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An outcome evaluation of Marble Retreat’s Psychotherapy Program

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An outcome evaluation of Marble Retreat’s psychotherapy program

Presented at the Annual Meeting of the Christian Association for Psychological Studies, Phoenix, AZ, April 5, 2008
Overview

- Marble Retreat
- Treatment needs of Clergy
- Hypotheses
- Methods
- Results
- Clinical Implications
- Future Research
Marble Retreat’s History

- Founded in 1974 by Louis and Melissa McBurney
- Over 3000 participants in its 33 year history
- Recent change in directorship
- New Directors: Steve and Patti Cappa
Marble Retreat

Foundations of Treatment

• Provide a place for ministers in crisis to safely unburden the hurts and pressures of ministry
• Assist participants in understanding themselves more completely
• Enable development of new levels of self-acceptance
• Teach more effective relational skills
Marble Retreat

Program Features

- Brief, intensive psychotherapy
- Utilization of small groups of seven to eight participants
- Mandatory inclusion of spouses in the therapeutic process
- Eight / Twelve days of intense individual (4 hours) and group (24-30 hours) therapy
- “Retreat” atmosphere removes the stigma of therapy and promotes a relaxed atmosphere
Marble Retreat

Participant Problems

1. Depression and Burnout
2. Marital Conflict
3. Sexual Addictions
4. Vocational/Mid-Life Crisis
## Stressors facing Clergy

### Individual Functioning
- Role conflicts
- Excess of activities
- Administrative vs. Pastoral Duties
- Hero mentality
- Feelings of inadequacy
- Loneliness/Isolation
- Provider of religious goods and services

### Marital and Family Stress
- Fishbowl existence
- Inadequate finances
- Lack of tangible results of work
- Lack of parallel growth
- Lack of social support
- Culture of moral idealism

Source: Hall, 1997; McMinn, et al, 2005
Clergy at risk

- 80% of pastors say they have insufficient time w/ spouse and that ministry has a negative effect on their family
- 40% report a serious conflict w/ a parishioner once a month
- 75% report they’ve had a significant stress-related crisis at least once in their ministry
- 58% indicate their spouse needs to work part or full time to supplement the family income
- 40% considered leaving the pastorate in the past three months

Goals of Research

- Evaluate quality of services
  - What is Marble Retreat doing well?
  - What are the areas for growth?

**Hypothesis**: Marble Retreat’s psychotherapy program offers short-term and long-term benefit.
Methods

Participants

- 50% male, 50% female
- Average Age= 48.53
- 22.65 yrs in ministry
- 94% Caucasian
- Predominantly Evangelical
- 62% identified receiving prior treatment
- Of those receiving prior treatment, 67% attended 5 or more sessions
Methods

Participants—cont.

- Intensity of complaint = 4.32 on a 5 point scale (SD = .95)
- 22% use anti-depressants
- **60.3% identified marital conflict as a presenting complaint**
- 27.9% depression/burn-out
- 2.9% vocational/mid-life crisis
- 1.5% Sexual Addictions
Methods

Instruments

- Demographic Questionnaire
- Outcome Questionnaire-45.2 (OQ-45.2)
- Revised Dyadic Adjustment Scale (RDAS)
- Spiritual Well-Being (SWB), short-version—4 items (Bufford, 2007)
Instruments

- **Outcome Questionnaire 45.2 (OQ-45.2)**
  - Cronbach’s Alpha = .93
  - Pre-Test = .92
  - Post-Test = .93

- **Revised Dyadic Adjustment Scale (RDAS)**
  - Cronbach’s Alpha = .90
  - Pre-test = .80
  - Post-test = .83

- **Spiritual Well-Being (SWB), short-version**
  - Cronbach’s Alpha = .89-.94
  - Pre-test = .69
  - Post-test = .84
Methods

Design

- Outcome Evaluation
- One-group Pre-test/Post-test design, with 6 month follow-up
- Convenience sample
- N= 68 on Pre/Post Test
- N=17 on Follow-up
Methods

Statistical Analysis

• Descriptive Statistics
• Paired Samples T-Test
• Planned Comparisons
• 2 treatment groups X 2 times
  Within-Subjects Anova
Results: OQ-45.2

OQ-45.2 Outcomes

OQ-45.2 Scores

Occasions

Series1
Results: Short SWB

Spiritual Well-Being Results

<table>
<thead>
<tr>
<th>Occasions</th>
<th>SWB Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>18</td>
</tr>
</tbody>
</table>

Series 1
Results: Revised Dyadic Adjustment Scale
Results

Descriptive Data

1. **OQ-45.2**
   Normative Sample: M= 83.09/ SD= 22.33
   Study Sample:
   - Pre-Test M= 77.39/ SD= 11.17
   - Post-Test M= 70.67/ SD= 8.95
   - Follow-Up M= 65.35/ SD= 10.91

