



Guia docente			
Datos Identificativos			2015/16
Asignatura (*)	Investigación de proceso en psicoterapia	Código	652438018
Titulación	Mestrado Universitario en Psicoloxía Aplicada		
Descriptores			
Ciclo	Periodo	Curso	Tipo
Máster Oficial	2º cuatrimestre	Primero	Obligatoria
Idioma	Castellano		
Modalidad docente	Presencial		
Prerrequisitos			
Departamento	Psicoloxía		
Coordinador/a	Escudero Carranza, Valentín	Correo electrónico	valentin.escudero@udc.es
Profesorado	Escudero Carranza, Valentín	Correo electrónico	valentin.escudero@udc.es
Web			
Descripción general	Uno de los campos de aplicación de la psicología es la intervención psicoterapéutica. Esta materia capacita al alumno en el conocimiento de la investigación de proceso en psicoterapia mediante la profundización en los procedimientos y resultados de investigación más reciente.		

Competencias / Resultados del título	
Código	Competencias / Resultados del título
A1	Reconocer y respetar la diversidad humana y comprender que las explicaciones psicológicas pueden variar a través de poblaciones y contextos.
A2	Saber identificar los factores personales, psico-sociales y/o educativos que pueden poner en riesgo a salud de las personas.
A3	Ser capaz de elaborar un informe científico que implique definir un problema de investigación, las hipótesis y variables asociadas, así como definir el diseño, la muestra y su modo de selección, las herramientas de recogida de datos y su consecuente análisis y discusión.
A4	Ser capaz de lograr un adecuado nivel de comprensión de la demanda del destinatario en cada situación o contexto de aplicación.
A5	Ser capaz de realizar una evaluación psicológica en el contexto de una investigación científica.
A6	Saber como especificar la demanda y los objetivos del caso, y en función de ellos, recoger la información.
A7	Saber realizar un seguimiento sobre un caso eligiendo objetivos pertinentes y realistas.
A8	Conocer las bases para establecer hipótesis respecto de un caso concreto y, a partir de las mismas, saber deducir enunciados contrastables.
A9	Conocer los métodos y técnicas cuantitativos y quasi-cuantitativos de recogida de información en psicología aplicada.
A10	Ser capaz de diseñar instrumentos de recogida de información en programas de intervención psicológica.
A11	Conocer las limitaciones y restricciones de todo tipo (personales, sociales, económicas, éticas, etc.) que tiene la investigación científica y técnica.
A12	Adquirir un conocimiento teórico básico sobre el estado del arte en las diferentes áreas implicadas en la psicología aplicada.
A13	Conocer y ser capaz de utilizar los diferentes modelos, teorías, métodos y técnicas de evaluación e intervención que son específicos de los distintos ámbitos de la investigación en Psicología Aplicada y desarrollar una actitud crítica propia del espíritu científico.
A14	Ser capaz de analizar la documentación bibliográfica necesaria para un trabajo de investigación.
A15	Ser capaz de analizar críticamente las publicaciones científicas.
A16	Adquirir los conocimientos y destrezas necesarias para la exposición y defensa de un trabajo de investigación.
A17	Ser capaz de comunicar los resultados de una investigación.
A18	Mostrar un compromiso ético y profesional con respecto a las responsabilidades cívicas, sociales y globales.
A19	Conocer y ajustarse a las obligaciones deontológicas de la Psicología Aplicada.
A20	Conocer los distintos modelos de evaluación e intervención en el ámbito de la Psicología Social Aplicada.
B1	Capacidad de análisis y síntesis.
B2	Capacidad de organización y planificación.
B3	Trabajo en equipo.
B5	Habilidades en las relaciones interpersonales.
B6	Razonamiento crítico.



