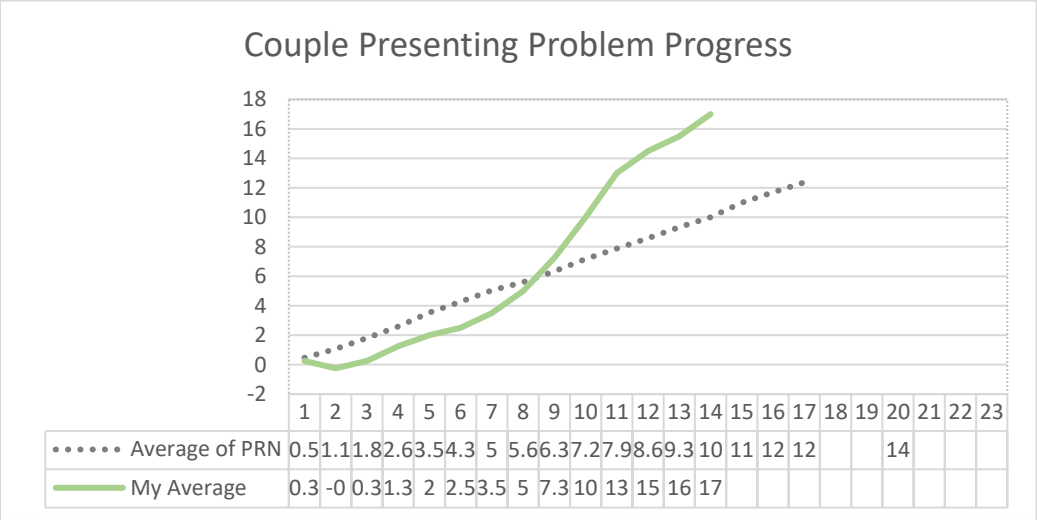
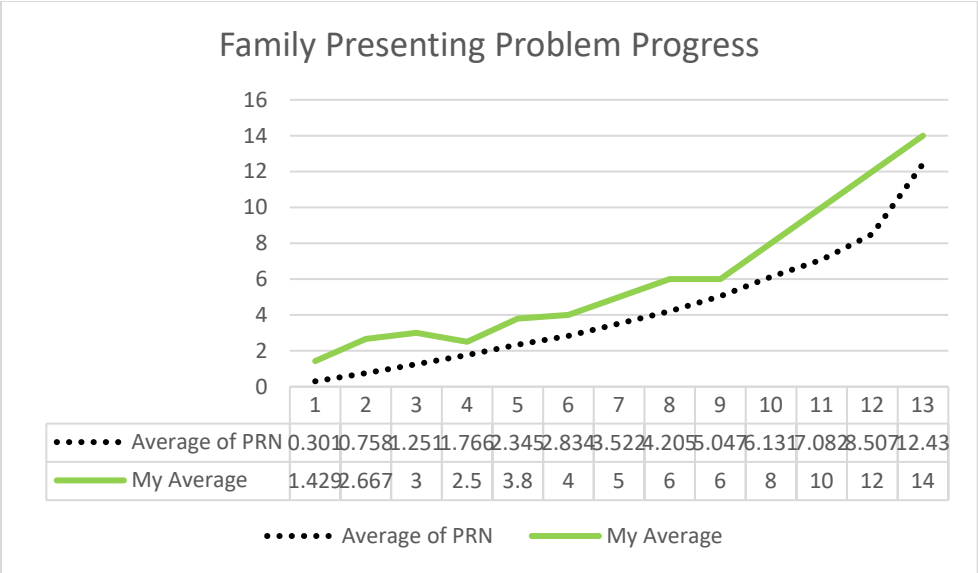


Figure 3.2 above offers a comprehensive portrayal of the trajectory observed in the progress of a couple of clients' presenting problems across successive therapy sessions. This figure compares my clients presenting problem scores compared to those of the entire MFT-PRN network. Upon examination, it becomes evident that my clients and those within the PRN cohort exhibit a consistent trajectory of improvement, with subtle

differences in pace and magnitude. Initially, my clients' progress closely mirrors the PRN dataset's, aligning with the broader therapeutic trends. However, as sessions unfold, a divergence emerges, with my clients' progress lagging slightly below the PRN average. Around session eight, an intersection occurs between my clients' progress and the PRN average. This inflection point is a pivotal improvement moment within my data and couples' work. Subsequent sessions witnessed a steady ascent in my clients' progress and the PRN dataset, with my clients consistently maintaining a marginally higher trajectory than the PRN average.

