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Doing Nothing…?

UKCP RFC Conference, Regent's College, London, July 18th 2015

Kay Radcliffe, Clinical Psychologist
Sophie Hopper, Psychologist in Clinical Training
Carol Martin, Senior Lecturer in Clinical Psychology
Ciara Masterson, Lecturer in Clinical Psychology

The event today will cover

- An outline of findings from two IPA studies concerned with non-improvement: from both the client and therapist perspective
- Time to reflect on our own experiences of non-improvement
- Discussion of potential issues for clinical practice

Introduction

Context

- The effects of psychotherapy are generally positive
- However:
  - Outcomes of clinical trials show one third of patients deteriorate or have no benefit
  - In clinical practice, these rates may be higher – 8% deteriorating and 50% not responding

    Hansen, Lambert & Forman, 2002
- For detailed description and categorisation of negative effects of psychotherapy see Linden (2013)

Why is this important?

- A significant percentage of clients experience little or no change on outcome measures
- The research literature has not focused on this group of patients, except for a focus on identifying risk factors
- There is evidence of a client-therapist gap in identification of non-improvement
- In the past 40 years of outcome research outcomes have not been improving

Miller, Hubble, Chow & Seidal 2013

And why did we want to explore this?

- To discover more about the experience of clients who find themselves unimproved after therapy
  - Knowing more may lead to improved therapies
- Therapy relationships engage core parts of therapists; client failure to improve will also affect clinicians
  - Knowing more may lead to improved training

IPA: participant experience

- Based on phenomenology and hermeneutics
- Involves recognition of the double hermeneutic- the necessary acts of interpretation undertaken by participant as they recount their experience and by the researcher as they hear and analyse
- Concerned with individuals' unique experience and the potential for the use of findings in other settings rather than generalisations
- Typically with semi-structured interviews

Stages of IPA

1. Reading and re-reading (immersing oneself in data)
2. Initial noting (exploratory commenting)
3. Developing emergent themes
4. Search for connection across emergent themes
5. Moving onto the next case
6. Looking for patterns across cases

Study 1: Experiences of clients who do not improve

- Kay Radcliffe

Introduction

- Aim:
  - To explore the experience of clients who felt they had not benefitted from therapy received from an adult PTS in the NHS
- Research question:

How do clients experience 'non-response'?

Method

- Participants agreed with the statement:

'*I have completed a course of therapy with the service, but do not feel anything is particularly different as a result of it*'

- Semi structured interviews and IPA

Sample demographics

Gender	4 males, 4 females
Age	20s: 1, 30s: 2, 40s: 2, 60s: 3
Marital Status	4 married, 3 single, 1 divorced
Ethnicity	All White-British
Education	4 attended university, (3 gained degrees), 1 attended college, 3 left school at 15-16, (2 attended college later)

Sample characteristics

Mental Health

- All self-reported anxiety/depression/stress
- 5 had felt suicidal
- 5 described relationship difficulties

At time of interview:
2 were in voluntary/ private sector therapy,
2 were seeking therapy,
4 had no current therapy

Treatment History

- All had undertaken other types of therapy (some several episodes)
- 6 had been stepped up from primary care services
- 6 had been prescribed medication
- 1 had undergone ECT
- 3 had been admitted to psychiatric facilities as in-patients/day patients

Results: the themes

Theme	Sub-themes
Negative self-belief	Worthless, Failure/at fault, Not good enough (undeserving), Damaged, Wrong
Desire to access therapy	Cannot be alone
	Want help of another
	View of ideal therapy
Reactions to lack of progress	Fear of being out of control (Emotionally overwhelmed)
	Feel judged/unacceptable (Shame)
Managing therapy	Lack of emotional disclosure
	Try to please therapist
Unmet needs	Do not get what need from therapy
	Therapeutic gain
Reinforces self-belief	Worthless; self-blame; disappointment

Negative self-belief

"…and I think all this is 'cause of me. All that that I see going on, is down to me and my failings"

Reactions to lack of progress (a)

Feeling overwhelmed:

"it does make you look at in a bit more depth maybe than you're prepared to, you know you sort of think 'that's a sore point…and do I really want to open that can of worms?' because we don't have enough sessions to get through it…so trying to talk to someone about what's bothering you and to get to the bottom of that without getting those feelings too far in front, because when you come to the end of the session, you've got to bottle it all back up…take it back with ya on the bus or in the car. It's like unfinished business"

Reactions to lack of progress (b)

Shame:

"I think you don't want to be totally honest because you don't want someone else knowing what's going on in your head because you feel like it's strange"