B7	Compromiso ético.
B8	Aprendizaje autónomo.
B9	Iniciativa y espíritu emprendedor.
B10	Motivación por la calidad.
B11	Resolución de problemas.
B12	Toma de decisiones.
B13	Capacidad de aplicar los conocimientos a la práctica.
B14	Habilidades interpersonales.
B15	Capacidad de trabajar con un equipo interdisciplinario.
B16	Capacidad para comunicarse con personas no expertas en la materia.
B17	Valoración de la diversidad y de la multiculturalidad.
B18	Habilidad para trabajar de forma autónoma.
C3	Utilizar las herramientas básicas de las tecnologías de la información y las comunicaciones (TIC) necesarias para el ejercicio de su profesión y para el aprendizaje a lo largo de su vida.
C4	Desarrollarse para el ejercicio de una ciudadanía abierta, culta, crítica, comprometida, democrática y solidaria, capaz de analizar la realidad, diagnosticar problemas, formular e implantar soluciones basadas en el conocimiento y orientadas al bien común.
C5	Entender la importancia de la cultura emprendedora y conocer los medios al alcance de las personas emprendedoras.
C6	Valorar críticamente el conocimiento, la tecnología y la información disponible para resolver los problemas con los que deben enfrentarse.
C7	Asumir como profesional y ciudadano la importancia del aprendizaje a lo largo de la vida.
C8	Valorar la importancia que tiene la investigación, la innovación y el desarrollo tecnológico en el avance socioeconómico y cultural de la sociedad.

Resultados de aprendizaje

Resultados de aprendizaje

Competencias /
Resultados del título

Conocer la historia y la función de la psicoterapia como un procedimiento de aplicación de la psicología científica	AI1 AI2 AI4 AI9 AI12 AI19 BI1 BI2 BI3 BI6 BI7 BI8 BI10 BI13 BI15 BI16	CM5 CM6 CM7 CM8
Diferenciar la investigación de resultados y la investigación de proceso de forma operativa, saber cómo se aplican ambos tipos de investigación.	AI3 AI4 AI5 AI6 AI7 AI8 AI9 AI11 AI13 AI18 AI20	BI2 BI6 BI7 BI10 BI11 CM6 CM7



El alumno es capaz de realizar una investigación de procesos psicoterapéuticos con un esquema riguroso y científico.	AI3 AI5 AI6 AI7 AI8 AI9 AI10 AI12 AI14 AI15 AI16 AI17 AI19 AI20	BI1 BI3 BI5 BI6 BI7 BI8 BI9 BI10 BI11 BI12 BI13 BI14 BI15 BI16 BI17 BI18	CM3 CM4 CM6 CM7 CM8
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Contenidos		
Tema	Subtema	
1. La investigación en psicoterapia	1.1 Investigación de resultados 1.2 Investigación de proceso 1.3 Tratamientos basados en la evidencia	
2. Métodos de investigación de la psicoterapia	2.1 Ensayos clínicos controlados 2.2 Investigación naturalista: observación y cuasi- experimentación 2.3 Investigación cualitativa	
3. Investigación de proceso	3.1 Investigación del progreso de cambio 3.2 Investigación de factores comunes 3.3 Proceso-resultado	
4. Factores comunes	4.1 Investigación de Factores del Cliente 4.2 Investigación de Factores del Terapeuta 4.3 Investigación de la relación terapéutica	
5. El estudio de la relación terapéutica	5.1 Noción de alianza terapéutica y alianza de trabajo 5.2 La alianza terapéutica como variable predictora 5.3 El modelo SOFTA 5.4 Enganche 5.5 Seguridad 5.6 Vínculo 5.7 Alianzas intra-sistema	
6. Instrumentos para el estudio del proceso de psicoterapia	6.1 Auto-informes 6.2 Instrumentos observacionales	

Planificación				
Metodologías / pruebas	Competencias / Resultados	Horas lectivas (presenciales y virtuales)	Horas trabajo autónomo	Horas totales
Sesión magistral	A1 A2 A4 A9 A11 A12 A13 A18 A19 A20 B1 B6 B7 B10 C6	10	15	25



Análisis de fuentes documentales	A10 A14 A15 A16 B2 B17 B18 C3 C4 C7 C8	0	4	4
Lecturas	A9 A11 A13 A14 A15 B8 B9 C5	0	10	10
Trabajos tutelados	A3 A5 A6 A7 A8 A9 A10 A11 A17 B3 B5 B11 B12 B13 B14 B15 B16	4	12	16
Atención personalizada		20	0	20