Figure 3.3: Rate the Progress-Ongoing Scale Outcomes: Family



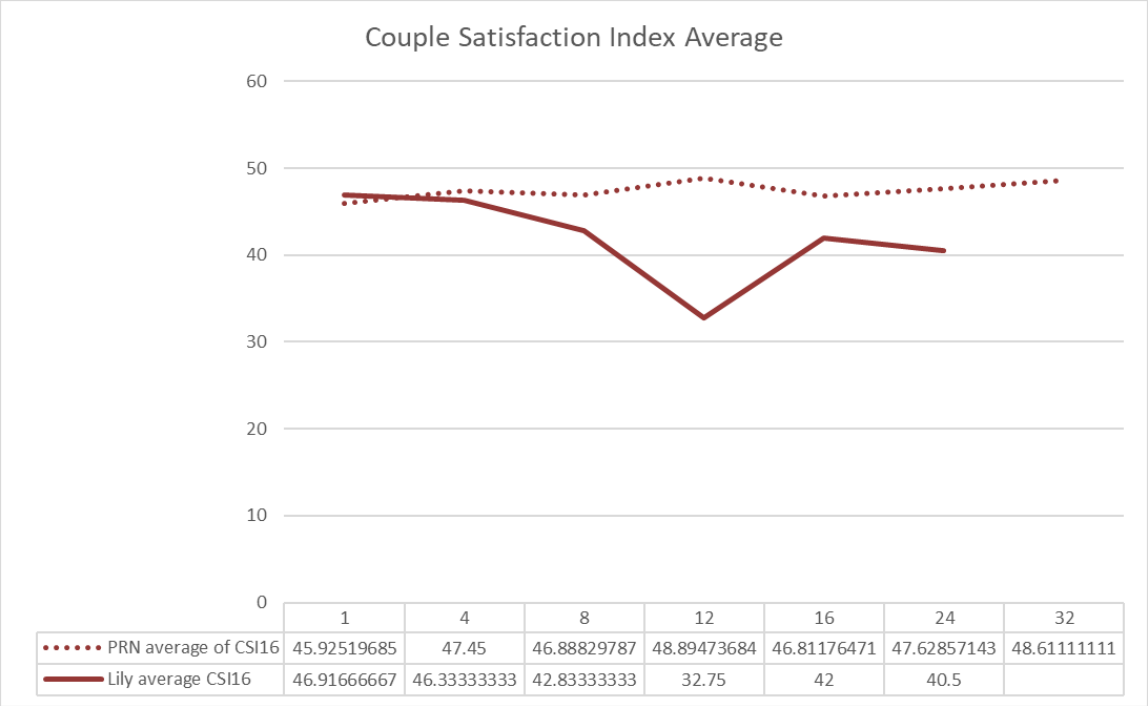
The figure 3.3 presents a narrative of the trajectory of family clients' presenting problems across sequential therapy sessions. This figure compares my clients presenting problem scores compared to those of the entire MFT-PRN network. The MFT-PRN dataset and are start in a similar position. But through the session two and three my clients rank slightly higher. With a slight drop in for my clients by the forth session. There then is a

continuous increase in scores for both me and the MFT-PRN dataset with me being slightly above the dataset.

3.1 Additional Couples Data

The figures below offer a comprehensive depiction of the trajectory of the average scores derived from multiple scales utilized across couples therapy sessions, including the Couple Relationship Scale, the Brief Accessibility, Responsiveness, and Engagement Scale, and the Couple Satisfaction Index. These figures compare my clients scores on the varies scales compared to those of the entire I-RAFT Clinic dataset. These visual depictions serve as a lens to examine both the progression of my clients' scores and the broader trends observed within other couples' cases seen at the I-RAFT Clinic network since 2019. By dissecting the dimensions these scales assess, potential insight of the therapeutic impact of my clinical work is shown, shedding light on the intricacies of relational dynamics and overall satisfaction within the client-therapist dyad. Examining my clients' scores vis-à-vis the other couples that have been seen at the I-RAFT Clinic yield invaluable insights into the progression and evolution of therapeutic outcomes in similar setting.

Figure 3.4: Couple Satisfaction Index Outcome

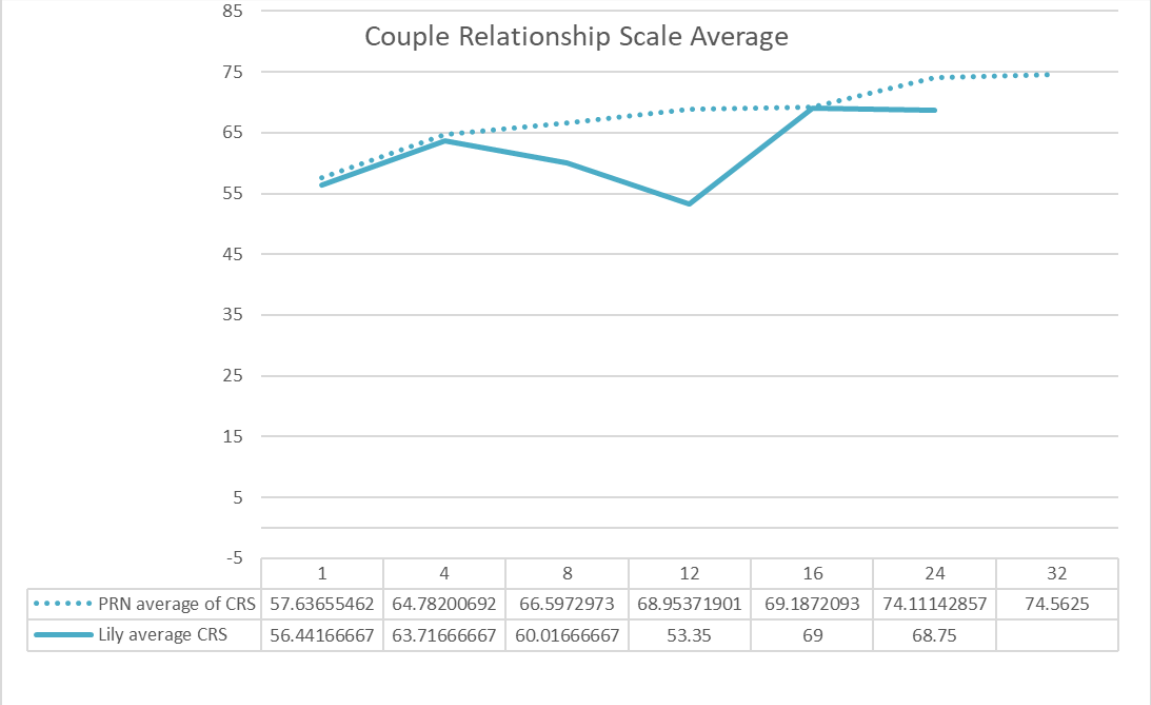


	1	4	8	12	16	24	32
PRN average of CSI16	45.92519685	47.45	46.88829787	48.89473684	46.81176471	47.62857143	48.61111111
Lily average CSI16	46.91666667	46.33333333	42.83333333	32.75	42	40.5	

