JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

The Score-15, a multipurpose tool for research and clinic practice.

Lo Score-15, uno strumento multifunzionale per la ricerca e la pratica clinica.

Amanda Bellocci*, Giulia Monnetti*, Luigi Schepisi**, Emanuele Basili***, Gianmarco Manfrida*

* C.S.A.P.R. - Prato; ** I.I.P.R.- Rome; *** I.P.R. - Rome

Keywords: self-report measures, SCORE-15, perceived change, family/couple satisfaction, therapist's assessment

Palabras llave: medidas de autoinforme, SCORE-15, cambio percibido, satisfacción de la familia/pareja, evaluación del terapeuta

Parole chiave: misure self-report, SCORE-15, cambiamento percepito, soddisfazione famiglie/coppie, valutazione del terapeuta

Abstract

The aim of this paper is to stimulate thoughts about employing an instrument such as the SCORE-15 as an aid in clinicians' daily work. Already validated for research in Family and Couple Therapy, this easy to administer instrument makes it possible to obtain an immediate perception of family/couple characteristics, their process of change throughout treatment, and the results of therapeutic interventions. We present a study conducted over a 5-year period during which 69 families and couples received treatment at the same training school in family and relational therapy. Participants completed the SCORE-15 during treatment. We compared participants' responses from the first and last administration of the questionnaire (n=171) after dividing the sample according to the role of the members within the family/couple and the type of therapeutic setting (family, couple, or parental). Using a specifically designed version of the SCORE, we also compared the therapists' perception of change with that of the family members. This comparison opens the possibility of using SCORE in clinical practice. Lastly, we present a clinical case to illustrate the utility of SCORE as an instrument of orientation and frequent feedback in therapeutic work.

Resumen

Propòsito de este trabajo es estimular la reflexión sobre el empleo de una hierramenta validada para la evaluación de terapias familiares y de pareja, el SCORE-15: se trata de un cuestionario de facil administración que permite de obtener una fotografia inmediata de las caracteristicas de la familia/pareja, del cambio y del proceso terapéutico en curso. La muestra està costituida por 171 Score en primera y ultima administración, relacionados a 69 familias/parejas,

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

recolectados durante 5 anos en la misma escuela de formaciòn en terapia Familiar Sistemica Relacional. Con el objetivo de monitorear las tendencias en el tiempo y los exitos de las terapias desarroladas, se han confrontado la puntuaciòn obtenida por los SCORE al inicio y a la conclusión de la terapia, dividiendo la muestra también en funciòn del rol de los miembros al interior de la familia/pareja y a los tipos de entornos terapéuticos (familiar, de pareja o parental). La investigaciòn ha incluido también la comparación entre el cambio percibido por el terapeuta, anotado gracias a una especifica versiòn de SCORE, y lo deducido por el modelo de cuestionario compilado por los miembros de la familia/pareja: esta comparación abre la posibilidad de utilizar SCORE como ayuda en la pràctica clìnica de las/los terapeutas. Sigue la descripción de un caso en el cual se ilustra el posible empleo de SCORE como hierramenta de orientación y de colección de feedback en el trabajo clinico en curso y hecho.

Riassunto

Scopo di questo lavoro è stimolare una riflessione relativa all'uso di uno strumento validato per la valutazione delle terapie familiari e di coppia, lo SCORE-15. Tale strumento, di facile somministrazione, permette di ottenere una fotografia pressoché immediata delle caratteristiche della famiglia/coppia, del cambiamento e del processo terapeutico in corso. Sono stati presi in considerazione 171 Score in prima e ultima somministrazione, relativi a 69 famiglie/coppie, raccolti nell'arco temporale di 5 anni, presso la stessa scuola di formazione in terapia familiare e relazionale. Al fine di monitorare l'andamento nel tempo e gli esiti delle terapie condotte, sono stati confrontati i punteggi ottenuti dalla somministrazione dello SCORE a inizio e fine terapia, suddividendo il campione anche in base al ruolo dei membri all'interno della famiglia/coppia e alla tipologia di setting terapeutico (familiare, di coppia o genitoriale). L'obiettivo dell'indagine ha incluso anche il confronto tra il cambiamento percepito dal terapeuta, rilevato attraverso la specifica versione dello SCORE, e quello rilevato dal modello di questionario compilato dai membri della famiglia: tale confronto apre la possibilità di impiegare lo SCORE come alleato nella pratica clinica dei terapeuti. Viene infine presentato un caso clinico illustrativo del possibile uso dello Score come strumento orientativo e di feedback rispetto al lavoro terapeutico in svolgimento e svolto.

Note: A special thanks to Dr. Mauro Mariotti of the Istituto di Psicoterapia Sistemica e Relazionale di Modena e Cesena (ISCRA) and Prof. George Saba (University of California, San Francisco) for assistance in the revision and translation of this paper.

Introduction

Validated tools are increasingly used to monitor the progress and outcome of therapies and supervision in systemic relational psychotherapy. However, this use of validated measures is no longer confined to the world of research but is becoming part of the psychotherapist's toolbox. Every therapist, as well as every patient, always tries to evaluate the effectiveness of their interventions, both during and at the end of therapy. The use of validated tools should not only be

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

considered an essential component in defining an "evidence-based" treatment, but also something that allows a better comparison and a more immediate exchange through a shared language with colleagues of one's own and other's approaches. In addition, the ethical dimension of evaluation should not be underestimated. As stressed by Wampold and Imel (2017) "the... therapists who do not systematically monitor the effectiveness of their interventions cannot claim to administer ethical treatment that meets current standards of care".

The choice of the measurement tool implies who has been identified as the subject of the evaluation. While until recently the evaluation was delegated to the clinician or to an external researcher, the use of self-report questionnaires completed by psychotherapy clients themselves is becoming increasingly popular (Stratton & Low, 2020). There are numerous positive opportunities for this type of tool: first, the therapist is provided with feedback that is more valuable as the evaluations may deviate from those that she/he can make. For example, therapists, regardless of their approach, generally give better judgments of the outcomes of their own work (Probst, Humer, Jesser & Pieh, 2022). Also, the elements of the therapeutic process and the factors of change are often evaluated in a surprisingly different way by clients than the corresponding judgments of therapists (Campbell, 1997). At the same time, asking clients to evaluate psychotherapy highlights their active role in treatment, which would be less effective if the clients felt that they were only the object of a practice to which they were subjected.

It is precisely on the use of a self-report, the Systemic Clinical Outcome Routine Evaluation-15 (SCORE-15), that we have based the systematic evaluation of psychotherapies, families and couples treated at the Licensed Psychotherapy School CSAPR (Centro Studi e Applicazione della Psicologia Relazionale, Prato, Italy). A preliminary analysis of this project was presented at the SIPPR-EFTA Conference (Schepisi, Bravi, Monnetti, Paolini & Manfrida, 2019), which highlighted the applicability of the tool in a clinical, non-experimental context, the general appreciation by family members to express their perspective, and the ability of the SCORE-15 to record changes during and at the end of therapy.