(*)Los datos que aparecen en la tabla de planificación són de carácter orientativo, considerando la heterogeneidad de los alumnos

Metodologías	
Metodologías	Descripción
Sesión magistral	Clases en las que el profesor explica un tema con ayuda de esquemas y ejemplos.
Análisis de fuentes documentales	Los alumnos han de revisar y hacer búsqueda de artículos y otros documentos técnicos (sobre todo instrumentos de investigación y evaluación) para el trabajo tutelado
Lecturas	Trabajo individual de lectura de los documentos indicados por el profesor
Trabajos tutelados	Realización del análisis de la investigación de un factor determinado que ha tenido una especial relevancia en el campo de la investigación en psicoterapia (por ejemplo, características del cliente) preparando un trabajo riguroso y bien organizado, junto con una presentación del mismo que dará lugar a un debate en clase.

Atención personalizada	
Metodologías	Descripción
Lecturas	El alumno tendrá una atención de tutoya presencial y on-line para guiar su interpretación de las lecturas recomendadas y durante el proceso de realización de los trabajos tutelados que son individuales.
Trabajos tutelados	

Evaluación			
Metodologías	Competencias / Resultados	Descripción	Calificación
Trabajos tutelados	A3 A5 A6 A7 A8 A9 A10 A11 A17 B3 B5 B11 B12 B13 B14 B15 B16	Se hará una valoración del trabajo de análisis de una investigación que ha realizado el alumno de forma individual, valorando la calidad del resultado final y los recursos utilizados para el análisis.	50
Sesión magistral	A1 A2 A4 A9 A11 A12 A13 A18 A19 A20 B1 B6 B7 B10 C6	Se evaluará al alumno mediante un test con opción múltiple de respuesta sobre los conocimientos adquiridos en la sesión presencial que su vez están apoyados por las lecturas, con una consideración del 10% por la asistencia	50

Observaciones evaluación

Fuentes de información



Básica

MANUALES BÁSICOSCorbella, S., y Botella, L. (2004). Investigación en psicoterapia:Proceso, resultado y factores comunes. Madrid: VisionNet.Friedlander, M., Escudero, V., y Heatherington, L (2009). La alianza terapéutica. Barcelona: Paidós.

ARTÍCULOS SELECCIONADOSEscudero, V. (2012) Reconsidering the ?heresy? of using treatment manuals. *Journal of Family Therapy*, 34:106-113.

Some argue that the medical model and the experimental design that underlies the use of treatment manuals to prove the efficacy of a psychotherapeutic treatment clashes with the theoretical basis of family therapy. From the point of view of the empirically supported treatments (ESTs) movement, treatment manuals are the operationalization of the independent variable in a clinical trial; the therapist is only part of the procedure and the therapeutic relationship is a confounding variable. Applying that logic to the practice of family therapy might be considered a heresy. This article argues that paradoxically, this heresy has a lot to offer the practice of family therapy. Research is the best way to answer questions like ?how does family therapy work?? ?What makes ?good therapy? good?? ?Do therapists do what they say they do'? This article recommends an alternative framework for integrating ESTs into practice by proposing empirically informed guides to practice which, being less formulaic, encourage process-outcome research, are coherent with the systemic model and do not constrain the therapist's creativity. Such guidelines allow therapists to use manuals flexibly so that they deepen the understanding of the process of therapy.