At the outset, my client's satisfaction with their relationship closely mirrors that of the I-RAFT Clinic dataset, indicative of a common baseline in relationship dynamics. Initially, my client and the I-RAFT Clinic dataset exhibited a parallel trajectory, suggesting an alignment in the progression of relationship satisfaction over the first four sessions. However, a notable divergence surfaces around session eight when there appears to be a decline in my client's satisfaction scores relative to other couples seen in the clinic. Subsequent sessions showed a continued decline in my client's relationship satisfaction, punctuated by incremental drops, with the lowest point observed during session twelve. Although a modest uptick is observed during session sixteen this positive trend proves

transient, as evidenced by a subsequent drop in satisfaction levels during session twenty-four.

Figure 3.5: Couple Relationship Scale Outcomes

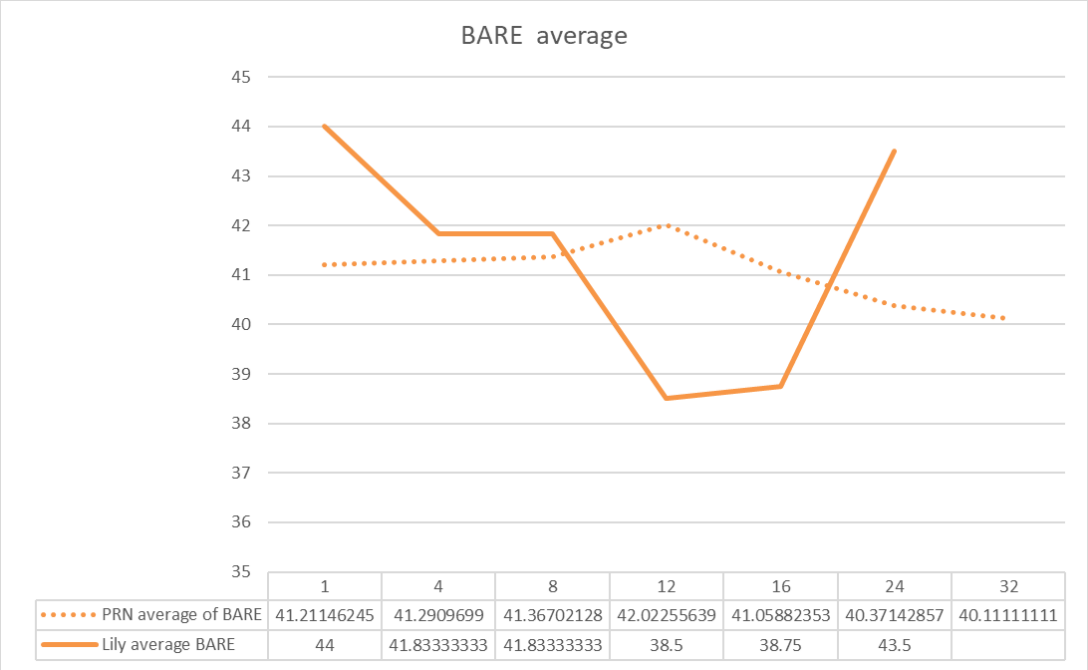


	1	4	8	12	16	24	32
PRN average of CRS	57.63655462	64.78200692	66.5972973	68.95371901	69.1872093	74.11142857	74.5625
Lily average CRS	56.44166667	63.71666667	60.01666667	53.35	69	68.75	

Figure 3.5 delineates the trajectory of couples' relationship dynamics as measured by the Couple Relationship Scale throughout the therapeutic journey. A comparable baseline, both my clients and I-RAFT Clinic dataset exhibit initial parity in CRS scores, indicative of similar relational dynamics and challenges. During the early sessions, a synchronous upward trend is shown, characterized by incremental increases in CRS Scores for both my clients and I-RAFT Clinic dataset. This trajectory underscores the initial progress and rapport established within the dyad. However, a notable inflection point emerges around session eight, marked by a discernible drop in my clients' CRS scores, diverging from the upward trajectory observed within the PRN dataset. Subsequent

sessions witnessed a continued decline in my clients' CRS scores, contrasting with a resurgence in scores observed within I-RAFT Clinic dataset. Notably, session twelve presents a notable disparity between my clients' CRS scores and those of the I-RAFT Clinic dataset indicative of divergent trajectories in therapeutic progress. However, a resurgence was observed during the sixteenth session, wherein my clients exhibited a substantial increase in CRS scores, nearing overlapping with the I-RAFT Clinic dataset. Continued progress is evidenced by a minimal decrease in CRS scores during session twenty-four.

