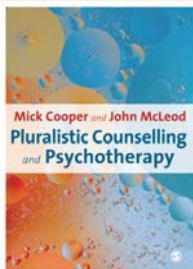


Pluralistic counselling



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1. Does one size fit all?

Background

- Current moves in UK towards therapeutic monoculture: 'one size fits all'
- But no, one therapy right for everyone

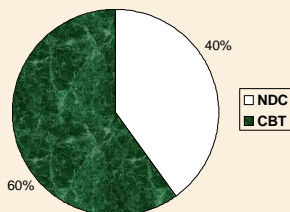


Schools and schoolism

- History of counselling and psychotherapy characterised by emergence of numerous 'schools'/'orientations'
- Even integrative/eclectic therapies can be considered 'schools', as often advocate one particular combination of methods/ideas
- Schools can make many positive contributions to field but 'schoolism' – the belief that one's approach is superior to others – is based on assumption that one particular orientation/method best suited to all clients. Is this true?

Different clients want different things

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



Research evidence...

Findings from the 'Therapy Personalisation Form' (Bowens, Johnstone and Cooper) indicate clients want a wide range of things from therapy: both consistent with, and different from, traditional PCE practices

Client name: _____ Session: _____ Date: _____ Session: _____

THERAPY PERSONALISATION FORM - ASSESSMENT V1.1

On each of the scales below, please indicate any preferences you might have for how you would like your therapist to work with you. Please put a line through the appropriate number along the scale, with 1 indicating a very strong preference in that direction, and 7 indicating a slight preference in that direction. If you do not know, please leave the scale blank.

I would like my therapist to:

1. Use lots of techniques and approaches Not use techniques and approaches
2. Take a lead in the therapy Allow me to take a lead in the therapy
3. Show their personality and feelings Be formal
4. Focus on my past Focus on my future
5. Give me advice Not give me advice
6. Give structure to the therapy Not give structure to the therapy
7. Be challenging Be gentle
8. Focus on thoughts and feelings Just be with me in the moment
9. Tell me their thoughts and feelings about my problems Not tell me their thoughts and feelings about my problems

Clients do better in their preferred therapies

- Swift and Callahan (2009) (review of 26 studies): clients who received their preferred treatment had 58% chance of showing better outcome improvement (ES = .15), and half as likely to drop out of therapy

Different clients do better in different therapies

- Most clients do best when levels of empathy are high, but some clients – highly sensitive, suspicious, poorly motivated – do not
- Clients who do best in non-directive therapies cf. CBT:
 - high levels of resistance
 - internalizing coping style

Diversity at individual level

- Even at level of individual clients, often multiple wants and needs that do not fit neatly into one particular orientation

2. The pluralistic approach: An introduction

Pluralistic approach

- 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* assumptions (as well as personal ones)

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/
eclectic

Therapist-led

Client-led

Individual
psychological
change

Social/political
change

Psychological

Pharmacological

Pluralistic approach:
Basic assumption 1

Lots of different things can
be helpful to clients

(Even CBT)

Pluralistic approach:
Basic assumption 2

If we want to know what is
most likely to help clients,
we should explore it with
them

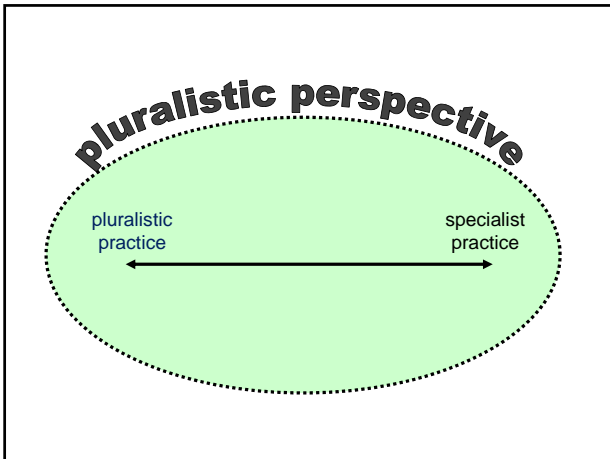
Pluralistic approach
both as **perspective**
and as **practice**