2. **RDAS**
   Normative Sample: M= 41.6/ SD= 8.2 (Distressed)
   Study Sample:
   - Pre-Test M= 46.43/ SD= 7.12
   - Post-Test M= 48.72/ SD= 6.42
   - Follow-up M= 46.5/ SD= 14.95
Results

Descriptive Data, Con’t

3. **SWB, Short Version**
   
   Normative Sample $M= 22.1/ SD= 2.42$
   
   Study Sample
   
   - Pre-Test $M= 17.81/ SD= 3.75$
   - Post-Test $M= 19.72/ SD= 4.39$
   - Follow-Up $M= 18.61/ SD= 3.88$
## Results

### The Effects of Marble Retreat Treatment- Paired Samples Test

<table>
<thead>
<tr>
<th>Dependent Measures</th>
<th>Pre-test scores</th>
<th>Post-test scores</th>
<th>t</th>
<th>df</th>
<th>p(2-tailed)</th>
<th>Cohen d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>N</td>
<td>SD</td>
<td>Mean</td>
<td>N</td>
<td>SD</td>
</tr>
<tr>
<td>OQ-45.2</td>
<td>77.33</td>
<td>66</td>
<td>11.24</td>
<td>70.44</td>
<td>66</td>
<td>8.81</td>
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<tr>
<td>RDAS</td>
<td>46.40</td>
<td>67</td>
<td>3.88</td>
<td>48.72</td>
<td>67</td>
<td>6.42</td>
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<tr>
<td>SWB</td>
<td>17.81</td>
<td>63</td>
<td>3.75</td>
<td>19.86</td>
<td>63</td>
<td>4.32</td>
</tr>
</tbody>
</table>

**Notes.**

OQ-45.2 = Outcome Questionnaire.
RDAS = Revised Dyadic Adjustment Scale.
SWB = Spiritual Well-Being Scale.
For Cohen d, mod = moderate effect size and sm = small effect size.
Results

Comparison of 8 and 12 Day Sessions

<table>
<thead>
<tr>
<th>Scale</th>
<th>df</th>
<th>F</th>
<th>p</th>
<th>df</th>
<th>F</th>
<th>p</th>
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<tbody>
<tr>
<td>OQ-45.2</td>
<td>1, 63</td>
<td>31.35</td>
<td>&lt;.001</td>
<td>1, 63</td>
<td>.98</td>
<td>.33</td>
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<tr>
<td>SWB</td>
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<td>1, 60</td>
<td>.87</td>
<td>.36</td>
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<tr>
<td>RDAS</td>
<td>1, 64</td>
<td>24.57</td>
<td>&lt;.001</td>
<td>1, 64</td>
<td>1.16</td>
<td>.29</td>
</tr>
</tbody>
</table>
## Results

**Differences of participants who provided follow-up data and those who did not**

<table>
<thead>
<tr>
<th></th>
<th>Levene’s Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
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<tr>
<td>OQ-45.2t1</td>
<td>0.34</td>
<td>0.56</td>
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<tr>
<td>RDAS t1</td>
<td>2.43</td>
<td>0.12</td>
</tr>
<tr>
<td>SWBt1</td>
<td>0.14</td>
<td>0.71</td>
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<tr>
<td>OQ-45.2t2</td>
<td>0.24</td>
<td>0.59</td>
</tr>
<tr>
<td>*<em>RDASt2</em></td>
<td>4.22</td>
<td>0.04</td>
</tr>
<tr>
<td>SWBt2</td>
<td>3.33</td>
<td>0.07</td>
</tr>
</tbody>
</table>

Note. t1 = pre-test responses on each particular measure. t2 = post-test responses on each particular measure. *= equal variances not assumed.
Results

• OQ-45.2

  Planned Comparisons
  - $T_1 - T_3 \ F(1, 16) = 41.00, \ p < .001$
  - $T_2 - T_3 \ F(1, 16) = 7.54, \ p = .014$

• RDAS

  Planned Comparisons
  - $T_1 - T_3 \ F(1, 17) = 0.26, \ p = .62$
  - $T_2 - T_3 \ F(1, 17) = 0.70, \ p = .41$
Results

• SWB, Short Version
  - Planned Comparisons
    - $T_1-T_3 F(1, 16) = 7.43, p = .02$
    - $T_2-T_3 F(1, 16) = 0.37, p = .55$
Tests of Significance for 8 vs 12 Day Treatment and Clergy vs Spouse on OQ-45.2, RDAS, and SWB