In this article, we present a study of the treatment conducted at CSAPR in Prato between 2019 and 2023. This study's overall objective was to investigate therapeutic change before and after therapy, in order to obtain data that could guide therapeutic intervention at the beginning of therapy and provide feedback regarding the outcomes of therapy. We felt it necessary to have objective data, integrated with qualitative data, to identify areas for professional improvement. In addition, collecting data on the outcomes of therapeutic interventions can contribute to the construction of efficacy-based scientific evidence that allows us to constantly improve the quality of care provided, ensure the well-being of patients, and contribute to the development and validation of effective therapeutic practices.

Specifically, we set as a research objective to:

- assess the effectiveness of the therapies carried out, both overall and distinguished by type of psychotherapy (family, parenting, and couple), and by

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

position of each member in the family or couple (mother, father, wife, husband, daughter/son);

- analyze the satisfaction expressed by family members and compare it with the judgment of therapist-supervisors;
- compare the information from the SCORE-15 with the “clinical” description of therapy, in the context of supervision.

Method

Description of the instrument

The SCORE instrument (Systemic Clinical Outcome Routine Evaluation) is a self-administered questionnaire that aims to measure, through the answers given by each family member, some indicators of family functioning that may change during or at the end of therapy. The current version of the SCORE questionnaire, the SCORE-15, consists of 15 questions that were selected after a data analysis of the 55 original questions (Stratton, Bland, Janes & Lask, 2010). The first part allows users to assign a total score, as well as three scores for each scale into which the 15 items of the questionnaire are divided (i.e., strengths, difficulties, and communication. The second part consists of five additional questions. Two open-ended questions ask for a Description of the family and the Definition of the problem. Three more questions ask for a rating on a scale from 0 to 10, the Severity of the problem for which help is requested, the Ability to manage it by the family, and the Usefulness of the therapy. It should be noted that SCORE-15, in both its parts, is proposed as a tool attentive to the evaluation of the family’s/couple’s problems and to their resources and abilities, thus more faithfully reflecting the observation by therapists during interviews.

The first data on the use of SCORE-15 in a UK clinical population were presented at the 7th EFTA Conference (Stratton & Todoulou, 2010). Since then, the SCORE has been translated into many languages and used in numerous research studies (see in particular: Carr & Stratton, 2017; Fay et al., 2013; Hamilton, Carr, Cahill, Cassells, & Hartnett, 2015; Jozefik, Matusiak, Wolska, & Ulasinska, 2016; Paolini & Schepisi, 2019; Vilaça, de Sousa, Stratton, & Relvas, 2015; Zetterqvist, Erneroth Hanell, Wadsby, Cocozza, & Gustafsson, 2020). The main results of its use can be summarized as follows:

- validation of numerous versions of the SCORE in different languages.
- internal consistency and reliability of the instrument.
- significant differences between clinical and non-clinical samples.
- ability to record even early clinical change.
- positive correlation between scales and other indicators given by the SCORE.
- correlations with other instruments.
- initial analysis of answers to open questions.

In more recent studies, it has also been shown that the SCORE can lend itself to “clinical” use during therapy, acting as a source of information, on another communication channel, not alternative but complementary to the

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

therapist's perspective (Stratton, Carr & Schepisi, 2020; Stratton, 2022). In our study, the SCORE-15 was administered to all family members at least 12 years old, once their consent had been obtained, at the first session, at the fourth session and at the end of therapy. The version of the SCORE-15 for the student therapist was completed by the supervisor who assisted from behind the one-way mirror. This version of SCORE-15 is administered in the fourth session, i.e., approximately halfway through the therapy, and at its conclusion. It consists of two questions. The first, relating to the usefulness of the therapy, is: "Do you think this therapy has been useful for the family?" The supervisor must answer on a scale of 0 to 10, with 0 being "useless" and 10 being "very helpful". The second question ("Compared to the first session, how would you describe the family?") asks the supervisor to express a judgment on changes in the family on a scale from 1 to 4, where 1 corresponds to "with greater difficulty" and 4 to "much improved".

Description of the sample and methodology

We included only those families who had completed treatment, had completed the SCORE-15 at the first (I administration) and last (III administration) sessions, and had the responses from the supervising therapist at the end of therapy. This resulted in 171 scores from 69 families/couples who had come to the CSAPR Centre over a period of 5 years (2017-2022). The sample consisted of 67 women in the role of mothers or partners (married or cohabiting), 68 men in the role of fathers or partners (married or cohabiting) and 36 children.

Through the S.C.R. (Summary Clinical Record), compiled for each therapy by the student therapist, it was possible to identify the type of therapy undertaken for each family. The sample consisted of 39 families who received therapy in a family-type setting (presence of all family members), 17 families with conjugal couple therapy settings (presence of only spouses for problems related to the couple's relationship) and 13 families with parental couple therapy settings (presence of only spouses for problems related to the management of dynamics with children, the latter not present at the sessions).

The data were analyzed using the statistical software SPSS STATISTICS (Statistical Package for the Social Sciences, version 23.0). After conducting an initial descriptive analysis on the demographic variables of the sample and the constructs of interest, we did a comparative analysis of the indicators among the participants and between the different types of therapy. In particular, Student's T-test was used to compare the values of SCORE-15 and its size. The alpha error was set at .05 and the test, therefore, was considered significant for $p < .05$.

Results and discussion

Comparison of average scores of SCORE-15

The first result obtained from our research allowed us to obtain a snapshot of the progress of therapies over time for the entire sample of participants (Fig.1). Between the first and third administrations there was a significant decrease in the total scores obtained on the SCORE. The decrease in scores indicates a perceived improvement by the participants, and this decrease in scores was

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

significant t(170)= 6.648, p<.001. At the end of the therapies, the functioning of families or couples, as assessed by participants with their responses to the SCORE-15 items, improved significantly. It is interesting to recall that, although at varying levels of statistical significance, an overall improvement at the end, or even after a certain number of sessions, has generally been detected in previous studies that have reported the results of the use of the SCORE-15. See, for example, the research presented by our group at the EFTA-SIPPR Conference (Schepisi, Bravi, Monnetti, Paolini & Manfrida, 2019), or for a more general picture, the reviews published on experiences in different countries (Carr & Stratton, 2017; Stratton, Carr, & Schepisi, 2020)

We then analyzed the total scores divided by role within the household (Fig.2). The SCORE-15 requires each member of the family to express his or her own opinion. In describing their family, the individual's answers often differ significantly from one another. This certainly makes it more complex to read the data, but, at the same time, the use of a tool such as SCORE-15 which can record those differences between the members that constitute the specificity of that family, will allow us to describe it as faithfully as possible. Some research has already suggested that the role one plays within the family is one of the factors influencing the responses given to SCORE-15 (Jòzefik, Matusiak, Wolska, & Ulasinska 2016).