Pluralistic perspective

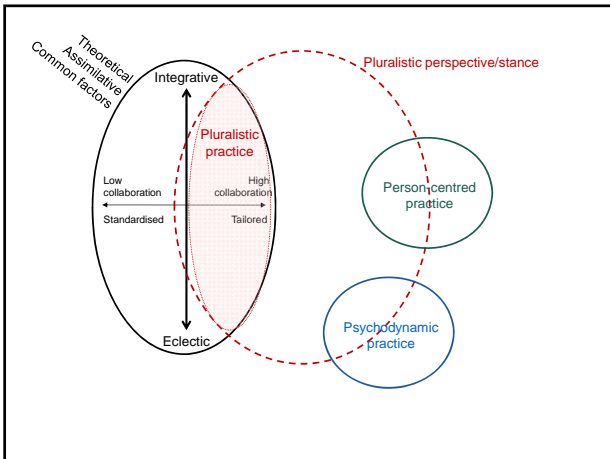
- The belief that different clients are likely to benefit from different things at different points in time; and that therapists should work closely with clients to help them identify what they want from therapy and how they might get it

Pluralistic practice

- A form of therapy, based on a pluralistic perspective, which draws on methods from a multiplicity of therapeutic orientations, and is characterised by dialogue and negotiation over the goals, tasks and methods of therapy



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



3. Meeting the needs of individual clients

3.1 Being clear about what we offer

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 have 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 get things in perspective;
- making sense of a specific problematic event that sticks in your mind;
- problem-solving, planning and decision-making;
- changing behaviour;
- negotiating with services or development.com;
- dealing with difficult feelings and emotions;
- finding, exploring and acting on information;
- working on 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 mixed 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), and have lots of potentially good ideas about how to deal with their problems. One of the main aims of the 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 helped in different ways. For instance, what some people find most helpful in their therapy is to express their feelings - sadness, anger, frustration. 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 be 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. It is possible to 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 get 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 therapy. It is important to think about your goals, and to be clear about what you want from therapy. 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 before the second session. 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-to-date, if your goals change.

3.2 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

It's not just me....

- Client and therapist reports of the same episode of therapy often reveal striking differences in perception. For instance:
 - Client: 'The counseling was worthwhile. It felt good.... because it was the first time in years I could talk with someone about what's on my mind.'
 - Therapist: 'We were still in the beginning phases of treatment when she pulled out.... I didn't feel that we were making progress.' (Maluccio, 1979: 107-8)

Why do we miss so much of what clients experience/want: *Deference*

- Research (Rennie) suggests that clients frequently 'defer' to their therapists:
 - express agreement with therapists when they actually disagree with them
 - withholding critical or challenging comments
 - conceal negative reactions and feelings
 - Overlook/make allowances for therapist's mistakes
 - not ask questions about things that are not understood
 - try to see things from the therapist's perspective
- 65% of clients leave at least one thing unsaid during sessions; 46% keep secrets from their therapists, around 50% being of a sexual nature (Hill et al., 1993)
- Why do clients defer:
 - want to be seen as 'good clients'
 - out of a fear that therapists will retaliate and the relationship jeopardised
 - because therapists are perceived as experts in the field
 - because clients feel powerless
 - to save the therapist's 'face'

3.3 Meta-therapeutic dialogue

Metatherapeutic dialogue

- Inviting clients to explore what they want from therapy (*goals*), and how they may be most likely to achieve it (*methods*)

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
(and acknowledges limits of both perspectives)

"Best" knowledge comes through co-construction

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

Opportunities for meta- therapeutic dialogue I

- Before therapy begins
 - Initial contact
 - Therapy information/letter/website
- Initial session/assessment
 - What client wants (*goals*)
 - What client would/has/might find helpful (*task, methods*)

Opportunities for meta- therapeutic dialogue II

- Start of sessions
 - Focus, goals, agenda
- End of sessions
 - What was helpful/unhelpful
 - For next week...
 - As homework: to set agenda for next meeting
- Within sessions
 - Stuck points/ruptures
 - After new methods introduced
 - After specific goals achieved
 - Following client feedback/questioning
 - Using measures

Opportunities for meta- therapeutic communication III

- Scheduled/regular *review* sessions
 - Progress
 - Goals/methods
- End of therapy
 - Review
 - Strategies for ongoing development