Higham,J.E., Friedlander, M.L., Escudero, V. & Diamond, G. (2012) Engaging reluctant adolescents in family therapy: an exploratory study of in-session processes of change. *Journal of Family Therapy*, 34:24-52

Informed by a trans-theoretical model of the therapeutic alliance in conjoint family therapy, this exploratory study was the initial stage in a task analysis of critical shifts in adolescent engagement. Specifically, we compared sessions in which a resistant adolescent either did or did not shift from negative to positive engagement during the session. Two successful and two unsuccessful change events were selected from an archival data set based on SOFTA ratings of the therapeutic alliance. The results suggested that one parent element (support) and five therapist elements (structuring therapeutic conversations, fostering autonomy, building systemic awareness, rolling with resistance and understanding the adolescent?s subjective experience) seemed critical for successfully facilitating adolescent engagement. The qualitative results were informed by the adolescent?s self-reported target complaints pretreatment, which suggested varying reasons for the teenagers? active or passive disengagement. Implications for practice and recommendations for future research are offered to continue this line of inquiry.

Escudero, V. Boogmans, E., Loots, G., & Friedlander, M.L. (2012) Alliance Rupture and Repair in Conjoint Family Therapy: An Exploratory Study. *Psychotherapy*, 49:26-37.

In this article, we introduce a methodology for studying alliance rupture and repair in conjoint family therapy. Using the System for Observing Family Therapy Alliances (Friedlander, Escudero, & Heatherington, 2006), we identified rupture markers and repair interventions in a session with a single mother and her 16-year-old ?rebellious? daughter. The session was selected for analysis because a severe rupture was clinically evident; however, by the end of the session, there was an emotional turnaround, which was sustained in the following session and continued until the successful, mutually agreed upon termination. The first rupture occurred when the psychotherapist suggested that the mother explore, in an individual session, how her ?personal stress? may be affecting her daughter. The observational analysis showed repeated rupture markers, that is, confrontation and withdrawal behavior, hostile within-family interactions, and a seriously ?split? alliance in family members? expressed feelings toward the psychotherapist. The time-stamped behavioral stream showed that the psychotherapist focused first on safety, then on enhancing his emotional connection with each client, and finally on helping mother and daughter understand each other?s behavior and recognize their shared isolation.

de la Peña, C. M., Friedlander, M. L., Escudero, V., & Heatherington, L. (2012). How Do Therapists Ally With Adolescents in Family Therapy? An Examination of Relational Control Communication in Early Sessions. *Journal of Counseling Psychology*, 59:339-351.

Sequential analyses examined associations between the working alliance and therapist?adolescent communication patterns in 10 Spanish cases of brief conjoint family therapy. Early sessions with strong versus problematic alliances, rated by observers, were selected for coding of relational control communication patterns. No differences were found in the frequency of exchanges, but competitive responding by the therapists (reflecting an interpersonal struggle for control) was significantly more likely in problematic alliance sessions than in strong alliance sessions. Cases in which the adolescent?s alliance with the therapist remained positive from Session 1 as compared with Session 3 showed a decrease in the likelihood of competitive symmetry. Notably, when the quality of the alliance deteriorated over time, the therapists were increasingly more likely to respond to the adolescents? domineering messages in a competitive manner. Results underscore the need to avoid competitive responding in order to ally with