In our study, the women, men, and children improve significantly, although the men improve to a lesser extent. Furthermore, comparing the average scores in first administration among family members, it emerged, as elsewhere (Paolini & Schepisi, 2019), that men (fathers or partners/husbands) are those who tend to have lower initial scores, i.e. they tend to describe the family or couple situation as less serious, compared to women (mothers or partners/wives) and children who instead describe a significantly greater severity of the situation that has brought them to therapy.

Reflecting on our clinical experience and in dialogue with colleagues, we have noticed that, in line with results of the SCORE, the request for family or couple therapy tends to come very often from women. This picture shows a greater concern for the management of children's problems and those related to the couple by women, and consequently a more critical description of the situation. On the other hand, a more peripheral role emerges for the men, fathers/husbands, which would lead them to evaluate their family or couple situations as less problematic. Children, on the other hand, in line with the fact that very often they are the ones who report the difficulties of the family through manifestation of symptoms, show in our sample a tendency to a more serious description of family problems.

The average scores in the three dimensions for the whole sample also indicate a statistically significant improvement (Fig.3).

By dividing the analysis by role (Fig. 4; Fig. 5; Fig. 6) it emerges that women (mothers or partners/wives) and children improved significantly in all three subscales. Men, on the other hand, who also rated lower scores of severity of the situation, tend to improve significantly only in the scale relating to the management of difficulties.

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

Comparison of mean scores of the SCORE-15 between therapy types

In order to explore differences and similarities in different therapeutic settings, we compared the scores of the SCORE-15 and its dimensions between the different types of therapy by means of Student's T-test: family type setting (FAM), marital couple therapy (CONIUG) and parental couple therapy (GEN).

The data showed, as far as the total scale is concerned, a significant improvement in scores between the first and third administration, consistent with the results presented, both in the FAM and CONIUG settings. The improvement does not seem to be significant in the case of parental couple therapy (Table 1).

Regarding the three dimensions of the SCORE-15, the FAM setting shows a significant improvement in all three dimensions, while for the CONIUG setting the improvement is significant for the dimensions of resources and difficulties. The only significant improvement for the GEN therapy setting emerges in the dimension of difficulties.

Focusing on a comparison between marital couple therapies and parental couple therapies, which show similar numerical dimensions, we can see that for these two types the average score of SCORE-15 at the end of therapy has very close values, respectively 33.50 and 32.30, very similar in turn to the scores generally found in non-clinical samples (e.g. 30.75 in the Italian validation study)(Paolini & Schepisi, 2019). The main difference between the two types is therefore in the initial values, which are significantly higher for conjugal couples (39.58 vs. 34.34). These couples therefore started from a perception and description of their discomfort that was decidedly more accentuated than parental couples. Precisely for this reason, however, they recorded the improvements in family functioning as most significant.

Within the different therapy settings, we then compared the scores of different family members. The results tend to show that it is women and children, across the different settings, who report the most significant improvements between the beginning and end of therapies. The difference between the beginning and the end of therapy is less marked as indicated by men/fathers/partners in the dimensions of the SCORE-15, with a few exceptions, such as the scale of difficulties in the FAM setting.

These results therefore confirm what had already emerged from the results on the entire sample, regardless of the type of setting.

Analysis of expectations and perception of the usefulness of therapy by families and couples

Asking ourselves what the expectations and satisfaction of couples and families were for the therapies undertaken, we then compared the item where the family expressed their expectations at the beginning of the therapy (I administration) (Satisfaction Item: "Do you think this therapy will be/has been useful for your family?" with a score from 0 to 10 where 0 corresponds to "useless" and 10 to "very useful") to the same item at the end of therapy (III administration). From the scores obtained in the Satisfaction item, it appears that on the total sample the expectations at the beginning of therapy are high. At the end of the therapy, the scores revealed a high perceived satisfaction with the

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

results achieved. Couples and families therefore perceive a high usefulness of the therapy (Fig.7).

Comparing scores among family members regarding expectations of therapy, all family members reported similar scores, with the only difference between mothers and children, which showed that mothers (M = 8.06) had a significantly higher score than children (M = 6.68).

At the end of therapy, on the other hand, it was the men (M = 8.3) who declared themselves more satisfied, especially with respect to the perception of satisfaction of their children (M = 7.1). There are no significant differences between men and women. Furthermore, expectations and degree of satisfaction do not show significant differences when comparing the different therapy settings.

Comparison of the perception of usefulness of therapy between families and therapist

We wondered whether there was convergence between the perceptions of the usefulness of therapy by families/couples and their respective therapists.

Therapists showed high scores on the scale where they describe couples/families at the end of therapy (M = 3.42 on a scale of 1 to 4, where 1 corresponds to a description of the family as “with greater difficulties” and 4 to a description of the family as “very much improved”). Therefore, at the end of the therapy, the supervising therapists described the families and couples they had followed in direct supervision as improved. As regards the comparison of the families’ perception of usefulness of therapy to that of the therapists, we found that a perception of greater usefulness by the family corresponded with a higher usefulness on the side of the therapist. However, this correlation did not appear statistically significant.

On the other hand, the correlation between the family's perception of the usefulness of the therapy and the therapist's description of their improvements was moderately significant ($r = 0.31$, $p<.01$) (*Table 2*).

Limitations of the research

Among the limits of our research is that it was conducted on a numerically small sample with certain characteristics. Considering that the SCORE-15 is administered at the conclusion of therapy, our sample is consequently composed only of completed therapies and dropped therapies has been excluded.

Also, the study occurred during the years of Covid-19, when families may have been more motivated to seek treatment to overcome difficulties; thus, the sample may have represented families with greater motivation than they may have had during non-pandemic times. This research has certainly offered us valuable insight into the specific context of our Centre, but we are aware that the results obtained cannot be generalized to a wider population as it occurred in only one small Centre. The research would require a larger and/or numerically balanced sample in various types of clinical settings and possibly a larger number of Therapy Centers. This would allow a more extensive investigation, both in terms of quantitative data and qualitative analysis of answers to the two “open” questions present in the SCORE-15. We therefore aim to continue the

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**
Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024
Doi: 10.23823/dqva8z97

investigation and extend the analyses to other samples, making the application of the SCORE-15 an integral part of the clinical work. This tool has proven a valuable aid in conducting family therapy. The scores allowed us to develop a general picture of the family, subsequently to monitor the progress of the therapy and get final feedback on the work done.

