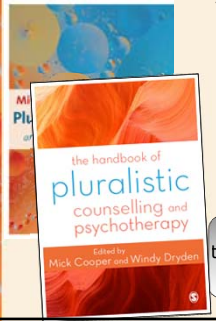
Pluralistic Counselling and Psychotherapy



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With thanks to John McLeod and all the clients, therapists and researchers who contributed data and analysis

Background

2006

John McLeod, with Mick Cooper, Julia McLeod and colleagues, set up Tayside Centre for Counselling

Tayside Centre for Counselling

The Tayside Centre for Counselling (TCC) offers free one-to-one counselling for people faci

The TCC is research active, so clients who attend agree to be part of a research project whi which counselling can help those experiencing emotional and psychological problems.

FAQs

What is counselling?

Counselling comes in different forms, but generally involves two people having an honest resolving a problem - or problems - that one of them is experiencing.

Counsellors are trained to offer clients a different way of understanding their problems, an in which problems can be addressed

2007

First paper on 'pluralistic' framework

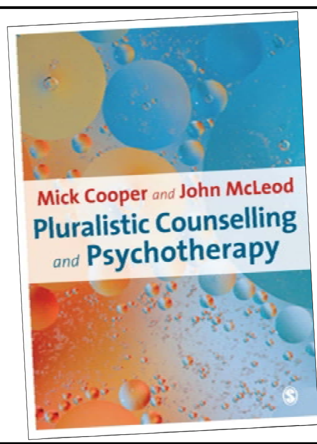

Counselling and Psychotherapy Research, September 2007; 7(3): 135–143

ORIGINAL ARTICLE

A pluralistic framework for counselling and psychotherapy: Implications for research

MICK COOPER & JOHN MCLEOD

2011



2013-2015

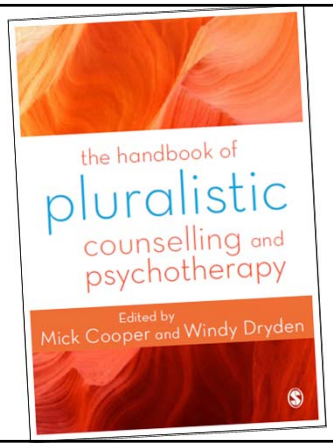
Pluralistic therapy for depression study, funded by BPS

Research Paper

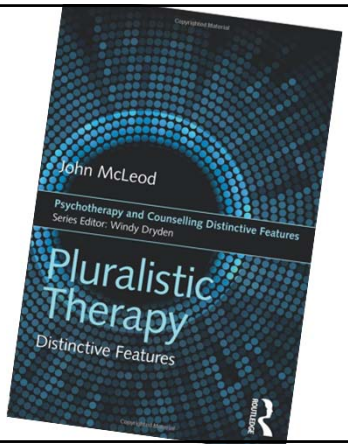
Pluralistic therapy for depression: Acceptability, outcomes and helpful aspects in a multisite study

Mick Cooper, Ciara Wild, Biljana van Rijn, Tony Ward, John McLeod, Simon Cassar, Pavlina Antoniou, Christina Michael, Maria Michalitsi & Shilpa Sreenath

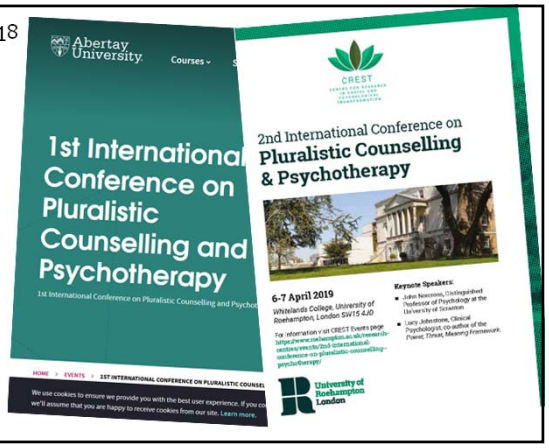
2016



2017



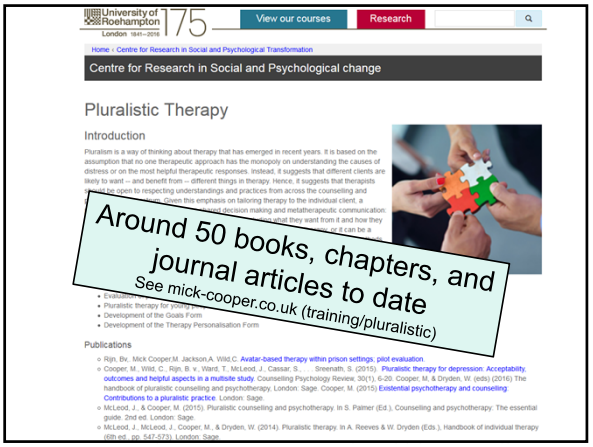
2018



2019

Second International Conference on
Pluralistic Counselling & Psychotherapy
6-7 April 2019