Managing therapy

Hiding: "It was more just going in…masking myself over the real issues…and just talking about stuff that I wasn't passionate about…I'd only ever skirt what I wanted to talk about but then go into more safe stuff"

Difficulty explaining: "…but the main thing for me was to get my story out. So I could perhaps, in my mind I thought if I could get all of my story out it would be lesser on me, that's what I thought. But I didn't get it all out, because there's some things you can't say, ever"

Unmet needs

Mixed or partial success:

"I'm dealing with stress levels on a daily level a lot better than I used to. But I still can't sleep. And I still get the bad dreams, and I still have flashbacks, and I don't think I've moved any further on those side of things"

"I mean I talk better now about it, than I did before I had therapy. But you're still left with the unresolvedness, I'm still living with it basically"

"I began to think, well how's this gonna work, seeing my life flash before my eyes. It works for some people, I suppose. It just didn't work for me"

Reinforces self-beliefs (a)

Afterwards:

"…so I'd kinda got to this point where I thought…I'd kinda failed on kind of doing this CBT, which it had, it had always been a bit of a problem because I always, I'd never sure whether I'd got the thought diaries right. I got a bit obsessed with that, with…whether I was good enough or whether I was doing things right"

"There is a feeling of disappointment and failure 'cause it's not working um, but again it was more this overwhelming feeling that I'd got it wrong, something I'd done hadn't worked"

Reinforces self-beliefs (b)

Afterwards:

"…it's just the fact that…I've taken this kind of…risky set of steps in trying to fix something…and I really feel that it's only, I've only been convinced that it's very definitely broken"

"…and I'm questioning all the time up until that point of being well…you know it's bad, and this is being stretched out over a long time and maybe…they can't do anything…does that mean I'm beyond help?"

"…the other part of it is, yeah just me kind of thinking well it's my fault and that I should…try harder and learn something from it"

Key findings

This is not 'non-response'

- What patterns were there?
  - Struggle to form a 'good enough' relationship with the therapist
  - Finding short contracts and visible endings too difficult
  - Not managing to share feelings
  - Expecting something different from what they were offered
  - Finding that, while there were improvements, these were not sufficient for wellbeing

Discussion

- A continuum or different experiences?
- This study focused on the experience, not the factors predicting 'non-response', but the findings are suggestive
- Was there something missing?
  - No corrective experience?
  - No opportunity…

"*…to understand or experience affectively an event or relationship in a different and unexpected way*" (Goldfried, 2012, p.16).

Exercise: time to reflect

- In pairs or threes
- Share reflections on the experience of working with people who don't "get better"
- Key concepts- up to 3 words?

Study 2: Experiences of therapists with clients who do not improve

Sophie Hopper

Introduction

- Aim:
  - To explore the experience of therapists who had provided a complete therapy from which they felt their client had not benefitted
- Research question:

How do therapists experience 'non-response'?

Design

- Seven qualified psychological therapist participants recruited from NHS secondary care services
- Semi structured interviews and IPA

Sample characteristics

Gender	5 males, 2 females
Experience	2 to 26 years (average 8 yrs.)
Job title	4 Clinical psychologists, 3 Psychological therapists
Orientation	1Psychodynamic, 1 IPT, 3 CBT, 3 Integrative

Findings Stage	Themes
The hopeful therapist	Generating hope (client diffs/self belief) Satisfying demands (internal/external) Anxiety (size of task/TR)
Trying to hold on to hope	Inadequacy (internal attributions)
	Anger
	Desperation (working harder/acting out)
The hopeless therapist	Helplessness Vulnerable (fearing criticism) Wanting to give up Feeling drawn in (enmeshed)
	Self protection (external attributions)
Time to reflect	Relief Guilt Personal & professional loss (Tx & self)
	Re-generating hope (in & out of Tx)

Reflections on starting out…

- **Underestimating the problem**

"To think that after forty years of bad relationships he's going to develop some wonderful therapeutic relationship with me, that he's going to improve over the year was actually unrealistic"

- **Ignoring the signs**

"I'm willing to give something like this a go. I remember thinking, it's an off putting situation for a lot of people and they would just run a mile"

- **Overestimating the intervention**

"I was saying, well you've had loads of the wrong therapy and this is the first time you will have the right therapy"

Then…

- **Pressures from others' demands**

In that service particularly there's a lot of pressure on people being seen to improve, whatever that might mean

- **Out of character**

I then felt the need to do therapeutic things outside of the therapy which is really out of the ordinary for me

- **Anxiety**

I remember thinking that I'd bitten more off than I can chew

When therapy fails to progress

- **Anger**

"I felt an impotent anger, an anger at myself and him for not getting anywhere"

- **Inadequacy**

"I suppose my most prevalent thought was, why can't I manage like all the other therapists can?"