Use of SCORE-15 for clinical use

The case presented below illustrates how the SCORE-15 can be a valuable tool in the therapist's clinical practice, as it provides valuable information to guide the therapeutic process.

The C. family consists of Valerio-father, 61 years old; Serena-mother, 54 years old; Michela-elder daughter, 17 years old; and Alessandro-younger son, 15 years old. The child neuropsychiatrist and the social worker who treated the younger son in the Prato Public Health Service referred the family for therapy at the CSAPR in Prato in 2019. The Public Services has known the C. family for eight years attending to multiple problems related to the second son Alessandro.

Over the years, Alessandro has been diagnosed with dyspraxia (DSM-5: 315.4; ICD-10-CM: F82), severe language disorder (DSM- 5: 315.32; ICD-10-CM: F80.2), cognitive delay in the borderline range (DSM-5: 317; ICD-10-CM: F70), school problems, dysgraphia and dysorthography (DSM-5: 315. 2; ICD-10-CM: F81.81) and in the last year an anorexic eating disorder (DSM-5: 307.59; ICD-10-CM: F50.01) resulting in social withdrawal.

The elder sister Michela requests therapy comes to help her to manage her anxiety, which are at the roots of panic attacks (DSM-5: 300.01; ICD-10-CM: F41.0) and consequent poor school performances.

Assuming a systemic-relational diagnosis of a multi-problematic family, we summon all members to CSAPR to start family therapy with the aim of helping them activate resources and change dysfunctional relational dynamics.

In the very first session, the family appears chaotic in speech and displays obvious communication problems. The resulting confusion does not allow members to communicate their problems and discomforts to each other, and no one seems to listen.

SCORE-15 is administered to all family members at the end of the first session, thus collecting important information for the diagnostic framework and the structuring of a possible therapeutic process. The questionnaire, in an initial phase of the therapy, allows the therapist to see in black and white whether their impressions from the first interview are confirmed or denied. Based on this information, they can formulate working hypotheses.

At the first session, Alessandro shows great discomfort that the other members of the family do not listen to him. He declares several times during the course of the clinical interview that everyone yells at him. His sister Michela states that the family has dysfunctional ways of communicating and that everyone talks over each other.

The observation of the SCORE-15 scores reveals that the children perceive greater seriousness of the situation than either their parents do. This pattern of family dynamics is typical of entangled families with children who carry the symptoms.

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

All members obtain higher scores in the Resources Scale. High scores in this scale indicate that families have greater difficulty feeling able to activate their own resources. In this family, the scores reflect a developed tendency to passivity and welfarism. The mother, in particular, manifests during the interviews a demanding and recriminatory attitude towards the Public Service and the Institutions that "help, but do not heal".

Particularly fitting are the answers of the various members to the item requesting a description of the family. The father defines the family as "normal with communication limits"; the mother claims that "sometimes we complicate our lives for nothing"; Michela says that the family is "absent, not communicative"; while Alessandro leaves an indecipherable inscription on the questionnaire be. From a careful overall analysis of the answers to Alessandro's SCORE-15, we hypothesize that, considering his cognitive profile, the boy might present a greater difficulty in understanding the entire questionnaire, despite the precise instructions provided before its compilation.

One of the basic questions of the questionnaire investigates the main problem identified by the family. From the answers to this item, it emerges that: for the father there is "little reciprocity in the family environment"; for the mother it is necessary to "try to improve herself in order to meet herself"; Michela defines the main problem of the family in "communication" between them; and Alessandro points out that "the Wi-Fi" is not working.

As in the therapy room, even from the answers to the questionnaires, Michela turns out to be the one who most accurately reports the difficulties of the entire family.

The years in treatment at the Service have led to a series of problems of insecurity and stigmatization in Alessandro, who has never been able to reorganize studying independently. Mother has responded by constantly following him in his homework.

At the systemic level, the spouses do not appear to be aligned in the ways of managing the dynamics with the minor child. They move in an inversely proportional way, implementing two completely opposite positions: the more the mother takes care of the child, the less the father does. On the one hand, father Valerio tries to normalize the diagnosis of dyspraxia, insistently urging Alessandro to make movements of autonomy by making him responsible, as far as possible, in his daily life as a teenager. The positive attitude of the father contrasts with his tendency to underestimate the difficulties of his son. On the other hand, mother Serena, who has always been completely dedicated to her children, especially the younger one, accuses her husband of not being understanding or present enough and not helping her as he should. Over time, in fact, a gap of opposite attitudes has been created between father and mother with respect to the management of Alessandro's difficulties, which oscillate between the hostile non-acceptance of the son's problems by the father and over-involvement of the mother. All this has led the couple to be distant and giving different messages, which the children clearly perceive. The marital situation presents a couple's stalemate, with a peripheral father and a mother (in pharmacological treatment for depression) entangled with her son.

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**
Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024
Doi: 10.23823/dqva8z97

Michela's anxious symptom emerges when Alessandro asks for autonomy through the eating disorder, albeit ambivalently, as he does not want to be helped by his mother. In fact, Serena finds herself displaced. While she can help with his dyspraxic disorder, she does not have the necessary information to help her son with nutrition. She begins to manifest depressive symptoms. The parenting system remains misaligned, and in this new situation Valerio accentuates his detachment from his wife and the management of the children. Michela's school symptom is salvific for the couple and homeostatic for the family system. The tension of the family has almost reached the point of bursting, and Michela's symptom diverts their attention. It keeps the system from exploding, maintains family homeostasis and keeps everyone together.

Following the first session and the reading of the questionnaires of the four family members, the defined and agreed therapeutic objectives are therefore to encourage communication among all of them, redefine boundaries and roles with structural interventions (Minuchin, Rosman & Baker, 1980), and favor the process of differentiation by working towards progressive independence of the children (Bowen, 1979). Considering this, treatment consisted of fourteen sessions which included both family and conjugal/parental sessions. In the first months, the focus is on the symptoms of the children and on the strengthening of family resources that appeared decidedly lacking, as also emerged from the questionnaires.

The meetings with father and mother alone aim to stimulate greater agreement and to bring the couple together in the management of their children's problems.

The administration of SCORE-15 takes place again approximately halfway through therapy, in order to have the possibility of remodulating the intervention. It is administered again in the last session of the therapy.

From a careful analysis of the questionnaires, between the first and third administration, all family members achieve lower scores on the three scales, revealing a promising improvement. The mother is the one who improves the most in the questionnaire as well as in the therapy, proving to be less involved in the lives of her children, able to carve out personal spaces and consequently to give greater autonomy to Michela and to Alessandro.