www.pluralistic2019.com



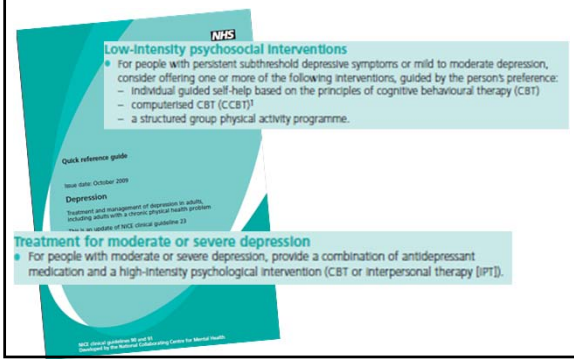
Beyond schoolism

Beyond 'Schoolism'

- History of therapy characterised by emergence of 'schools'
- Often segue into 'schoolism' and dogmatism: assumed monopoly of truth on aetiology and treatment of problems for all

Pressures in healthcare systems towards *therapeutic monoculture*:
'One size fits all'

UK guidelines on depression



But, CBT doesn't work for everyone

Lucy: CBT's fine, but, like, I think, it's wrong for me because I'm, like, I'm aware… like [M: Mm]. I'm kind of aware when I'm thinking about something in a faulty way, um, and so being told that it's just not […] at all. I'm just like 'Yeah, I know.' [Laughs]. Like I know I shouldn't do that, or I know I shouldn't do [M: Yeah] this or think like that or like-- Um… And it's just a bit, kind of, too-- the al-- just too basic I think… really…. I think it maybe works better if you don't have any insight [M: Mm] into things [laughs]. Like maybe, I don't know, if you don't know what depression is or [M: Yeah] something like that… like it's not really, um, it feels really manualised and feels really like, um-- I don't know, kind of scripted…

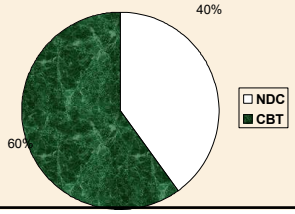
Pluralism: A celebration of diversity in therapy

The evidence base

As with Lucy, research shows that clients do not all want, or benefit from, the same thing

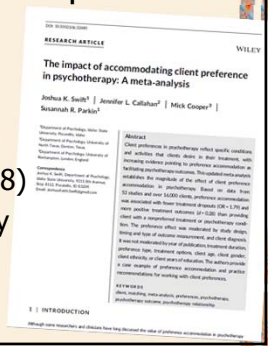
Different clients want different things

Do depressed clients in primary care want non-directive counselling or cognitive-behaviour therapy (King et al 2000)?



Clients do better in their preferred therapies

- Clients who receive their preferred treatment…
- Small increase in outcomes (ES = 0.28)
- 1.79 times less likely to drop out



RESEARCH ARTICLE

WILEY

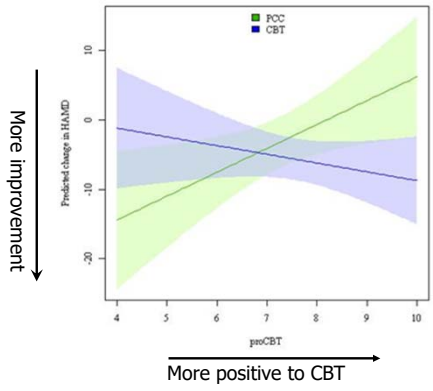
The impact of accommodating client preference in psychotherapy: A meta-analysis

Joshua K. Swift[1] | Jennifer L. Callahan[2] | Mick Cooper[3] | Susannah R. Parkin[1]

Abstract

1 | INTRODUCTION

Improvements in CBT and PCC by attitude towards CBT



Different clients do better in different therapies

- Most clients do best when levels of empathy are high…

  …but some clients do not: highly sensitive, suspicious, poorly motivated
- Clients who do best in non-directive therapies vs. CBT:
  - high levels of resistance
  - internalizing coping style