Figure 3.6: The Brief Accessibility, Responsiveness, and Engagement Scale Outcomes

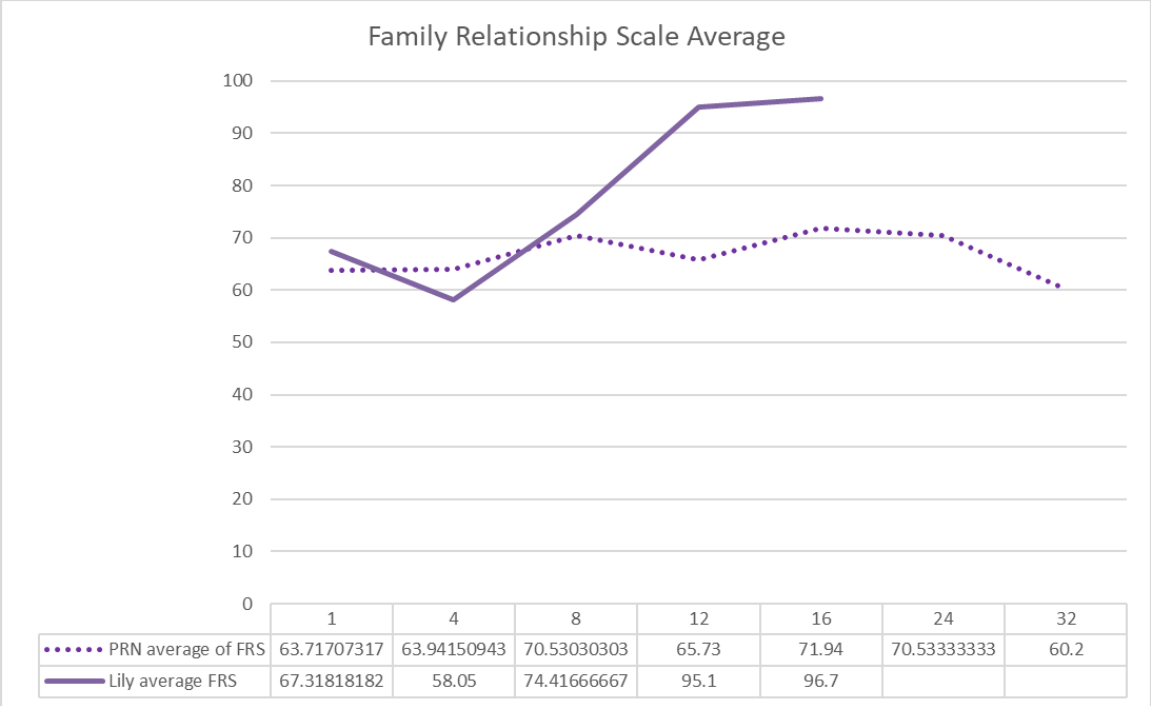


	1	4	8	12	16	24	32
PRN average of BARE	41.21146245	41.2909699	41.36702128	42.02255639	41.05882353	40.37142857	40.11111111
Lily average BARE	44	41.83333333	41.83333333	38.5	38.75	43.5	

Figure 3.6 unveils the trajectory of the Brief Accessibility, Responsiveness, and Engagement Scale across the therapeutic journey. Unlike other metrics, my clients' initial BARE scores surpass those of the I-RAFT Clinic dataset, indicating a distinctive emotional landscape at the onset of therapy. Subsequent sessions reveal a convergence, with my clients and the PRN dataset exhibiting similar averages by the fourth and eighth sessions.

However, a notable departure from this trend manifests in the twelfth session, marked by a large decline in my clients' BARE scores. Subsequent sessions witnessed a continued decline in my clients' BARE scores. Yet, amidst this decline, session twenty-four unveils a remarkable reversal, with a drastic increase in my clients' scores juxtaposed against a decrease in the I-RAFT Clinic dataset scores.

Figure 3.7: Family Relationship Scale Outcomes

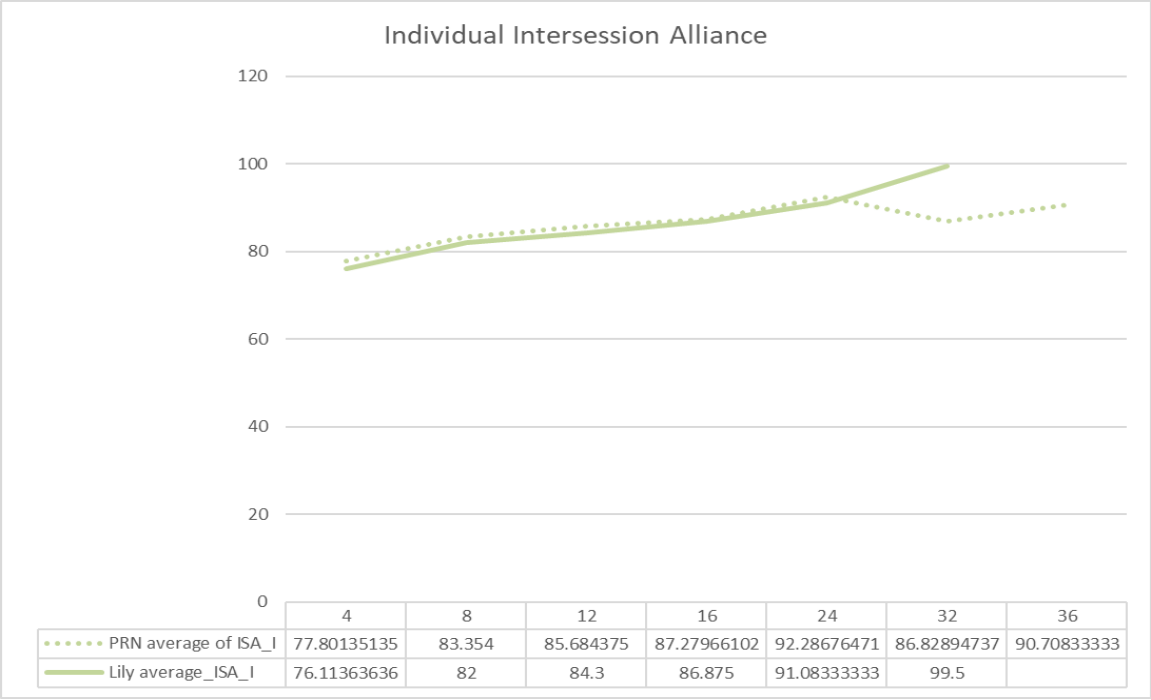


	1	4	8	12	16	24	32
PRN average of FRS	63.71707317	63.94150943	70.53030303	65.73	71.94	70.53333333	60.2
Lily average FRS	67.31818182	58.05	74.41666667	95.1	96.7		

