Pluralistic Counselling and Psychotherapy

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

Pluralistic Counselling and Psychotherapy

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 that or like… um. And it’s just a bit, kind of too-- the— just too basic I think… really. I think it maybe works better if you don’t have any insight [M: Yeah] 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

Background
2006
John McLeod, with Mick Cooper, Julia McLeod and colleagues, set up Tayside Centre for Counselling.

2007
First paper on ‘pluralistic’ framework.

2007
Development of training courses: Abertay, Glasgow Caledonian, UEL, Manchester, IICP.

2011

2013-2015
Pluralistic therapy for depression study, funded by BPS.

2016

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

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)?

- 40%
- 60%

Clients do better in their preferred therapies

- Clients who receive their preferred treatment:
- Small increase in outcomes (ES = .31)
- 33%-50% less likely to drop out of therapy (Swift et al., 2012)
- National audit of psychological therapies findings

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

Around 40 book chapters and journal articles to date www.pluralistictherapy.com
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)

Ethics of diversity

An openness to Otherness

An ethical relationship is one in which we are willing to encounter, and prize, the Other in all their Otherness (Levinas), their:
• complexity
• heterogeneity
• Irreducibility to finite laws, characteristics and assumptions

To meet the face of the other

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
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.

From either/or to both/and

Practice A
Practice B

Theory A
Theory B

Relationship
Techniques

Single-orientation
Integrative/eclectic

Basic assumption 1

Lots of different things can be helpful to clients

Pluralism across practices
Basic assumption 2

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

Pluralism across therapeutic dyad

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

Example items from the Therapeutic Orientation Inventory (Thompson, 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 are lots of different ways to help clients get what they want from therapy

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Metatherapeutic communication
Exploring with clients what they want from therapy (goals), and how they may be most likely to achieve it (methods)

Example items from the Therapeutic Orientation Inventory (Thompson, 2013)
- I work collaboratively with my clients to agree the direction for therapy
- I ask clients for feedback about the therapeutic process throughout our work together
- I talk to my clients about what I feel I can offer them

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Multi-orientation practice
Drawing on understandings and methods from a range of different orientations in one’s therapeutic practice

Example items from the Therapeutic Orientation Inventory (Thompson, 2013)
- My practice is drawn from a wide variety of therapeutic approaches
- I tailor the way that I work to each individual client
- My therapeutic work is based on one specific therapeutic approach (reversed)

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Distinction between three domains is important, as may hold a pluralistic attitude, without drawing on multiple orientations
But isn’t pluralism just the same as integrative/eclectic therapy?

Pluralism is an integrative approach grounded in humanistic, postmodern and politically progressive principles

Humanistic/Existential Psychology
- Client-centred focus
- Uniqueness of each client
- Client as agentic and purpose-oriented
- Collaborative focus
- Dialogue: openness
- Empathy and acceptance to other approaches
- A person-centred metatherapeutic stance

Postmodern/Narrative Therapy
- Transcending monism
- Co-existence of multiple ‘truths’
- Openness to otherness
- A postmodern appreciation of multiple therapeutic possibilities
- Centrality of ethics

Politically progressive
- Challenging powerful, dominating discourses
- Equity in the therapeutic relationship
- Shared decision making
- Multiculturalism
- Celebrating diversity
Pluralistic practice starts by being clear about what we can offer clients.

My therapy (in 100 words)
I offer clients an opportunity to talk through their experiences, emotions, behaviours and thoughts; and to find ways of acting and thinking that are more rewarding and satisfying. I aim to facilitate this process by listening and feeding back to clients what they are saying; and through inviting clients to talk about – and stay focused on – the issues that are key to them. Through talking about their feelings and experiences – particularly ones that they may feel bad about – and through challenging negative ways of seeing themselves, clients can also come to feel better about who they are.

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.
Deepak, session 23
post-session feedback forms

Client ('Greatly helpful'): ‘Tried to allow myself to feel vulnerable…. [The therapist] asked where the sense of shame came from. Not by a dialogue but an invite…. Helps me to realise both the extent to which the fear of being the object or violated by others and the trauma of it plays itself out in a way that involves self-isolation.’

Therapist ('Neither helpful nor hindering'): ‘Not really connected with much, or much new thing coming out.’