The latter has a major improvement in the Difficulty Management scale. The very gloomy atmosphere that reigned in the family before family therapy and the inability of the various members to deal with obstacles probably weighed particularly heavily on the younger son. It appears that the more positive climate makes Alessandro feel lighter and less pressured, thus giving him the opportunity to better deal with daily challenges.

As found at the clinical level during the sessions at the Center, the family appears decidedly more together in the third administration of the SCORE-15. In fact, when asked to describe the family, these are the answers: Valerio defines it as “serene”; the mother “united”; Michela writes “ok” not going too far, still proving to be the one who monitors the family progress; finally, Alessandro declares “boring”.

In defining the main problem of the family, the new answers are for the father “daily stress/commitments that limit our time to be together”; for the

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

mother “anxiety and difficulty in dialogue”; Michela talks about the “relationships between us”; and Alessandro focuses “on school”.

In the new family description, all member use more positively connoted than before therapy. As for the individual members, the father Valerio provides a reunited image of his family. Serena demonstrates with her answer considerable progress on an introspective level. Michela shifts attention from the more generic problems of communication to the relationships among them as a family and Alessandro appears more focused on himself by setting healthy boundaries and demonstrating a consonant adolescent rebellion even in the answer tag. At the end of the therapy, numerous and consolidated objectives set at the beginning of the therapeutic process are detected. All family members are asymptomatic and do not take drugs. The couple turns out to be decidedly more united and solid with a more active presence of the father towards both children and decidedly less entangling of the mother with Alessandro. From a social relationship point of view, both Michela and Alessandro have shown greater social openness over time, having created, or strengthened relationships with peers and the peer group.

This overall improvement was also confirmed by the therapist's perception, detected with the SCORE-15 version intended for the clinician (administered in the middle and end of therapy).

So to what effects can SCORE-15 be used as a tool to give support in clinical practice? In the initial phase of therapy, it helps to quickly develop a general picture of the family in order to make therapeutic hypotheses and set goals; in an intermediate phase it represents a way to monitor the progress of the therapy itself; in the final phase it gives feedback for the work done.

Conclusions

At the end of this study, SCORE-15 has allowed us to evaluate the effectiveness of the therapies over five years at the CSAPR, giving us a detailed picture of the indicators that the tool aims to measure. In addition, this tool allowed us to compare the results obtained by type of setting (FAM, CONIUG and GEN) and by position of each member in the family or couple (mother, father, wife, husband, daughter). Starting from this, we believe that these results can be useful to question the meaning of what emerged, thus allowing us to make inferences and direct our therapeutic work.

Using the SCORE-15, we compared the satisfaction expressed by family members with the judgment of the therapists-supervisors, thus allowing us to circumvent the risk of overestimation of their work by clinicians and to restore importance and value to the evaluation of the therapeutic path by families and couples.

In conclusion, the SCORE-15 confirms itself as a very useful tool not only for research but also for clinical practice, as it allows periodic checks on the effectiveness of the interventions and the satisfaction, not only of the family/couple, but also of their individual members and of the therapist. At the same time, SCORE-15 can direct therapists to work on specific subsystems or to pursue certain objectives in particular phases of clinical work. It is therefore a tool that goes beyond a simple subjective declaration of personal satisfaction and

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

fully maintains the vision based on relationships, a defining characteristic of the systemic relational model.

References

[1]American Psychological Association, Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. American Psychologist, 61(4), 271–285. DOI: https://doi.org/10.1037/0003-066X.61.4.271.

[2]Bowen, M. (1979). Dalla famiglia all'individuo: La differenziazione del sé nel sistema familiare. Roma: Astrolabio.

[3]Campbell, D. (1997). The other side of the story: The Client's Experience of Therapy. In Papadopoulos R.K., & Byng-Hall J. (Eds.), (1997), Multiple Voices. Narrative in Systemic Family Psychotherapy, 15-40. London, Duckworth.
DOI: https://doi.org/10.4324/9780429477393.

[4]Carr, A., & Stratton, P. (2017). The SCORE family assessment questionnaire: A decade of progress. Family Process, 56(2), 285-301.
DOI: https://doi.org/10.1111/famp.12280.

[5]Fay, D., Carr, A., O'Reilly, K., Cahill, P., Dooley, B., Guerin, S., & Stratton, P. (2013). Irish norms for the SCORE-15 and 28 from a national telephone survey. Journal of Family Therapy, 35(1), 24-42.
DOI: https://doi.org/10.1111/j.1467-6427.2011.00575.x.

[6]Hamilton, E., Carr, A., Cahill, P., Cassells, C., & Hartnett, D. (2015). Psychometric properties and responsiveness to change of 15-and 28-Item Versions of the SCORE: a family assessment questionnaire. Family Process, 54(3), 454-463.
DOI: https://doi.org/10.1111/famp.12117.

[7]Józefik, B., Matusiak, F., Wolska, M., & Ulasinska, R. (2016). Family therapy process − works on the Polish version of SCORE-15 tool, Psychiatr. Pol., 50(3), 607-619.
DOI: https://doi.org/10.12740/PP/OnlineFirst/42894.

[8]Manfrida, G. (2014). La narrazione psicoterapeutica: Invenzione, persuasione e tecniche retoriche in terapia relazionale. Milano: Franco Angeli.

[9]Minuchin, S., Rosman, B.L., & Baker, L. (1980). Famiglie psicosomatiche. Roma: Astrolabio.

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

[10]Paolini, D., & Schepisi, L. (2019). The Italian Version of SCORE-15: Validation and Potential Use, Family Process 59 (4), 1–13. DOI: https://doi.org/10.1111/famp.12495.

[11]Probst, T., Humer, E., Jesser, A., & Pieh, C. (2022). Attitudes of psychotherapists towards their own performance and the role of the social comparison group: The self-assessment bias in psychodynamic, humanistic, systemic, and behavioral therapists, Frontiers in Psychology 13. DOI: https://doi.org/10.3389/fpsyg.2022.966947.

[12]Schepisi, L. (2012). SCORE-15, istruzioni per l'uso. In F. Bruni (Ed.), Le risorse della psicoterapia relazionale: teorie, tecniche, condivisione, responsabilità, coraggio… Proceedings of Congresso Società Italiana di Psicologia e Psicoterapia Relazionale (pp. 10–14). Prato. DOI: https://doi.org/10.1111/famp.12495.

[13]Schepisi, L., Bravi, F., Monnetti, G., Paolini, D., & Manfrida, G. (2019, October). L'uso dello SCORE-15 nella valutazione clinica: l'esperienza dello CSAPR. Paper presented at Convegno EFTA-SIPPR, Napoli.

[14]Schepisi, L., & Paolini, D. (2016). The use of SCORE 15 in Italy: Some potential research and clinical applications. Paper presented at the 9th Conference of the European Family Therapy Association. Athens, Greece. Retrieved from http://www.efta2016athens.gr.