Figure 3.7 above shows the trajectory of familial dynamics as gauged by the Family Relationship Scale averages within my therapeutic practice and the broader I-RAFT Clinic dataset. Notably, an initial similarity is observed, with my clients exhibiting slightly higher averages than the I-RAFT Clinic dataset during the first session, indicating a comparable starting point in familial relationship dynamics. As therapy progresses, subtle fluctuations in FRS averages emerge, with a slight decrease observed for my clients by the fourth session, while the I-RAFT Clinic dataset remains consistent. However, by the eighth

session, a notable divergence unfolds, as my clients' FRS scores surpass those of the PRN cohort, indicative of major strides in familial relational harmony. This trend escalates dramatically by the twelfth session, characterized by a remarkable surge in my clients' FRS scores alongside a marginal decrease in I-RAFT Clinic dataset scores. Subsequent sessions continue this upward trajectory for my clients, with FRS scores soaring to unprecedented heights by session sixteen. Concurrently, the I-RAFT Clinic dataset averages exhibit a modest increase.

Figure 3.8: Intersession Alliance Outcomes: Individual



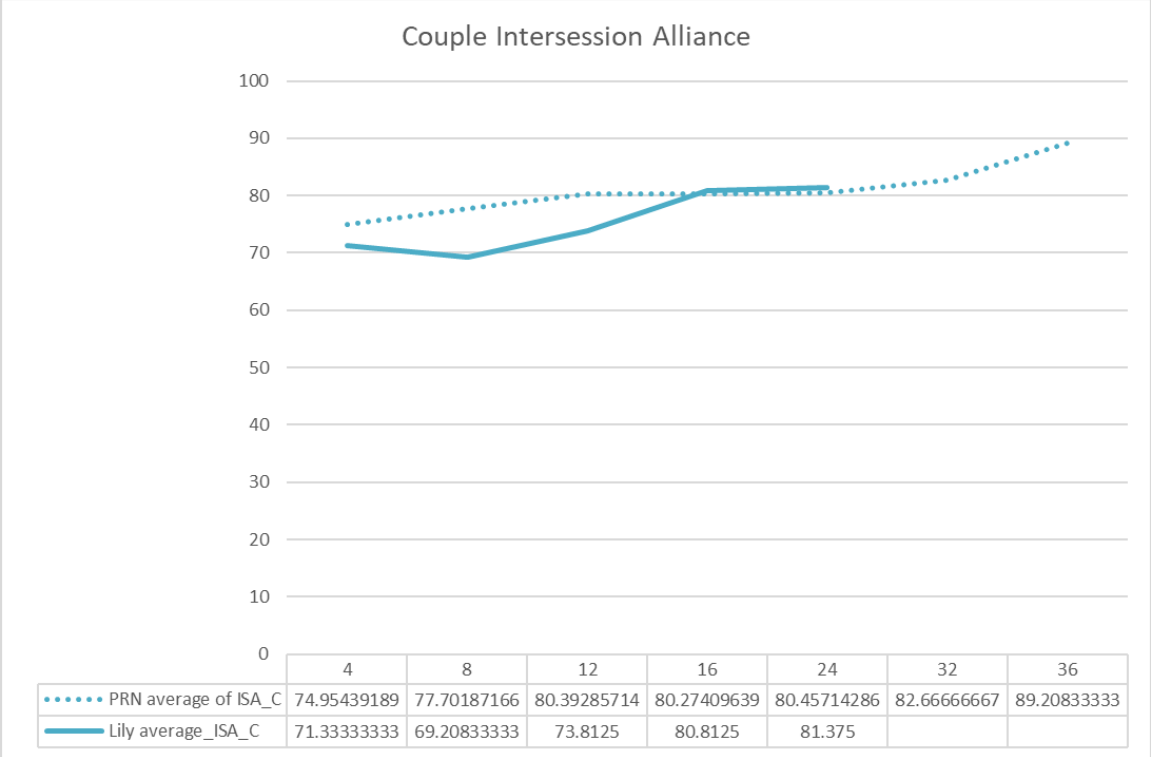
	4	8	12	16	24	32	36
PRN average of ISA_I	77.80135135	83.354	85.684375	87.27966102	92.28676471	86.82894737	90.70833333
Lily average_ISA_I	76.11363636	82	84.3	86.875	91.08333333	99.5	

Figure 3.8 above portrays the trajectories observed in the therapeutic alliances of individual clients. This figure compares my clients scores on alliance compared to the alliance scores for entire I-RAFT Clinic dataset. A striking resemblance is discerned between my clients' alliance scores and those of the I-RAFT Clinic dataset, underscoring a consistent alignment in the therapeutic rapport fostered across sessions. This synchronicity

is particularly evident during sessions four through twenty-four, where my clients and the I-RAFT Clinic dataset exhibit a closely paralleled pattern of alliance scores, maintaining a marginal difference with PRN edging slightly ahead.

However, a notable departure from this pattern emerges post-session thirty-two, wherein a divergence is observed, with my clients' alliance trajectory markedly surpassing that of the I-RAFT Clinic dataset. While my clients' alliance trajectory continues to ascend, reflective of sustained growth and engagement within the therapeutic process, the I-RAFT Clinic dataset suggests a fluctuation in alliance scores, characterized by a temporary decline post-session thirty-two, followed by an uptake at session thirty-six.