adolescents in conjoint family treatment. Escudero, V., Friedlander, M. L., & Heatherington, L. (2011). Using the e-SOFTA for video training and research on alliance-related behavior. *Psychotherapy*, 48, 138-147. In this article, we describe a specific technology for training/supervision and research on the working alliance in either individual or couple/family therapy. The technology is based on the System for Observing Family Therapy Alliances (SOFTA; Friedlander, Escudero, & Heatherington, 2006), which contains four conceptual dimensions (Engagement in the Therapeutic Process, Emotional Connection with the Therapist, Safety within the Therapeutic System, and Shared Sense of Purpose within the Family), observational rating tools (SOFTA-o), and self-report measures (SOFTA-s) shown to be important indicators of therapeutic progress. The technology, e-SOFTA, is a computer program (available for PC downloading free of charge) that can be used to rate client(s) and therapist on the specific SOFTA-o behaviors that contribute to or detract from a strong working alliance in each dimension. In addition to providing time-stamped frequencies of alliance-related behaviors, e-SOFTA allows users to link the observed behaviors to qualitative comments and to compare one person's rating of a session to that of another person. Suggestions are provided for using e-SOFTA in research, in didactic training, and in supervision, including a specific training module for introducing graduate students to the working alliance and assessing their observational and executive skills. Friedlander, M. L., Escudero, V., Heatherington, L., Diamond, G. M. (2011) Alliance in couple and family therapy, *Psychotherapy*, Vol 48(1), 25-33. Couple and family therapy (CFT) is challenging because multiple interacting working alliances develop simultaneously and are heavily influenced by preexisting family dynamics. An original meta-analysis of 24 published CFT alliance-retention/outcome studies ($k = 17$ family and 7 couple studies; $N = 1,416$ clients) showed a weighted aggregate $r = .26$, $z = 8.13$ ($p < .005$); 95% CI = .33, .20. This small-to-medium effect size is almost identical to that reported for individual adult psychotherapy (Horvath Del Re, Flückiger, & Symonds, this issue, pp. 9-16). Analysis of the 17 family studies ($n = 1,081$ clients) showed a similar average weighted effect size ($r = .24$; $z = 6.55$, $p < .005$; 95% CI = .30, .16), whereas the analysis of the 7 couple therapy studies ($n = 335$ clients) indicated $r = .37$; $z = 6.16$, $p < .005$; 95% CI = .48, .25. Tests of the null hypothesis of homogeneity suggested unexplained variability in the alliance-outcome association in both treatment formats. In this article we also summarize the most widely used alliance measures used in CFT research, provide an extended clinical example, and describe patient contributions to the developing alliance. Although few moderator or mediator studies have been conducted, the literature points to three important alliance-related phenomena in CFT: the frequency of ?split? or ?unbalanced? alliances, the importance of ensuring safety, and the need to foster a strong within-family sense of purpose about the purpose, goals, and value of conjoint treatment. We conclude with a series of therapeutic practices predicated on the research evidence. Escudero, V., Heatherington, L. & Friedlander, M.L. (2010). Therapeutic Alliances and Alliance Building in Family Therapy. In Muran, C. & Barber, J. (Eds.), *The therapeutic alliance: An evidence-based approach to practice and training* (pp. 240-262). NY: Guilford. This chapter reviews the conceptualization, measurements, research, and clinical applications of the Therapeutic Alliance in Family Therapy. It is a complete and up-dated review of the therapeutic alliance in the context of systemic therapies. Muñiz de la Peña, C., Friedlander, M. L., & Escudero, V. (2009). Frequency, severity, and evolution of split family alliances: How observable are they? *Psychotherapy Research*, 19, 133-142. ?Split alliances? (within-family differences in the emotional bond with the therapist) were studied in 19 U.S. and 21 Spanish families using the System for Observing Family Therapy Alliances (SOFTA; Friedlander, Escudero, & Heatherington, 2006). Examining individual family members? scores on the corresponding self-report and observational Emotional Connection with the Therapist SOFTA scales, we identified mild, moderate, and severe split alliances. In both samples, self-reported splits occurred frequently and with almost all of the therapists. Although clients? observed interactions with the therapist often mirrored their self reports, family members? perceptions of the therapeutic bond were generally more discrepant than their behavior suggested. The majority of families that dropped out had a moderately or severely split alliance in at least one session. Escudero, V., Friedlander, M. L., Varela, N., & Abascal, A. (2008). Observing the therapeutic alliance in family therapy: Associations with participants? perceptions and therapeutic outcomes. *Journal of Family Therapy*, 30, 194-204. Positive and negative alliance-related behaviours of 37 families seen in brief family therapy were rated from videotapes using the System for Observing Family Therapy Alliances (Friedlander et al., 2006b). Positive associations were found between in-session behaviour and participants? perceptions of the alliance and improvement-so-far both early (session 3) and later in therapy (session 6). Binary logistic regression showed that successful outcomes (defined as consensus by therapist and all family members on general improvement and reduced problem severity) were