Value of Shared Decision Making

- Clients generally value SDM
- In unhelpful therapeutic relationships, 'None of the research participants recalled their therapist ever checking in or having any form of discussion about what they wanted from therapy or if therapy was indeed helping' (Bowie, et al., 2016, p.2)

Core principles

Aim

- An attempt to transcend schoolism in all its forms (including a 'pluralistic schoolism') and re-orientate therapy around clients' wants and client benefit
- Maintaining a critical, self-reflective stance towards our own theoretical and personal assumptions

From ‘either/or’ to ‘both/and’

The pluralistic approach strives to transcend ‘black-and-white’ dichotomies in the psychotherapy and counselling field, so that we can most fully engage with our clients in all their complexity and individuality

Practice A

Practice B

Theory A

Theory B

Relationship

Techniques

Single-orientation

Integrative

Pillar 1
Pluralism Across Orientations

'Lots of different things can be helpful to clients'

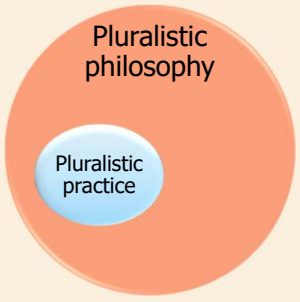
Pillar 2
Pluralism Across Clients

'Different clients need different things at different points in time'

Pillar 3
Pluralism Across Perspectives

'If we want to know what's going to help clients, let's discuss it with them'

Pluralism can be both a general attitude, and a specific practice



Pluralistic philosophy

The *belief* that different clients are likely to benefit from different things at different points in time

Example items from the Therapy Pluralism Inventory (Thompson et al., 2013)

- *I believe that lots of different therapeutic approaches have much to offer*
- *I do not believe that there is any one, "best" therapeutic orientation*
- *I think that there is one approach that suits most clients (reversed)*

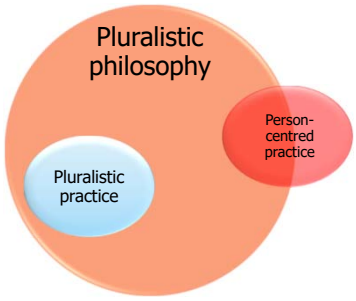
Pluralistic practice

Adopt a personally tailored approach with each client, including involving clients in conversations about the therapeutic process, ensuring that the therapeutic approach is suitable from the client's perspective, and tailoring therapy to the individual

Example items from the Therapy Pluralism Inventory (Thompson et al., 2013)

- *I explore with my clients the various ways we could work toward their goals*
- *I tailor the way that I work to each individual client*
- *I work collaboratively with my clients to agree the direction for therapy*

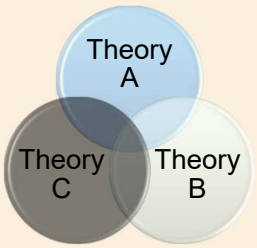
Distinction between two domains is important, as can hold a pluralistic attitude, without extensive tailoring of practices: correlation = .19 (3.6% overlap)



But isn't pluralism just the same as integrative therapy?

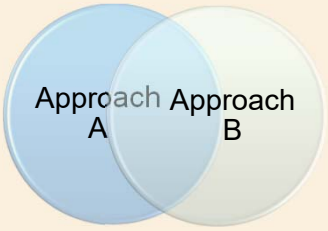
Integration

Putting together different theories



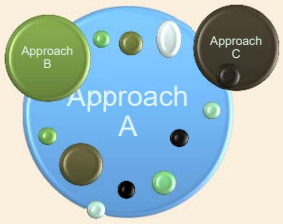
Theoretical integration

Selecting concepts and methods from existing approaches to create a new approach



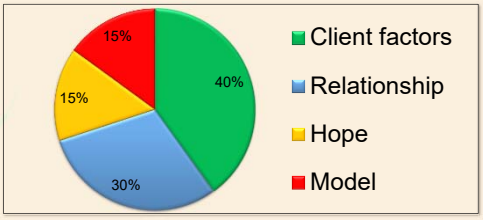
Assimilative integration

Starts with core model, with other approaches gradually integrated into it to develop a unique individual style



Common factors

Assumption that therapeutic change determined by similar factors across orientations



Eclecticism

Selecting techniques from a number of different orientations irrespective of the underlying philosophies