[15]Stratton, P. (2022). A manual developed through a variety of online resources: The SCORE index of family functioning and change, in M. Mariotti, G Saba., & P. Stratton (Eds.), Handbook of systemic approaches to psychotherapy manuals, Berlino, Springer, EFTA Series. DOI: https://doi.org/10.1007/978-3-030-73640-8_17.

[16]Stratton, P., Bland, J., Janes, E., & Lask, J. (2010). Developing an indicator of family function and a practicable outcome measure for systemic family and couple therapy: The SCORE. Journal of Family Therapy, 32(3), 232-258. DOI: https://doi.org/10.1111/j.1467-6427.2010.00507.x.

[17]Stratton, P., Carr, A., & Schepisi L. (2020). The SCORE in Europe: Measuring effectiveness, assisting therapy. In M. Ochs, M. Borcsa & J. Schweitzer (2020), Systemic research in individual, couple and family therapy and counseling, 367-384. Berlino: Springer Nature. DOI: https://doi.org/10.1007/978-3-030-36560-8_20.

[18]Stratton, P., Lask, J., Bland, J., Nowotny, E., Evans C., Singh R., et al. (2014). Detecting therapeutic improvement early in therapy:

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

Validation of the SCORE-15 index of family functioning and change. Journal of Family Therapy, 36(1), 3-19. DOI: https://doi.org/10.1111/1467-6427.12022.

[19]Stratton, P., & Low, D.C. (2020). Culturally sensitive measures of systemic family therapy. In K.S. Wampler, M. Rastogi, & R. Singh (Eds.), The handbook of systemic family therapy: Systemic family therapy and global health issues (pp. 77–101). Wiley Blackwell. DOI: https://doi.org/10.1002/9781119438519.ch86.

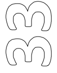
[20]Stratton, P., & Todoulou, M. (2010). The new SCORE systemic therapy outcome measure: An EFTA research project. Pepar presented at the 7th Conference of the European Family Therapy Association, Paris. Retrivied from http://www.eftaparis2010.com.

[21]Vilaça, M., de Sousa, B., Stratton, P., & Relvas, A.P. (2015). The 15-item systemic clinical outcome and routine evaluation (SCORE-15) scale: Portuguese validation studies. The Spanish Journal of Psychology, 18, e87,1–10.
DOI: https://doi.org/10.1017/sjp.2015.95.

[22]Wampold, B.E., & Imel, Z.E. (2017). Il grande dibattito in psicoterapia. Roma: Sovera.

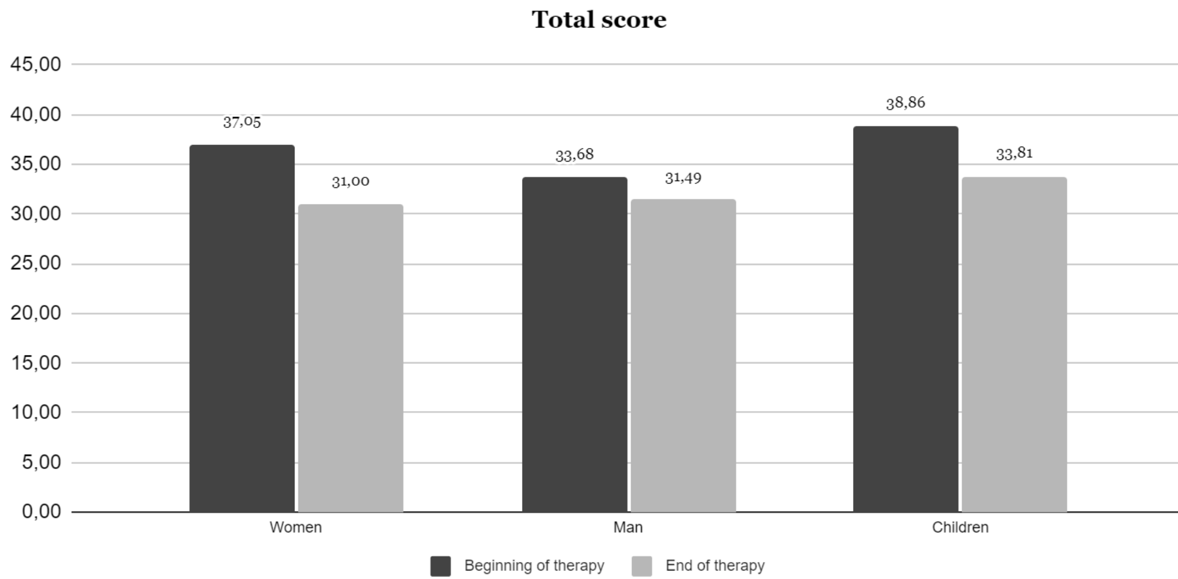
[23]Zetterqvist, M., Erneroth Hanell H., Wadsby, M., Cocozza, M., & Gustafsson, A. (2020). Validation of the systemic clinical outcome and routine evaluation (SCORE-15) self-report questionnaire: Index of family Functioning and change in Swedish families. Journal of Family Therapy, 42 (1), 129-148.
DOI: https://doi.org/10.1111/1467-6427.12255.

JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**
Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024
Doi: 10.23823/dqva8z97



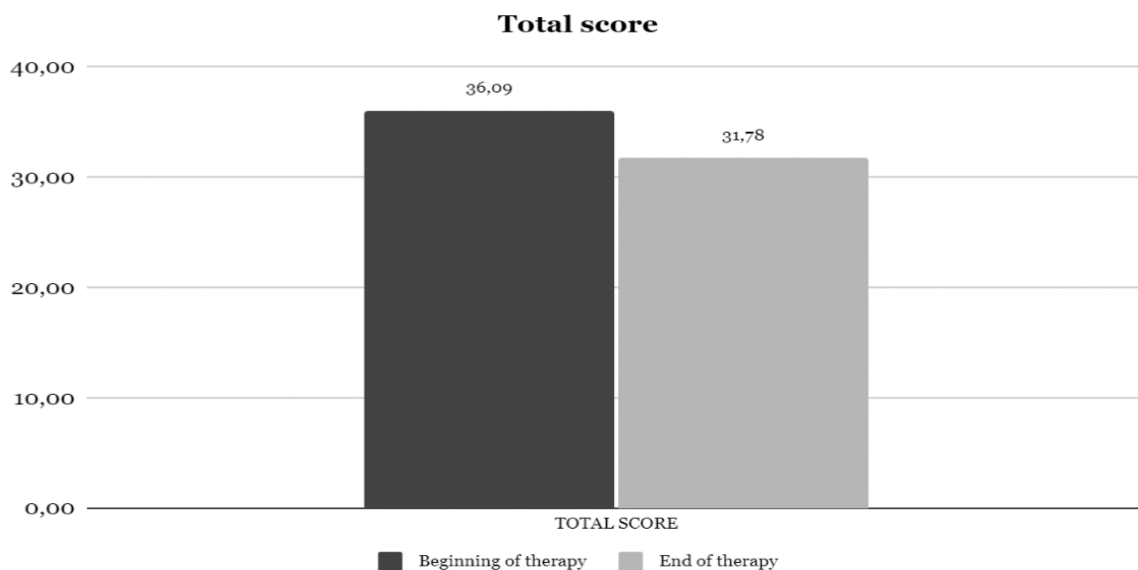
Appendix

Fig.1 – *Total scale score on the entire sample at the beginning and the end of therapy*