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Given how much we can miss…

Important that we explicitly explore with our clients their wants and goals

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**Explore**

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

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**Dialogue**

Subtle, complex, on-going process

Draws on expertise of both client and therapist

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

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Co-constructing therapeutic methods I

- Following dialogue comes from a first session of therapy between Mick and Saskia (from Cooper and McLeod, 2011, p.111)
- Mick asked Saskia what she thought might be helpful to her in the therapy/what she had found helpful or unhelpful with previous therapists
- Saskia replied that she had found it unhelpful when there is ‘just a man sitting behind you’ not giving you any feedback - - she said that she wanted lots of input and guidance
- Mick was fairly happy to work in this way, but also sensed that Saskia had a relatively ‘externalised locus of evaluation’ and had some concerns about reinforcing this

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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…’
Opportunities for meta-therapeutic dialogue

Subject matter: What?
- Goals
- Method
- Content
- Understanding
- Progress
- Experience

Goals: Possible prompts
- ‘Do you have a sense of what you want from our work together?’
- ‘What do you hope to get out of counselling?’
- ‘So I wonder what’s brought you here?’
- ‘Where would you like to be by the end of counselling?’

Methods: Possible prompts
- ‘What would you want from me as a counsellor?’
- ‘If you’ve had counselling in the past, what sort of things have been helpful?’
- ‘How do you think we can best help you get that?’

Content: Possible prompts
- ‘What would you like to talk about today?’
- ‘What do you want to focus on?’
- ‘What’s been on your mind that might be useful to talk through?’

Understandings: Possible prompts
- ‘How do you make sense of what you’ve been going through?’
- ‘How would you understand why you’re experiencing these difficulties?’
- ‘Here are some different ways of understanding your difficulties, do any of them fit for you?’
- ‘Would you find it useful to think about this in terms of a diagnosis, or not?’
Temporal focus: *About when?*

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

Temporal period: *When?*

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

Evolving principles of metatherapeutic communication

1. Address metatherapeutic issues from the start
2. Actively invite clients to share their views
3. See MTC as an ongoing process
4. Uncertainty is a predictor of when to MTC
5. Be part of the dialogue
6. Describe what the options might be
7. Tailor levels of MTC to the particular client
8. Adopt a whole service approach
9. Use measures

Using systematic feedback to facilitate metatherapeutic 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

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

Enhancing outcomes

In adult therapy field, use of systematic monitoring has now been established as a proven means of improving clinical outcomes
3. Clients more likely to like it than not

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

5. Can help clients to articulate how they feel

Clients’ ratings of feedback forms
(n = 18)

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

7. Provides evidence for an approach or service

The need for evidence

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...

Goals Form

- Personalised outcome measure
- Invites clients to focus on what they want
- Discussed and agreed in assessment session
- Rated every subsequent week
Psychometric properties
(Cooper, 2014; Michael, Cooper and Fugard, 2015)

- Test-retest stability:
  - .74 (Cooper), .75 (Michael)

- Internal consistency:
  - .68 (Cooper), .68-.75 (Michael)

- Sensitivity to change:
  - Large effect sizes from pre- to post- (> CORE, PHQ-9, GAD-7): 2.1 (Michael)

- Convergent validity:
  - -.66 with CORE-OM (Cooper), PHQ-9 and GAD-7 ≈ 20% overlap

Clients’ ratings of feedback forms
(n = 18, Cooper et al., 2015)

Using the Goals Form
1. Client and therapist discuss the client’s goals for therapy (normally at assessment)
2. Wording is agreed and 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. But, 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

Ideally, goals on the Goals Form should be...
- Synergetic: or at least not in conflict
- Intrinsic
- Approach goals
- Challenging, but achievable
- Supported by implementation intentions
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

Method

- Online survey composed of 40 therapy preference items
- Completed by 860 respondents, primarily female \((n = 699)\), British \((n = 699)\), White \((n = 761)\), and mental health professionals themselves \((n = 615)\)

Components analysis and interpretation

- Four principal components identified, accounting for 39% of variance:
  - Therapist Directiveness vs. Client Directiveness (5 items, \(\alpha = .84\))
  - Emotional Intensity vs. Emotional Reserve (5 items, \(\alpha = .67\))
  - Past Orientation vs. Present Orientation (3 items, \(\alpha = .73\))
  - Warm Support vs. Focused Challenge (5 items, \(\alpha = .60\))
Supervision Personalisation Form

11 scale tool that invites supervisees to say what they would like from supervision (Wallace & Cooper, 2015)

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

‘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...' (PID client)

Implicit needs and processes

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)

Being pluralistic about pluralism

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.’ (PID 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