Pluralistic practice = 'collaborative integrative' therapy, but…

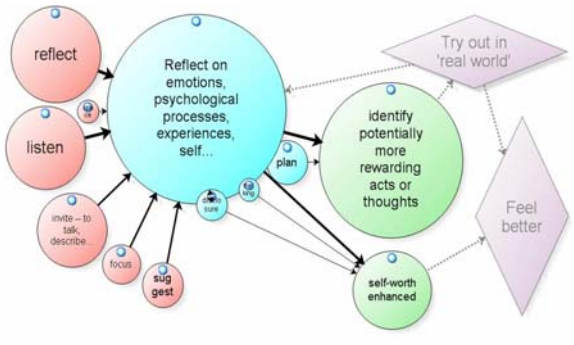
1. Pluralism can be a philosophical stance, without necessitating a combination of practices

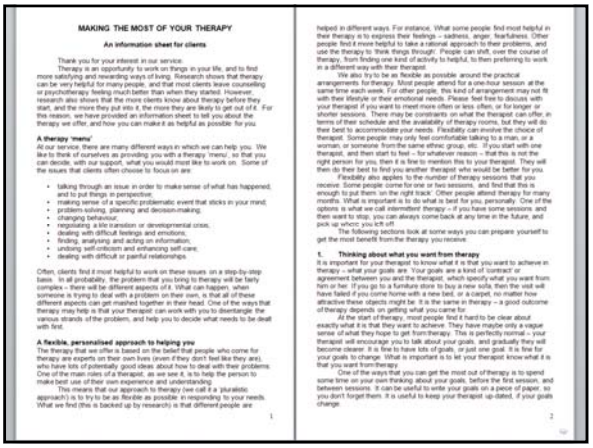
2. Integration, per se, does not necessitate collaboration: pluralistic practice is a form of integrative therapy specifically oriented around shared decision-making

3. Some forms of integration (esp. theoretical integration) can be schools in themselves

Pluralistic practice starts by being clear about what we can offer clients

What *I* (think I) offer clients





MAKING THE MOST OF YOUR THERAPY

An information sheet for clients

Thank you for your interest in our service.

Therapy is an opportunity to work on things in your life, and to find more satisfying and rewarding ways of living. Research shows that therapy can be very helpful for many people, and that most clients leave counselling or psychotherapy feeling much better than when they started. However, research also shows that the more clients know about therapy before they start, and the more they put into it, the more they are likely to get out of it. For this reason, we have provided an information sheet to tell you about the therapy we offer, and how you can make it as helpful as possible for you.

A therapy 'menu'

At our service, there are many different ways in which we can help you. We like to think of ourselves as providing you with a therapy 'menu', so that you can decide, with our support, what you would most like to work on. Some of the issues that clients often choose to focus on are:

- talking through an issue in order to make sense of what has happened, and to put things in perspective;
- making sense of a specific problematic event that sticks in your mind;
- problem-solving, planning and decision-making;
- changing behaviour;
- negotiating a life transition or developmental crisis;
- dealing with difficult feelings and emotions;
- finding, analysing and acting on information;
- undoing self-criticism and enhancing self-care;
- dealing with difficult or painful relationships.

Often, clients find it most helpful to work on these issues on a step-by-step basis. In all probability, the problem that you bring to therapy will be fairly complex – there will be different aspects of it. What can happen, when someone is trying to deal with a problem on their own, is that all of these different aspects can get mashed together in their head. One of the ways that therapy may help is that your therapist can work with you to disentangle the various strands of the problem, and help you to decide what needs to be dealt with first.

A flexible, personalised approach to helping you

The therapy that we offer is based on the belief that people who come for therapy are experts on their own lives (even if they don't feel like they are), who have lots of potentially good ideas about how to deal with their problems. One of the main roles of a therapist, as we see it, is to help the person to make best use of their own experience and understanding.

This means that our approach to therapy (we call it a 'pluralistic approach') is to try to be as flexible as possible in responding to your needs. What we find (this is backed up by research) is that different people are

1

helped in different ways. For instance, What some people find most helpful in their therapy is to express their feelings – sadness, anger, fearfulness. Other people find it more helpful to take a rational approach to their problems, and use the therapy to 'think things through'. People can shift, over the course of therapy, from finding one kind of activity to helpful, to then preferring to work in a different way with their therapist.

We also try to be as flexible as possible around the practical arrangements for therapy. Most people attend for a one-hour session at the same time each week. For other people, this kind of arrangement may not fit with their lifestyle or their emotional needs. Please feel free to discuss with your therapist if you want to meet more often or less often, or for longer or shorter sessions. There may be constraints on what the therapist can offer, in terms of their schedule and the availability of therapy rooms, but they will do their best to accommodate your needs. Flexibility can involve the choice of therapist. Some people may only feel comfortable talking to a man, or a woman, or someone from the same ethnic group, etc. If you start with one therapist, and then start to feel – for whatever reason – that this is not the right person for you, then it is fine to mention this to your therapist. They will then do their best to find you another therapist who would be better for you.