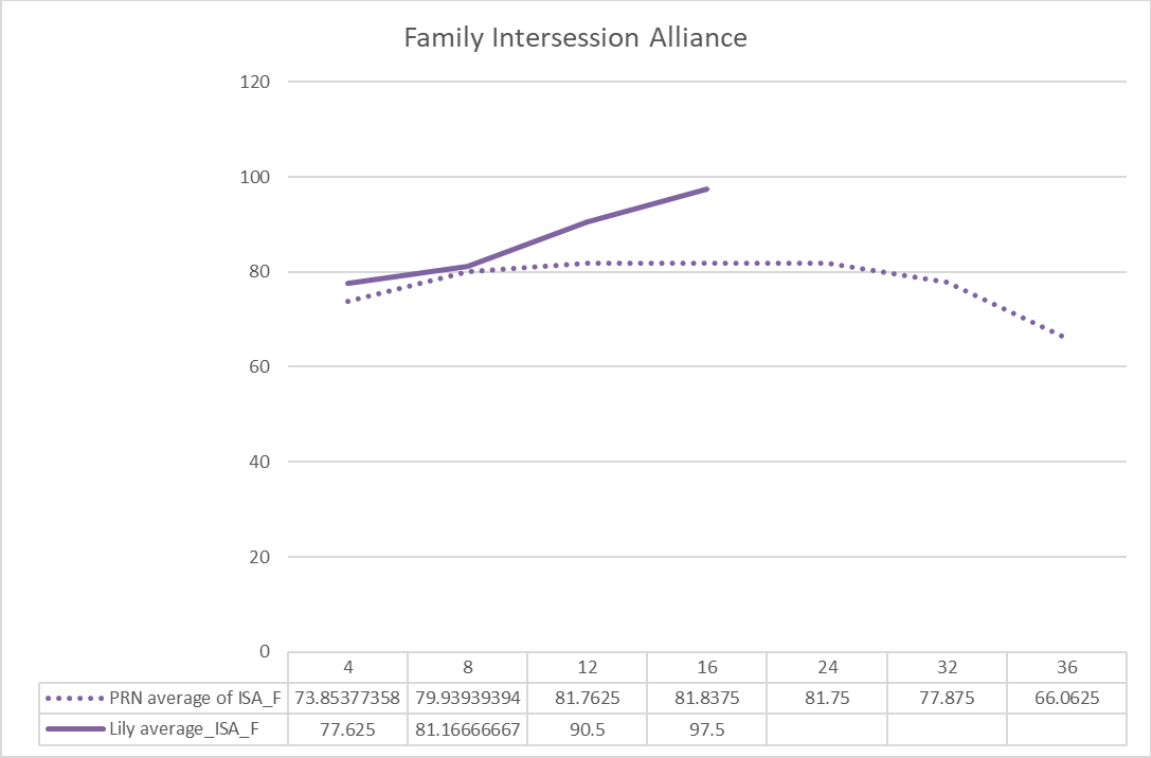
Figure 3.9: Intersession Alliance Outcomes: Couple



	4	8	12	16	24	32	36
PRN average of ISA_C	74.95439189	77.70187166	80.39285714	80.27409639	80.45714286	82.66666667	89.20833333
Lily average_ISA_C	71.33333333	69.20833333	73.8125	80.8125	81.375		

Figure 3.9 offers a comprehensive insight into the trajectories observed in the therapeutic alliances of couples and the trends within my therapeutic practice against those within the I-RAFT Clinic dataset. This figure compares my clients scores on alliance compared to the alliance scores for entire I-RAFT Clinic dataset. Upon careful examination, a notable convergence emerges in the initial alliance scores between my clients and the I-RAFT Clinic dataset, indicative of a shared baseline in establishing therapeutic rapport. However, subtle fluctuations in alliance scores are observed as therapy progresses; by session four, my clients' alliance scores closely mirror those of the PRN dataset; yet a notable divergence unfolds by session eight, characterized by a slight decrease in my alliance scores with couples, juxtaposed against a rise observed within the I-RAFT Clinic dataset. This pattern persists through subsequent sessions, with my alliance scores experiencing intermittent fluctuations while the I-RAFT alliance trajectory remains stable. A noteworthy shift occurred by session sixteen, as my alliance scores rose while the I-RAFT Clinic dataset plateaued. By session twenty-four, my alliance scores with couples align closely with those of the I-RAFT Clinic dataset.

Figure 3.10: Intersession Alliance Outcomes: Family



	4	8	12	16	24	32	36
PRN average of ISA_F	73.85377358	79.93939394	81.7625	81.8375	81.75	77.875	66.0625
Lily average_ISA_F	77.625	81.16666667	90.5	97.5			

Figure 3.10 explores the therapeutic alliances' trajectories within the familial context, showing the trajectories within my therapeutic practice against those within the I-RAFT Clinic dataset. This figure compares my clients scores on alliance compared to the alliance scores for entire I-RAFT Clinic dataset. From the onset, a discernible difference emerged in the alliance scores between my clients and the I-RAFT Clinic dataset, with my clients exhibiting higher alliance scores by session four. As therapy progresses, my clients and the I-RAFT Clinic dataset demonstrate a steady upward trajectory. However, a notable divergence surfaces by session twelve, marked by a difference in alliance scores between my clients and the PRN cohort. This pronounced discrepancy persists through subsequent sessions, with my clients consistently exhibiting higher alliance scores compared to the PRN dataset by session sixteen.