significantly predicted by positive individual behaviour (Engagement in the Therapeutic Process, Emotional Connection with the Therapist, Safety within the Therapeutic System) in session 3 and productive within-family collaboration (Shared Sense of Purpose within the Family) in session 6. Shared Sense of Purpose was the alliance indicator most consistently associated with clients' and therapists' perceptions of therapeutic progress; moreover, it was the only alliance indicator to improve significantly over time in treatment.Carpenter, J., Escudero, V., & Rivett, M. (2008). Training family therapy students in conceptual and observation skills relating to the therapeutic alliance: An evaluation. *Journal of Family Therapy*, 30, 411-421. This paper describes a training intervention to develop students' conceptual and observation skills relating to the therapeutic alliance (TA) in family therapy. An evaluation methodology was developed and piloted. The knowledge and observation skills of family therapy students pre- and post-training were assessed in comparison to a non-intervention group of experienced clinicians. Students' mean scores on the knowledge measure improved significantly from 43 % to 74 % ($p = .001$) and on the observation test from 43 per cent to 65 per cent, although this failed to reach statistical significance. There were no significant changes in the clinicians' scores over the same period. The clinicians' knowledge was higher initially, but the students had caught up after six months. In conclusion, training students in conceptual and observational skills relating to the therapeutic alliance may have a measurable effect. A ?stepwise? methodology for demonstrating the relationship between training in TA and outcomes for families is proposed.Friedlander, M. L., Lambert, J. E., Escudero, V., & Cragun, C. (2008). How do therapists enhance family alliances? Sequential analyses of therapist ? client behavior in two contrasting cases. *Psychotherapy: Theory, Research, Practice, Training*, 45, 75-87. To identify alliance-related behavior patterns in more and less successful family therapy, we intensively analyzed two cases with highly discrepant outcomes. Both families were seen by the same experienced clinician. Results showed that participants' perceptions of the alliance, session impact, and improvement at three points in time were congruent with the families' differential outcomes and with observer-rated alliance behavior using the System for Observing Family Therapy Alliances (Friedlander et al., 2006a). In this measure, therapist behaviors contribute to the alliance and client behaviors reveal the strength of the alliance on four dimensions: Engagement in the Therapeutic Process, Emotional Connection with the Therapist, Safety within the Therapeutic System, and Shared Sense of Purpose within the Family. In the poor outcome case, observer ratings and self-reported alliance scores revealed a persistently ?split? alliance between family members; this family dropped out mid-treatment. Only in the good outcome case did the clients follow the therapist's alliance-building interventions with positive alliance behaviors; sequential analyses showed that therapist contributions to Engagement significantly activated client Engagement behavior, and therapist Emotional Connection interventions significantly activated client Emotional Connection. Friedlander, M. L., Escudero, V., & Heatherington, L. (2006). Therapeutic alliances with couples and families: An empirically-informed guide to practice. Washington, DC: American Psychological Association. This book introduces our transtheoretical model of the therapeutic alliance in conjoint therapy, the System for Observing Family Therapy Alliances, or SOFTA. As a model, the SOFTA is an elaboration of our ongoing empirical work to develop and validate a set of tools, observational (SOFTA-o) and self-report (SOFTA-s), for estimating the strength of the alliance in couple and family therapy (CFT). In this book, SOFTA serves as an organizing framework for integrating extant theory, research and practice on the therapeutic alliance in CFT. We created the SOFTA to organize and synthesize the wealth of behavioral information that therapists should pay attention to in creating, nurturing, and sustaining alliances with family members who may be in conflict with one another or have highly variable motivations for treatment. Using the SOFTA, either the rating tool or informally, as simply as a framework for thinking about CFT processes, therapists (and supervisors) can evaluate the strength of alliances with different family members, identify problematic behaviors that threaten the alliance, and figure out how to move the therapeutic process forward.Beck, M., Friedlander, M. L., & Escudero, V. (2006). Three perspectives on clients' experiences of the therapeutic alliance: A discovery-oriented investigation. *Journal of Marital and Family Therapy*, 32, 355-368. To deepen our understanding of the therapeutic alliance in conjoint treatment, we interviewed clients in four families about their individual, private experience of the alliance after an early session. These qualitative data were triangulated with family members' scores on Pinsof's (1999) Family Therapy Alliance Scale-Revised and observational ratings of their behavior on the System for Observing Family Therapy Alliances (Friedlander, Escudero, & Heatherington, 2006). This discovery-oriented investigation focused on three interrelated aspects of the alliance: the family's shared sense of purpose about the needs, goals, and value of therapy (i.e., within-system alliance), split alliances with the therapist, and felt sense of safety within the therapeutic

context. Results were highly consistent across the three perspectives and congruent with idiographic therapist-rated outcomes.