Flexibility also applies to the number of therapy sessions that you receive. Some people come for one or two sessions, and find that this is enough to put them 'on the right track'. Other people attend therapy for many months. What is important is to do what is best for you, personally. One of the options is what we call intermittent therapy – if you have some sessions, and then want to stop, you can always come back at any time in the future, and pick up where you left off.

The following sections look at some ways you can prepare yourself to get the most benefit from the therapy you receive.

1. Thinking about what you want from therapy

It is important for your therapist to know what it is that you want to achieve in therapy – what your goals are. Your goals are a kind of 'contract' or agreement between you and the therapist, which specify what you want from him or her. If you go to a furniture store to buy a new sofa, then the visit will have failed if you come home with a new bed, or a carpet, no matter how attractive these objects might be. It is the same in therapy – a good outcome of therapy depends on getting what you came for.

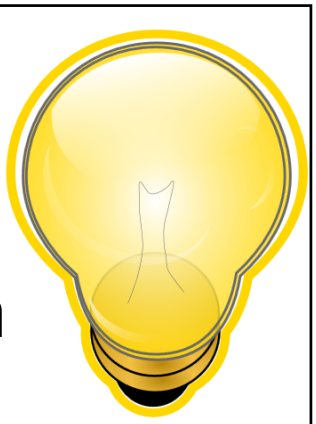
At the start of therapy, most people find it hard to be clear about exactly what it is that they want to achieve. They have maybe only a vague sense of what they hope to get from therapy. This is perfectly normal – your therapist will encourage you to talk about your goals, and gradually they will become clearer. It is fine to have lots of goals, or just one goal. It is fine for your goals to change. What is important is to let your therapist know what it is that you want from therapy.

One of the ways that you can get the most out of therapy is to spend some time on your own thinking about your goals, before the first session, and between sessions. It can be useful to write your goals on a piece of paper, so you don't forget them. It is useful to keep your therapist up-dated, if your goals change.

2

Meta-therapeutic communication

Going beyond intuition



Can we just trust our intuitive sense of what clients need?

A. Research indicates that therapists are generally poor judges of what clients want or experience

Explore

≠

Doing whatever a client initially asks for, and then sticking to it regardless!

=

Dialogue

Subtle, complex, on-going process

Draws on expertise of both client and therapist

Collaboration is not about the uncritical acceptance of the client's viewpoint, it's about moving beyond its uncritical negation

Co-constructing therapeutic methods I

- Assessment session with Saskia
- Asked Saskia what might be helpful to her in the therapy, and what she had found helpful or unhelpful with previous therapists
- Saskia: unhelpful when there is 'just a man sitting behind you' not giving you any feedback. Wants lots of input and guidance
- Mick: fairly happy to work that way, but also sensed that Saskia had a relatively 'externalised locus of evaluation' and had some concerns about reinforcing this

Source: Cooper and McLeod, 2011, p.111

Co-constructing therapeutic methods II

Mick: *So it sounds like feedback will be useful?*

Saskia: Yeah, Yeah.

Mick: *OK.*

Saskia: Yes, definitely, because….no matter who we are in the world, wherever we are in life, there is always going to be something that we've missed, either because we don't want to see it, or because we just didn't see it. Even if someone is 90% 'actualised'…they're not going to see everything. [So] you [can] turn around and say: 'You could have said this, you could have done that.' And they're: 'Oh, really, thanks Mick, I never-- I never saw that.'

Mick: *I guess the important thing for me, in giving feedback, is that you can say 'That's not right' [Saskia: Sure.] And you can say, 'No, that doesn't fit,' or 'That's not helpful' [Saskia: Sure, sure.]. I mean, one of the ways that I like to work is-- is very much with feedback…and that needs you to say to me, 'No, don't like that…' 'That's good…'*

BRITISH JOURNAL OF GUIDANCE & COUNSELLING, 2017
http://dx.doi.org/10.1080/03069885.2017.1305098

Routledge
Taylor & Francis Group

Check for updates

Metatherapeutic communication: an exploratory analysis of therapist-reported moments of dialogue regarding the nature of the therapeutic work

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ABSTRACT

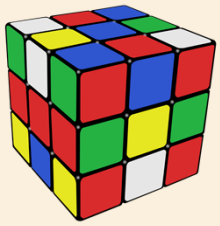
The purpose of the study was to investigate the nature of *metatherapeutic communication* (MTC), defined as dialogue between therapists and clients on the nature of the therapeutic work and the means by which it can be of greatest help to clients. Twelve counselling psychologists, working pluralistically with 35 clients experiencing depression, described on post-session forms moments of negotiation and collaboration around the therapeutic work. Two main dimensions of MTC were identified: the *subject matter* of the MTC and the *temporal focus* of the MTC. In addition, MTC varied by the *time* at which it took place. These findings provide a framework for understanding the nature of MTC in counselling and psychotherapy, and the opportunities for implementing it in practice.