Wants: Possible prompts

- 'Do you have a sense of what you want from our work together?'
- 'What do you hope to get out of therapy?'
- 'So I wonder what's brought you here?'
- 'What kind of things would you like to change in your life?'
- 'What do you see as the goals for this therapeutic work?'
- 'Where would you like to be by the end of therapy?'
- 'If you were to say just one word about what you wanted from this therapy, what would it be?'
- 'What would have to be minimally different in your life for you to consider our work together a success?' (Duncan, et al., 2004: 69)
- 'What will be the first sign for you that you have taken a solid step on the road to improvement even though you might not yet be out of the woods?' (Duncan, et al., 2004: 69)

Methods: Possible prompts

- If you've had therapy in the past, what sort of things have been helpful to you?
- What kind of things help you get what you want?
- What would you want from me as a therapist?
- How do you think I can best help you get what you want?

Being pluralistic about meta-therapeutic communication

- Collaboration, meta-communication, outcome measures etc may not be helpful for all clients

"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)

3.5 Using measures to facilitate meta-therapeutic dialogue

Feedback measures

- Because clients often find it difficult to voice concerns/issues ('deference'), measures can provide a 'third space' to express feelings
- Although can feel mechanistic, research suggests that clients generally ok with them/like them
- Recent research (Lambert, Hubble) suggests some forms of outcome monitoring may substantially enhance outcomes

Therapy Personalisation Form

- 20 scale tool that invites clients to say how they would like therapy to be
- Can be used at assessment (TPF-A)
- And in ongoing therapeutic work/at review

The image shows two pages of the 'THERAPY PERSONALISATION FORM V1.15'. The left page contains the title and instructions: 'On each of the scales below, please indicate any changes that you would like to see in your therapy at this point in time. Please circle the appropriate number to mark your choice along the scale.' Below this are 10 scales, each with a 5-point Likert scale and a question. The right page contains the remaining 10 scales, also with 5-point Likert scales and questions. The scales cover various aspects of therapy, such as 'I would like my therapist to...', 'I would like my therapist to...', 'I would like my therapist to...', 'I would like my therapist to...', 'I would like my therapist to...', 'I would like my therapist to...', 'I would like my therapist to...', 'I would like my therapist to...', 'I would like my therapist to...', and 'I would like my therapist to...'. Each scale has a 5-point Likert scale with anchors at each end.

Goal Assessment Form

- Personalised
- Invites clients to focus on what they want
- Discussed and agreed in assessment session
- Rated every subsequent week
- Can be added to /modified as therapy progresses

| Client code | Therapist | Date | Session | | | | | |
|---------------------------------|-----------|------|---------|---|---|---|---------------------|---|
| Goal Assessment Form v.1 | | | | | | | | |
| Goal 1: | | | | | | | | |
| Not at all achieved | 1 | 2 | 3 | 4 | 5 | 6 | Completely achieved | 7 |
| Goal 2: | | | | | | | | |
| Not at all achieved | 1 | 2 | 3 | 4 | 5 | 6 | Completely achieved | 7 |
| Goal 3: | | | | | | | | |
| Not at all achieved | 1 | 2 | 3 | 4 | 5 | 6 | Completely achieved | 7 |
| Goal 4: | | | | | | | | |
| Not at all achieved | 1 | 2 | 3 | 4 | 5 | 6 | Completely achieved | 7 |
| Goal 5: | | | | | | | | |
| Not at all achieved | 1 | 2 | 3 | 4 | 5 | 6 | Completely achieved | 7 |

Example:
Marek's goals (at assessment)

1. 'To stop intrusive thoughts, images and flashbacks'
2. 'To not experience anger and distrust towards my wife'
3. 'To understand how I feel towards my marriage'
4. 'To know what to do for the future in my relationship'

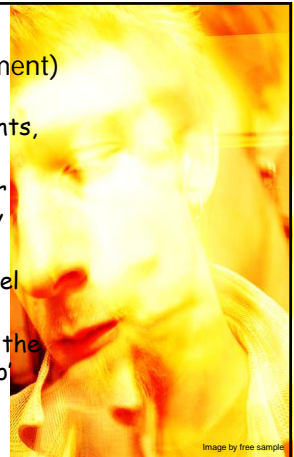


Image by free sample

Thank you