Hope is lost

- **Helplessness**

"I just felt defeated"

- **Vulnerability**

"I remember thinking that my supervisor might think that I haven't done a good enough job with her"

- **Giving up**

"Towards the end I was much more inclined to sit back and just let her talk"

It's over…feelings and learning

- **Relief**

"I remember a massive sense of relief when I did actually end (therapy) with him"

- **Guilt**

"There's guilt that I tried to continue to work with him for so long and that the feelings I had, impacted on him at that time"

- **Feelings of loss and disillusion**

"I just don't view therapy as a magic bullet at all now, I really don't, and I don't see it as a fantasied solution to things"

"It's been a self-discovery that I can't heal everybody"

Findings: the process

- Accounts suggested that therapists recognised that an effective therapeutic relationship was never fully established
- The therapists sometimes felt ashamed, guilty and confused about what they felt and what they did
- They found it hard to access or use supervision that might help, or to open up, for fear of criticism
- The changes in the way hope was experienced throughout are significant: excessive hope through to despair

Findings: impact on therapists

- A range of functional attributions used to make sense of the non-response, sometimes in a predictable sequence: it's me, it's the client, it's the system
- There was a sense of disillusion sometimes, of personal & professional loss- and a range of responses to this
- The therapist identity changed – learning more about the limits of healing – 'not being able to fix'

Discussion

- The context: these were NHS therapists experiencing pressures to achieve with limited resources, aiming for equal access even when there are contraindications: ‘it’s hard to say no’
- What were these examples? Mainly impasses?
- Failure was personal: the importance of goals; capturing any successes
- The experience of not being able to help or ‘fix’ seemed aversive – turning a blind eye?
- Issues for supervision

Conclusions

Implications from the two studies: a parallel processes

- Non-response is an emotional experience!
- Both acknowledge problems in the TA
- Not opening up either in therapy or in supervision
- Both want it to work
  - Therapists turn a blind eye- the clients know but are unable to do anything about it
- Not being able to fix or be fixed
  - There's something wrong with **me**
- Seeking someone to blame
  - Not recognising that therapy isn't for everyone- hoping that further therapy may help

Recommendations

- Let's get talking
  - With each other
  - With supervisors
  - With clients
- Prepare ourselves and our clients for the possibility of non-response
- Use case-tracking or other monitoring systems to overcome our "blind eye"
- Ensure we have adequate and safe supervision
- Lots of other ideas on: www.supportingsafetherapy.org

Final words from Michael Lambert

- *"…in order for us to remain optimistic and dedicated and committed and engaged, we have to look for the silver lining even when patients are overall not changing or outright worsening. It's kind of a defensive posture, and it serves clients well generally and it serves clinicians well generally because the more success we see in our patients the happier we are in our jobs. But the downside is for the subset of patients who are not on track for a positive outcome. The distortion doesn't work in their favor."*

www.psychotherapy.net

Any Questions?

Further reading

- Kächele, H., & Schachter, J. (2014). On Side Effects, Destructive Processes, and Negative Outcomes in Psychoanalytic Therapies: Why Is It Difficult for Psychoanalysts to Acknowledge and Address Treatment Failures?. *Contemporary Psychoanalysis*, *50*(1-2), 233-258.

- Lambert, M. J. (1992). Psychotherapy Outcome Research: Implications for Integrative and Eclectic Psychotherapists. In J. Norcross & M. Goldfield (Eds.), *Handbook of Psychotherapy Integration* (pp. 94-129). Oxford: Oxford University Press.

- Lambert, M. J., & Ogles, B. M. (2004). The Efficacy and Effectiveness of Psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (Fifth., pp. 139-193). New York: Wiley.

- Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford Press.

Corrective Experiences

- A trans-theoretical understanding of change in therapy, Castonguay & Hill (2012)
- Experiences "*in which a person comes to understand or experience affectively an event or relationship in a different and unexpected way*". The way CEs occur may vary with therapeutic orientation (Goldfried, 2012)
- STAIRCaSE: a Situation, elicits negative
  - Thoughts and
  - Affect in an individual, where they
  - Intend to and are able to
  - Respond in a way which is consistent with what they want, resulting in a positive
  - Consequence
  - and a positive
  - Self-
  - Evaluation
- Goldfried, M. R. (2012). The Corrective Experience: A Core Principle for Therapeutic Change. In L. G. Castonguay & C. E. Hill (Eds.), *Transformation in Psychotherapy: Corrective Experiences Across Cognitive Behavioral, Humanistic, and Psychodynamic Approaches* (pp. 13–29). Washington DC: American Psychological Association.