ARTICLE HISTORY
Received 20 September 2015
Revised 22 February 2017
Accepted 5 March 2017

KEYWORDS
Therapeutic alliance; shared decision-making; metatherapeutic communication; pluralistic counselling; collaboration

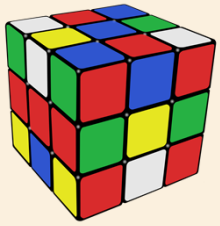
Temporal period: *When?*

- Before therapy
- Assessment sessions
- Start of sessions
- Within sessions
- End of sessions
- Review points
- Final sessions



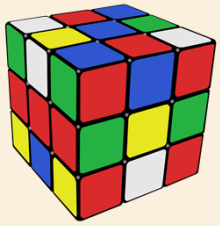
Subject matter: *What?*

- Goals
- Method
- Content
- Understanding
- Progress
- Experience



Temporal focus: *About when?*

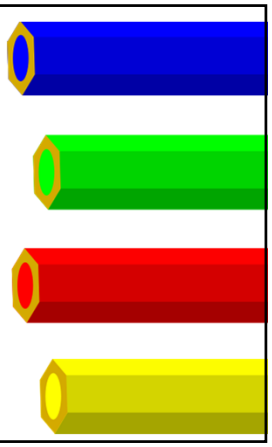
- Previous session(s)
- Current session
- Next session
- Therapeutic work as whole
- Extra-therapeutic activity/homework
- Ending



Evolving principles of metatherapeutic communication

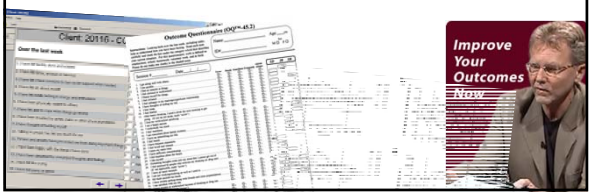
1. Open metatherapeutic channels from the start
2. Actively invite clients to share their views, especially critical ones
3. See MTC as an ongoing process
4. Uncertainty is a good predictor of when to MTC
5. Be part of the dialogue
6. Describe what the options might be: scaffolding
7. Tailor levels of MTC to the particular client and their preferences
8. Use measures

Using systematic feedback to facilitate meta-therapeutic dialogue



Systematic feedback

- The *integration* into therapy of *validated* methods that invite clients, on a *regular* basis, to assess their wellbeing (*outcome feedback*), or experience of therapy and the therapeutic relationship (*process feedback*)



Why we're wary

Concerns that…

1. Meaningless – only articulates most superficial, symptom-level experiencing
2. Takes time away from 'deeper' therapeutic work
3. Clients will experience it as de-humanising -- complex pain and life circumstances turned into numbers: Buber's I-It relationship rather than I-Thou
4. Sets external, normative expectations for the therapeutic work and change
5. Focus of therapy becomes 'doing' rather than 'being'

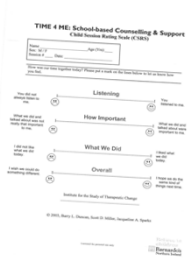
So why use systematic feedback?

1. Can help clients to express how they feel about therapy

Image: Kyrill Pool

Bypass deference

- Power dynamic in therapeutic relationship can make it very difficult for clients to say to therapists things they may not be happy with
- Feedback tools may make that easier
- Provides opportunity for client's 'voice' to be heard
- Can give client sense that their views are important



2. Clients seem to get more out of therapy when used

Image: Kyrill Pool

Enhancing outcomes

In adult therapy field, use of systematic monitoring has now been established as a proven means of improving clinical outcomes

School-based counselling using systematic feedback: A cohort study evaluating outcomes and predictors of change