Complementária	<p>Asay, T.P., & Lambert, M.J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M.A. Hubble, B.L.Duncan, & S.D. Miller (Eds.), <i>The heart and soul of change: What works in therapy</i> (pp. 33-56). Washington, DC: American Psychological Association.</p> <p>Beck, M., Friedlander, M. L., & Escudero, V. (2006). Three perspectives of clients? experiences of the therapeutic alliance: A discovery-oriented investigation. <i>Journal of Marital and Family Therapy</i>, 32, 355-368.</p> <p>Carpenter, J. Escudero, V., & Rivett, M (2008). Training family therapy students in conceptual and observation skills relating to the therapeutic alliance: an evaluation. <i>Journal of Family Therapy</i>, 30: 411-424.</p> <p>Castonguay, L. G., Constantino, M. J., & Holtforth, M. G. (2006). The working alliance: Where are we and where should we go? <i>Psychotherapy: Theory, Research, Practice, Training</i>, 43, 271-279.</p> <p>Escudero, V., M. L. Friedlander, Varela, N., & Abascal, A. (2008). Observing the therapeutic alliance in family therapy: associations with participants? perceptions and therapeutic outcomes. <i>Journal of Family Therapy</i>, 30: 194-214.</p> <p>Escudero, V., Heatherington, L., & Friedlander, M. (in press) <i>Therapeutic Alliances and Alliance Building in Family Therapy</i>. En Muran, C. & Barber, J. (Eds.) <i>The therapeutic alliance: An evidence-based approach to practice and training</i>. NY: Guilford.</p> <p>Friedlander, M. L., Escudero, V., Horvath, S., Heatherington, L., Cabero, A., & Martens, M. (2006). System for Observing Family Therapy Alliances: A tool for research and practice. <i>Journal of Counseling Psychology</i>, 53:214-225.</p> <p>Friedlander, M. L., Lambert, J., Escudero, V.; Cragun, C. (2008). How do therapists enhance family alliances? Sequential analyses of therapist-client behavior in two contrasting cases. <i>Psychotherapy: Theory, Research, Practice, Training</i>. 45:75-87.</p> <p>Heatherington, L., Friedlander, M. L., & Greenberg, L. S. (2005). Change process research in couples and family therapy: Methodological challenges and opportunities. <i>Journal of Family Psychology</i>, 19, 18-27.</p> <p>Maione, P.V., & Chenail, R.J. (1999), Qualitative Inquiry in Psychotherapy: Research on the Common Factors. In M.A. Hubble, B.L.Duncan, & S.D. Miller (Eds.), <i>The heart and soul of change: What works in therapy</i> (pp. 33-56). Washington, DC: American Psychological Association.</p> <p>Muñiz de la Peña, C., Friedlander, M.L., & Escudero, V. (2009). Frequency, severity, and evolution of split family alliances: How observable are they?. <i>Psychotherapy Research</i>, 19:133-142.</p> <p>Sprengle, D.H. & Blow, A.J. (2004). Common factors and our sacred models. <i>Journal of Marital and Family Therapy</i>, 30, 113-129.</p>
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Recomendaciones

Asignaturas que se recomienda haber cursado previamente

Asignaturas que se recomienda cursar simultáneamente

Asignaturas que continúan el temario

Otros comentarios

(*) La Guía Docente es el documento donde se visualiza la propuesta académica de la UDC. Este documento es público y no se puede modificar, salvo cosas excepcionales bajo la revisión del órgano competente de acuerdo a la normativa vigente que establece el proceso de elaboración de guías