CHAPTER 4. DISCUSSION

In the course of this study, ROM emerged as a tool in the therapeutic journey, benefiting clients, therapists, and the therapeutic process at large. The integration of ROM, particularly within the EFT framework, has profoundly influenced my development as a therapist and has facilitated important progress in my clients' resolution of presenting problems and enhancement of their relationships with themselves and others.

Throughout the therapeutic process, my clients have demonstrated notable progress across various domains, not only on an individual level but also in their interactions outside the therapy room. A consistent pattern observed is the substantial improvement reported by both individual and family clients in resolving presenting problems and strengthening their alliance with me as their therapist. Seen throughout the result they are bumps and dips and high points but that tells me that therapy is a journey. Showing that while this happens my clients and the PRN data set still end in the same destination, my interpretation is that the therapeutic journey is different for every client and therapist.

The pivotal role of the therapeutic alliance, a core tenet of EFT, validates the effort invested in cultivating a trusting and collaborative therapeutic relationship. While couples in my practice tend to rank lower compared to the dataset, it is important to acknowledge that relationship satisfaction progress is not always linear. An important caveat is that my clients BARE scores ended up having higher scores then the I-RAFT Clinic dataset. Meaning that even if their satisfaction trajectories are not linear, my clients relationship satisfaction toward the last sessions is very close to the Clinic averages while is their attachment levels are notably higher than the clinic average, which to an EFT therapist means that important progress is being made. And EFT believes that in order to better a

relationship their attachment needs to be improved first before other things may be solved. Meaning that while their satisfaction and overall relationship is not at its highest point, they are making progress in the context of EFT. Despite variations in rankings, my observation is that my couples remained actively engaged in the therapeutic process, demonstrating a commitment to self-improvement and relational growth. This underscores the resilience and dedication exhibited by my clients, regardless of the challenges they encounter.

The findings derived from this years of data collection illuminate the profound benefits of ROM within a therapeutic context, shedding light on the invaluable insights it offers through its implementation. ROM has served as a transformative tool, enabling both my clients and me to perceive the broader scope of their therapeutic journey. I attribute a massive portion of my growth as a therapist to the guiding influence of ROM, which has fundamentally shaped my practice. The ability for clients to provide ratings not only on their progress but also on my effectiveness as a therapist has underscored the potency and utility of ROM in facilitating self-awareness and professional development.

Furthermore, integrating ROM alongside EFT has become integral to my therapeutic identity, enhancing my confidence and efficacy as a clinician. Witnessing the progress and improvements made by my clients, coupled with the feedback provided through ROM, has reinforced my belief in the transformative power of these therapeutic approaches. ROM and EFT have become tools within my clinical repertoire and integral components of my professional identity and growth.

It is crucial to recognize that the data we gather in therapy serves as informative rather than definitive. While definitive data might offer clear-cut conclusions, informative data provides valuable insights into various aspects of the therapeutic process. For instance, it

sheds light on the efficacy of different scales employed in therapy. It illustrates the impact of interventions like Routine Outcome Monitoring (ROM) and Emotionally Focused Therapy (EFT) on clients and therapists. Informative data opens avenues for exploration and sparks future research or practice ideas. It is not about finding one-size-fits-all solutions, but about continuously innovating and growing. While it may not yield generalizable conclusions, it offers nuanced glimpses into therapeutic dynamics. For instance, our data indicates the utility of ROM and EFT in facilitating client progress. Though not necessarily generalizable to the broader population, it provides a compelling example of how these approaches benefited the individuals with whom I worked as a therapist.

Reflecting on my journey as a therapist, it is evident that ROM and EFT have played a pivotal role in shaping my confidence and competence in collaborating with clients. While I acknowledge the myriad influences that have contributed to my development, including supervision, education, my cohort support, and personal therapeutic experiences, I attribute a significant portion of my growth and confidence to using ROM. Without the incorporation of ROM and EFT into my clinical practice, I wonder if I would have evolved into the therapist I am today. As such, I am deeply indebted to these approaches for enriching both my professional journey and the therapeutic experiences of my clients.

4.1 Limitations

The present study has limitations, as is common in research endeavors. One significant limitation that may have influenced the findings is the presence of response and social desirability bias among participants. Given that all data collected relied on self-reported measures, there exists the possibility of variations in clients' responses, influenced by their perception of how the therapist might perceive their responses. Moreover, the therapist's presence in the room while clients completed questionnaires could have further impacted their responses, potentially leading to either downplaying or exaggerating their progress based on their rapport with the therapist or their desire to appear successful. Additionally, the presence of clients' partners or family members during data collection may have introduced bias, as clients may have been hesitant to disclose certain information in their presence. Although efforts were made to mitigate these biases by emphasizing the importance of honesty in responses, the pervasive nature of social desirability bias may have still influenced the data collected.

Furthermore, it is essential to acknowledge that the study sample may only partially represent the experiences of therapists and clients in different settings. The participants in this study were primarily novice therapists at the I-RAFT Clinic. This training facility may limit the generalizability of the findings to more experienced clinicians or other therapeutic settings. Additionally, the data collected only represents approximately half of my clinical hours due to time constraints. This partial representation of the therapist's caseload may have introduced bias into the results, as it only captures part of the therapist's experiences with clients at the clinic. Furthermore, given the small number of my clients in the data,

even one client who may have struggled over the course of therapy (i.e., an outlier) could dramatically impact on the trajectory.