3. Clients more likely to like it than not

Image: Kyrill Pool

4. Can help clients focus on what they want to change…

Image: Kyrill Pool

…and how much change they are making

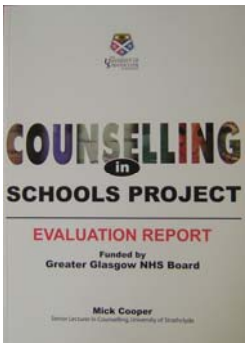
Image: Kyrill Pool

5. Can help clients to articulate how they feel

Image: Kyrill Pool

Accessing feelings

- *'The counsellor gave me a questionnaire of how I was feeling today…and that just made me think about what I was actually, like, feeling.'*
- May also be easier to write down feelings than say them to someone
- Cf. creative/projective methods: a 'third space'



6. Helps therapists adjust and improve their approach


Image: Kyrill Pool

7. Provides evidence for an approach or service


Image: Kyrill Pool

The need for evidence

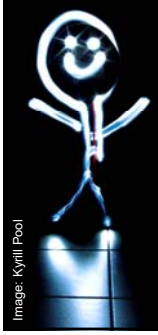


Image: Kyrill Pool

If therapists do not gather evidence on the effectiveness of their work, these approaches may not be commissioned or available in years to come

Two main types of measures

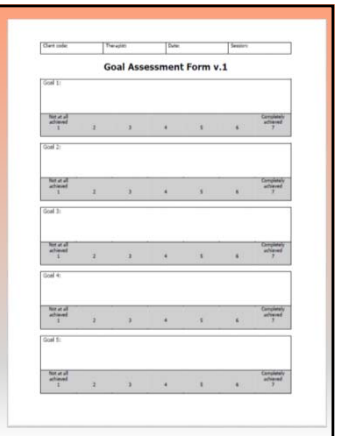
- *Outcome measures*: feedback on changes in mental wellbeing (e.g., PHQ, CORE)
- *Process measures*: feedback on clients' experiences in therapy (e.g., Session Rating Scale, Helpful Aspects of Therapy)

Pluralistic specific measures…

The Goals Form

Goals Form

- Personalised outcome measure
- Invites clients to focus on what they want
- Discussed and agreed in assessment session
- Rated every subsequent week


Goal Assessment Form v.1

Using the Goals Form

1. Client and therapist discuss the client's goals for therapy (normally at assessment)
2. Wording is agreed a written down on the Goals Form
3. Clients are asked to rate how much they feel each goal is currently achieved
4. Clients are asked which goals they would like to prioritise
5. The client's goals are transposed to an electronic copy of the form and copies of the personalised form is printed off
6. Clients are asked to rate their goals at the start of every session
7. Clients can add to, delete or modify their goals as the work progresses

Basic principles

1. Clients should not be *required* to set goals
2. Goals can normally be established in a first, or assessment, session
3. <u>But</u>, goal-setting is a process across therapy, and not a one-off event
4. Clients should be allowed to add to, remove and modify goals as appropriate
5. Goals should be determined by clients, in dialogue with their therapists

Using the Goals Form

https://vimeo.com/210940525

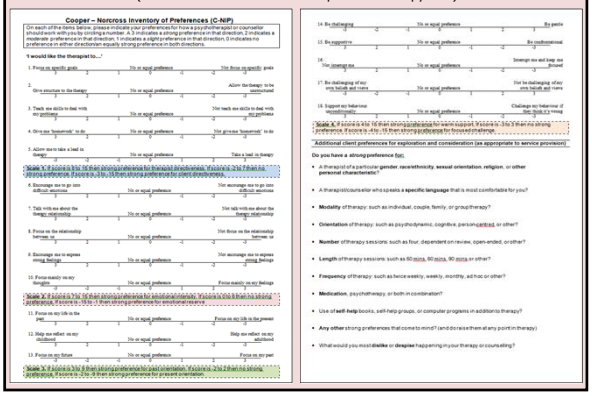
The C-NIP

Inventory of Preferences (C-NIP)

- 18 item process measure (free to use) that invites clients to say how they would like therapy to be
- Can be used at assessment and in ongoing therapeutic work/at review
- Four dimensions: directiveness, emotional intensity, past orientation, support
- Additional preference items (e.g., gender of therapist)
- Key issue is **strong** preferences

The Cooper-Norcross Inventory of Preferences (C-NIP)

(download and use for free from pluralistictherapy.com)



Cooper – Norcross Inventory of Preferences (C-NIP)

On each of the items below, please indicate your preferences for how a psychotherapist or counsellor should work with you by circling a number. A 3 indicates a strong preference in that direction, 2 indicates a moderate preference in that direction, 1 indicates a slight preference in that direction, 0 indicates no preference in either direction/an equally strong preference in both directions.