<table>
<thead>
<tr>
<th></th>
<th>Mauchly’s</th>
<th>df</th>
<th>F</th>
<th>Sig</th>
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<tr>
<td><strong>OQ-45.2</strong></td>
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<tr>
<td>Repeated Measures ANOVA</td>
<td>1.00</td>
<td>1,64</td>
<td>0.24</td>
<td>.63</td>
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<tr>
<td>1) 8 vs.12 day Treatment</td>
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<tr>
<td>2) Clergy and Spouse</td>
<td>1.00</td>
<td>1,64</td>
<td>0.27</td>
<td>.61</td>
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<tr>
<td><strong>RDAS</strong></td>
<td></td>
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<td><strong>SWB</strong></td>
<td></td>
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<tr>
<td>Repeated Measures ANOVA</td>
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<td>1,61</td>
<td>0.09</td>
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<td>1) 8 vs.12 day Treatment</td>
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<td>1.00</td>
<td>1,61</td>
<td>0.15</td>
<td>.70</td>
</tr>
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</table>

No interactions of Session Length x Time

N= 49 for 12 day treatment, N= 19 for 8 day treatment
Discussion

- Symptom Severity
- Symptom Change and Maintenance
- Duration of Treatment
- Participant Roles
What we learned...

- Most participants arrive in a state of crisis (ready to divorce, quit ministry, etc.). Intensity= 4.32 (of 5). Yet, in some cases, test scores are lower than clinical population.
- Participant demographic variables suggest the developmental and psychological tasks of middle-aged adults: satisfaction in intimacy and raising children.

What are the clinical implications?

- Suggests Clergy tend to under-report symptoms--multiple layers of defense
- Ministers prefer intrapersonal coping resources (McMinn, et al, 2005)—they don’t seek treatment until it is the last resort.

**Bottom Line:** Marble Retreat is often the last line of defense.
Symptom Change

Results show:

1. Reduced distress on OQ-45.2 that continued to improve over the follow-up
2. Improved spiritual well-being that was maintained over the follow-up
3. Improved marital adjustment that was not maintained over the follow-up
Symptom Change

Results show:

4. Similar outcomes for clergy and spouses

5. Similar distress and spiritual well-being outcomes for 8 and 12 day formats, but marital adjustment was better affected by 12 day format.

6. Moderate effect sizes for subjective distress and spiritual well-being; small effect size for marital distress; these results are similar to those of Miller, Brown, and Lambert who find significant gains after about 4 sessions.
Symptom Maintenance

What we learned...

• This study confirms what is commonly accepted in psychotherapy outcome literature—*treatment does offer a long-term benefit*.

• Further confirms Couples Therapy outcome literature, which suggests symptom maintenance is difficult to attain.
Symptom Maintenance

What are the clinical implications?

- The Marble program results in continued decrease of psychological distress and sustained spiritual well-being.
- Specific recommendations are needed in the area of follow-up couples therapy (Marriage Mentors, Mini-Retreat).
- Coaching with pastors, a clergy-psychologist collaboration (McMinn, et al, 2005), may be a nice alternative to follow-up treatment.
Symptom Maintenance

Why doesn’t continued decrease in distress and continued spiritual well-being maintain marital satisfaction?

**Hypothesis #1**: Increased variability suggests that mean differences may poorly reflect inconsistent outcomes

**Hypothesis #2**: Honesty (reasonable self-appraisal) as a model of emotional well-being can impact relational satisfaction if it isn’t matched by the partner.

**Hypothesis #3**: The disappointment of continued failure after a significant investment in treatment.
Significance in the field of clergy health

• Despite reliance on intrapersonal coping resources, clergy are receptive to psychotherapeutic intervention.
• Non-traditional models of treatment are conducive to meeting clergy treatment needs.
• Learning and utilizing coping resources show a long-term benefit for the individual functioning of clergy and their spouses (i.e. communication skills, self-acceptance, etc.).
Limitations of Study

- No Control Group
- No control of additional treatment following treatment
- Attrition high at follow-up
- Criteria of Change have limited scope—many other outcomes could be examined
Symptom Change

Is *Brief, Intensive Psychotherapy* well suited for clergy? - Yes! Results are generally consistent with other outcome research

- **Retreat Setting**: Clergy are reticent to seek traditional forms of therapy. Retreat setting removes stigma.

- **Individual Treatment**: Adjunctive to group process provides the opportunity to enhance intrapersonal coping skills.

- **Group Treatment**: Expands clergy social support system. Disclosure is encouraged by the group pressure.
Future Research

- Examination of individual outcomes (vs group)
- Continued Evaluation of Services
- Couples Treatment for Clergy
- Moderators of Change