Acknowledging the inherent limitations within the scales and measurements utilized in therapy is imperative, with the presenting problem scale serving as a prime example. Many clients enter therapy and complete this scale, identifying three key issues they wish to address throughout their therapeutic journey. However, therapy is a complex and dynamic process. Problems identified at the outset may shift, evolve, or reveal themselves to be surface-level manifestations of deeper issues as therapy progresses, highlighting the depth and complexity of the therapeutic work. Clients may find that the concerns they initially identified are no longer the primary reasons they are in therapy. This can occur due to various factors, including resolving the identified problems, changes in life circumstances, or previously unrecognized issues. While the ability to track progress toward client-defined goals is beneficial, it raises important questions about the ongoing relevance of the presenting problem scale in long-term usage. Unlike the fluid nature of therapeutic progress, the MFT-PRN framework does not permit adjustments to presenting problems once established in the initial session. Consequently, the data collected from the presenting problem scale may need to be updated or relevant in certain situations. This limitation underscores the need for ongoing dialogue between therapist and client to ensure that therapy remains aligned with the client's evolving needs and goals.

Moreover, the therapist's evolving professional development throughout the data collection period presents another limitation. As the therapist was at the onset of their career during data collection, there may have been fluctuations in their therapeutic approach and style over time. While efforts were made to maintain consistency in

therapeutic practice, the therapist's ongoing development and refinement of their therapeutic identity may have influenced their interactions with clients, potentially impacting the outcomes observed in the study.

While this study provides valuable insights into the therapeutic process and outcomes within a specific context, caution must be exercised in generalizing the findings to broader populations or therapeutic settings. The limitations underscore the need for future research to address these constraints and further explore the complexities of therapeutic interactions and outcomes.

4.2 Future Directions

Future research endeavors must delve deeper into the interplay between various therapeutic styles and ROM. By exploring how different therapeutic approaches interact with ROM, we can better understand how monitoring processes influence therapeutic outcomes. This exploration holds the potential to illuminate the mechanisms through which ROM can enhance or modify the therapeutic process, informing the development of tailored interventions that maximize its effectiveness across diverse therapeutic contexts.

Moreover, future research should prioritize investigating clients' perspectives and experiences of ROM within the therapeutic setting. Understanding clients' perceptions of the monitoring process, including their attitudes, preferences, and any potential barriers or facilitators, is crucial for optimizing its implementation and enhancing its utility in clinical practice. By soliciting feedback directly from clients, we can gain invaluable insights into ROM's acceptability, relevance, and impact on their therapeutic journey.

Future research endeavors should also explore the potential benefits of integrating client feedback mechanisms into ROM protocols. By incorporating avenues for clients to provide ongoing feedback on their therapy experience, we can foster a collaborative and client-centered approach to treatment. This empowers clients to participate in their therapeutic process actively and allows therapists to adjust interventions in real time based on their evolving needs and preferences.

Furthermore, longitudinal studies examining the long-term effects of ROM on therapeutic outcomes and client well-being are warranted. By tracking clients' progress over extended periods, we can assess the sustained impact of ROM on treatment effectiveness, relapse prevention, and overall therapeutic success.

An intriguing avenue for future research is granting clients full access to their therapeutic data. Therapy becomes increasingly client-driven and centered by empowering clients with direct access to their results. Imagine a scenario where clients can observe their progress in real-time, gaining insight into their position along their therapeutic journey and identifying areas of ongoing struggle. Such transparency fosters a deeper understanding of the client's personal growth and provides therapists with a more focused lens through which to tailor interventions. This potential shift holds promise for enhancing therapeutic outcomes by facilitating a collaborative exploration.

In summary, future research endeavors in ROM should focus on exploring the interaction between therapeutic styles and monitoring processes, understanding clients' perspectives on ROM, integrating client feedback mechanisms into monitoring protocols, and conducting longitudinal studies to evaluate the long-term effects of ROM on therapeutic outcomes and client access to data. By addressing these research priorities, we

can advance our understanding of ROM and its role in enhancing clinical practice, improving the quality of care provided to clients.

CHAPTER 5. CONCLUSION

In conclusion, incorporating Routine Outcome Monitoring (ROM) within the framework of Emotionally Focused Therapy (EFT) has yielded significant insights and benefits for therapists and clients alike. Throughout this study, using ROM tools has provided valuable data that enhances our understanding of the therapeutic process and facilitates tailored interventions to meet clients' needs effectively. As we peer into the future, the ongoing exploration and refinement of ROM practices holds immense promise for advancing mental health and optimizing therapeutic outcomes for individuals and couples seeking support.

Expressing profound gratitude and admiration for my clients and their remarkable progress feels inadequate. Throughout my journey as a therapist, spanning the past year, I have encountered profound learning experiences within the clinical realm and on a profoundly personal level. This thesis has catalyzed a profound shift in my perception of therapy, illuminating the multifaceted complexities inherent in the therapeutic journey. Through this endeavor, I have cultivated a profound appreciation for the depth and breadth of the therapeutic process, recognizing its transformative potential for all parties involved. Indeed, therapy is a voyage marked by twists and turns, and progress may not always

follow a linear trajectory. However, amidst the ebbs and flows, each step forward represents a meaningful evolution, underscoring the profound impact of therapy in fostering growth and healing across diverse contexts.

Reflecting on the insights from this study, I am reminded of the enduring power of human connection and resilience. Each therapeutic encounter is a testament to the courage and vulnerability of individuals who embark on self-discovery and relational healing. Through integrating ROM and EFT, I have witnessed firsthand the profound transformations that unfold when clients feel seen, heard, and supported in their pursuit of growth and fulfillment.

Looking ahead, I am inspired by the boundless possibilities on the horizon. Armed with newfound insights and a deepened understanding of the therapeutic process, I am committed to continuing my journey of treating people with kindness, guided by a steadfast dedication to fostering positive change and empowering individuals and couples to lead lives of authenticity and connection. In doing so, I am honored to play a role in the collective endeavor to promote mental health and well-being, one therapeutic encounter at a time.

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