SCORE-15: t(170)= 6.648, p<.001

Fig.2 – *Total scale score divided by role within the family at the beginning and the end of therapy*



Women – Total SCORE scale: t(66)= 6.041, p<.001

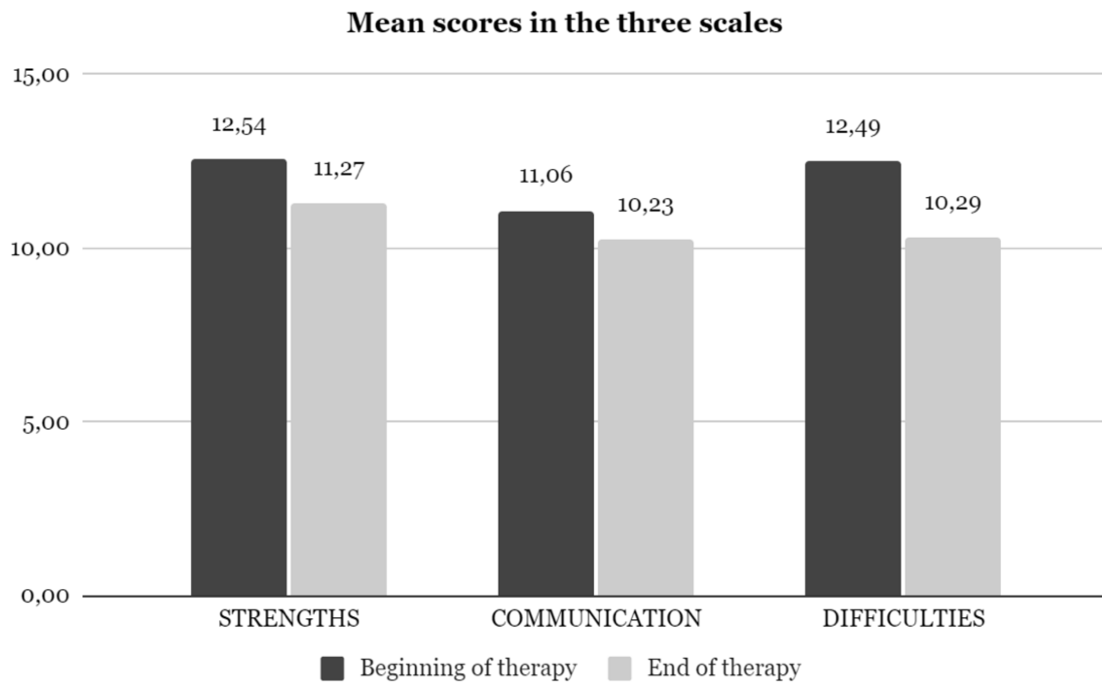
JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

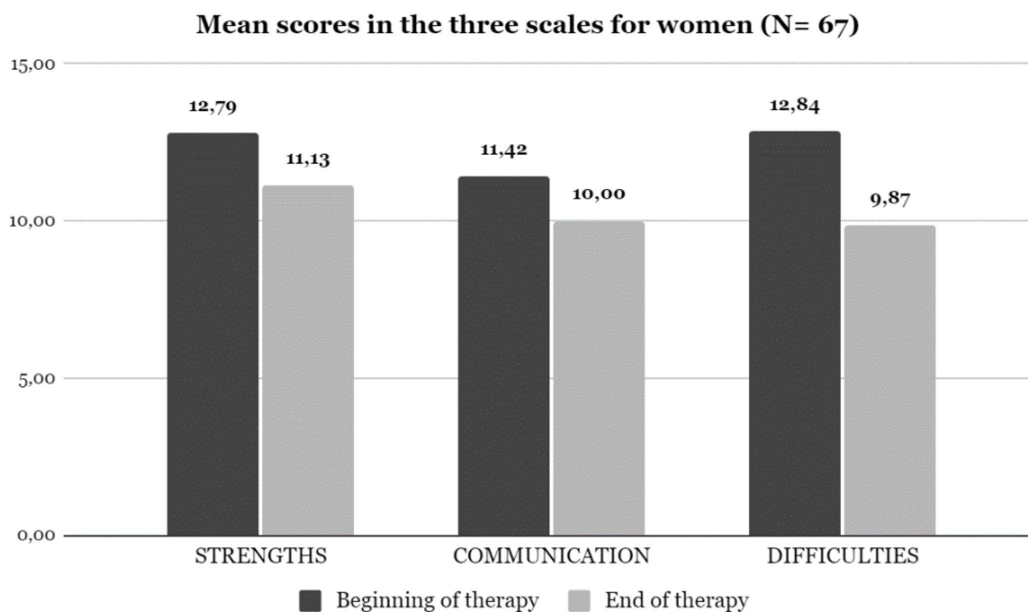
Man – Total SCORE scale: t(67)= 2.069, p<.05
Children – Total SCORE scale: t(35)= 3.896, p<.001

Fig.3 - *Mean scores in the three scales at the beginning and end of therapy on the whole sample*



STRENGTHS: t(170)= 4.407, p<.001
COMMUNICATION: t(170)= 5.095, p<.001
DIFFICULTIES: t(170)= 3.365, p<.01

Fig.4 – *Mean scores on the three scales obtained by women at the beginning and end of therapy with related statistical analyses*