I would like the therapist to…:

1. Focus on specific goals … 0 … Give focus on specific goals
2. … Allow the therapy to be unstructured
3. Teach me skills to deal with my problems … Not teach me skills to deal with my problems
4. Give me 'homework' to do … Not give me 'homework' to do
5. Allow me to take a lead in therapy … Take a lead in therapy
6. Encourage me to go into difficult emotions … Not encourage me to go into difficult emotions
7. Talk with me about the therapy relationship … Not talk with me about the therapy relationship
8. Focus on the relationship between us … Not focus on the relationship between us
9. Encourage me to express strong feelings … Not encourage me to express strong feelings
10. Focus mainly on my thoughts … Focus mainly on my feelings
11. Focus on my life in the past … Focus on my life in the present
12. Help me reflect on my childhood … Help me reflect on my adulthood
13. Focus on my future … Focus on my past

Scale X: If score is 3 to 10 then strong preference for focused problem-solving. If score is -3 to 3 then no strong preference. If score is -10 to -3 then strong preference for open discussion.

Scale Y: If score is 3 to 10 then strong preference for emotional intensity. If score is -3 to 3 then no strong preference. If score is -10 to -3 then strong preference for emotional restraint.

Scale Z: If score is 3 to 9 then strong preference for past orientation. If score is -3 to 3 then no strong preference. If score is -9 to -3 then strong preference for present orientation.

14. Be challenging … 0 … Be gentle
15. Be supportive … 0 … Be confrontational
16. Use 'coverage' as … 0 … Leverage me and keep me focused
17. Be challenging of my own beliefs and views … 0 … Not be challenging of my own beliefs and views
18. Support my behaviour as it is … 0 … Challenge my behaviour if I am 'stuck in a loop'

Scale X: If score is 4 to 10 then strong preference for warm support. If score is -3 to 3 then no strong preference. If score is -4 to -10 then strong preference for focused challenge.

Additional client preferences for exploration and consideration (as appropriate to service provision)

Do you have a strong preference for:

- A therapist of a particular **gender**, **race/ethnicity**, **sexual orientation**, **religion**, or **other personal characteristic**?
- A therapist/counsellor who speaks a **specific language** that is most comfortable for you?
- **Modality** of therapy: such as individual, couple, family, or group therapy?
- **Orientation** of therapy: such as psychodynamic, cognitive, person-centred, or other?
- **Number** of therapy sessions: such as four, dependent on review, open-ended, or other?
- **Length** of therapy sessions: such as 50 mins, 60 mins, 90 mins or other?
- **Frequency** of therapy: such as twice weekly, weekly, monthly, ad hoc or other?
- **Medication**, psychotherapy, or both in combination?
- Use of **self-help** books, self-help groups, or computer programs in addition to therapy?
- **Any other** strong preferences that come to mind? (and do raise them at any point in therapy)
- What would you most **dislike** or **despise** happening in your therapy or counselling?

Debates and challenges

Implicit needs and processes

- Clients may not be able to say what they want or need
- Implicit, unconscious desires may be very different to explicitly stated wants
- Danger of colluding with clients maladaptive interpersonal dynamics

Implicit needs and processes

'Maybe I am getting…my kind of demands, just because I put down something on those papers…. And I questioned whether; whether I should have been giving the opportunity to be kind of designing. Because I am the one who is unwell, who has been unwell, so giving me to the choice may be…'

(PfD client)

Being pluralistic about pluralism

Collaboration, MTC, systematic feedback, etc. may not be desirable or helpful for all clients – pluralism invites us to be critical/pluralistic about tools too

'As a client, I felt like she would ask me how the session had been for me at the end of every session as a kind of mini-review and I just felt totally, like, put on the spot, and still trying to process whatever we had been talking about. So it kind of took me out of what I had been thinking about and I lost touch with the process, rather than become absorbed in it. And then I do the sort of people pleaser thing of trying to be like "Yeah, yeah, it was really good, really helpful", and really want to answer her question as I do not want to say anything was unhelpful as that feels really uncomfortable. I would never say anything unhelpful.'

(from client experience research by Keri Andrews, counselling psychologist)

Therapist inauthenticity

'I think it was an unfair situation on the therapist that I-- that somebody just walks in from the street and gets into the project and says "So I want you to behave like this, this, this and this with me"…. He is not behaving in a way he would naturally would behave.'

(PfD client)

Towards a *wikitherapy*

An evidence-informed resource for therapists and clients on the different methods that can help clients achieve different goals

Thank you