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 the one-to-one counselling free of charge to people living in Tayside.

The TCC is research active, so clients who attend agree to be part of a research project on 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 a formal discussion about a problem or problems that one or both of them is experiencing.

Counselling is intended to offer clients a different way of understanding their problems in a supportive and non-judgmental environment.

...
2007

First paper on 'pluralistic' framework

2007

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

2011

Mick Cooper and John McLeod
Pluralistic Counselling and Psychotherapy
2013-2015
Pluralistic therapy for depression study, funded by BPS

2016
The handbook of pluralistic counselling and psychotherapy
Edited by Mick Cooper and Windy Dryden

2017
Pluralistic Therapy
Distinctive Features
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 this, or I know I shouldn’t do that, or I know I shouldn’t do this. Like, it’s just kind of like, ‘Oh, ok— I know I shouldn’t do this,’ or like— ‘Oh, and it’s just a bit kind of too— too— the— just too basic I think… really…’ I think it might work better if you don’t have really complex things [laughs]. Like maybe, I don’t know, if you don’t know what depression is or [M: Mm] something like that… like it’s not really, um, it feels really manualised and feels really like, um… don’t know, kind of scripted…

Pluralism: A celebration of diversity in therapy
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)?

NDC: 40%
CBT: 60%
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

Improvements in CBT and PCC by attitude towards CBT

More positive to 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

- 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.
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.

- Client factors: 40%
- Relationship: 30%
- Hope: 15%
- Model: 15%

**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
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

Given how much we can miss...

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

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

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 in— is very much with feedback, and that needs you to say to me, ‘No, don’t like that...’ ‘That’s good...’
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

**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 predominantly with 35 clients experiencing depression described post-session forms 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, the study provides a framework for understanding the nature of MTC in counselling and psychotherapy, and the opportunities for implementing it in practice.
Temporal focus: *About when?*

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

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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

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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

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...

...and how much change they are making

5. Can help clients to articulate how they feel
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

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. 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
Using the Goals Form

https://vimeo.com/210940525

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
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...’

(PID 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 pretending 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, counseling 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.’

(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