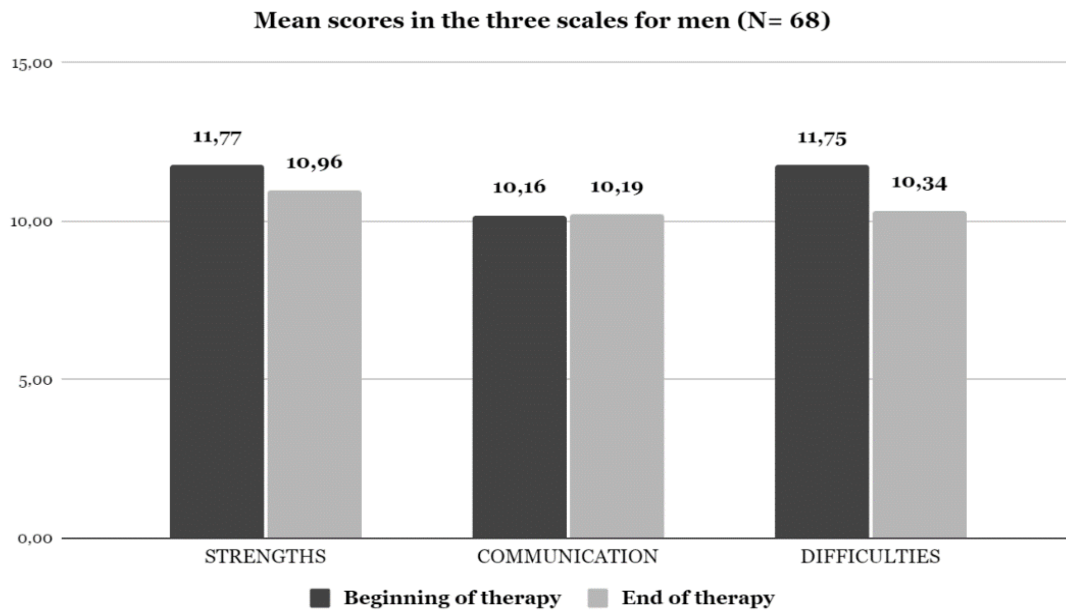
JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

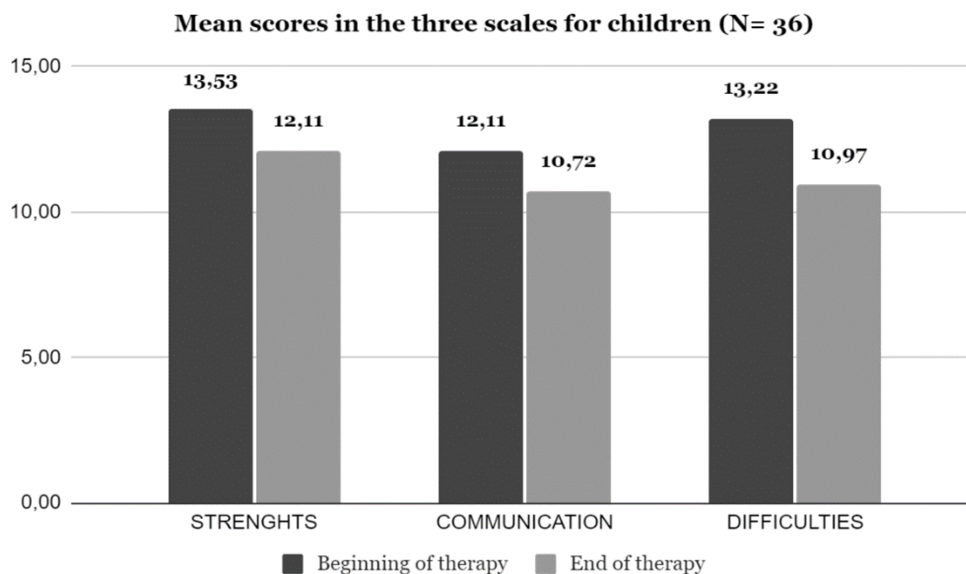
STRENGTHS: t(66)= 3.308, p<.01
COMMUNICATION: t(66)= 3.976, p<.001
DIFFICULTIES: t(66)= 5.627, p<.001

Fig.5 – *Mean scores on the three scales obtained by men at the beginning and end of therapy and related statistical analyses*



STRENGTHS: t(67)= 1.461, p=.149 (ns)
COMMUNICATION: t(66)=-0.69, p=.945 (ns)
DIFFICULTIES: t(67)= 3.356, p <.01

Fig.6 – *Mean scores on the three scales obtained by the children at the beginning and at the end of therapy with related statistical analyses*



STRENGTHS: t(35)= 2.272, p<.01

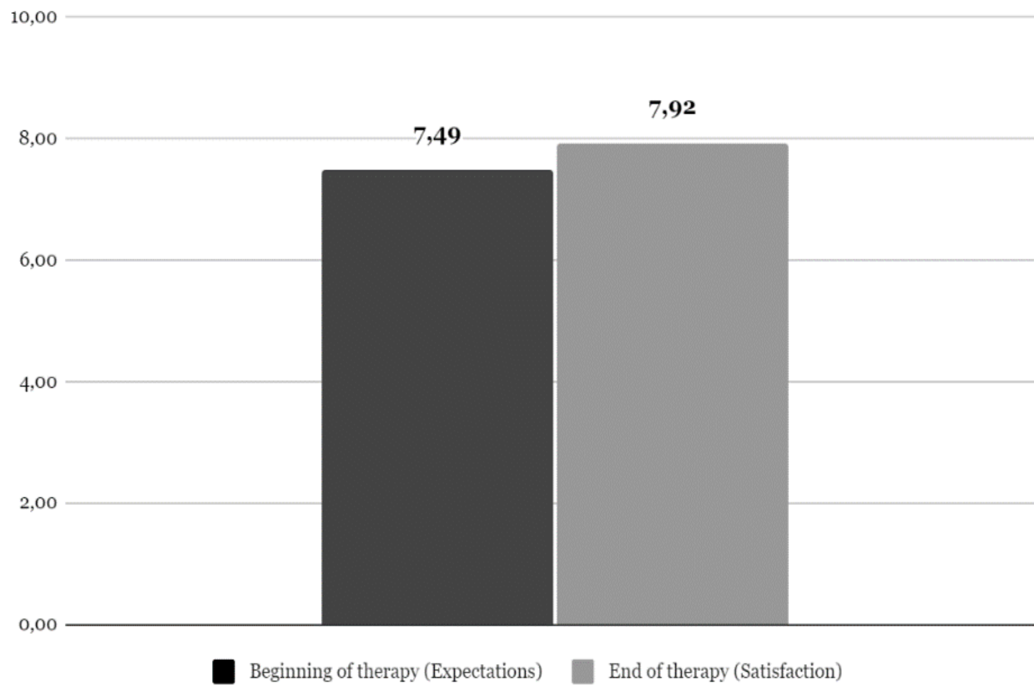
JPS, 2024, Vol. 8 (2), pp. 18 – 36 Section: **ORIGINAL RESEARCH**

Received: 02 June 2024 Revised: 13 July 2024 Accepted: 8 October 2024

Doi: 10.23823/dqva8z97

COMMUNICATION: t(35)= 2.712, p < .05
DIFFICULTIES: t(35)= 5.627, p<.001

Fig.7 - *Mean score on expectations (before) and satisfaction (after) towards therapy*



EXPECTATIONS/SATISFACTION: t(170)= -2.068, p < .05