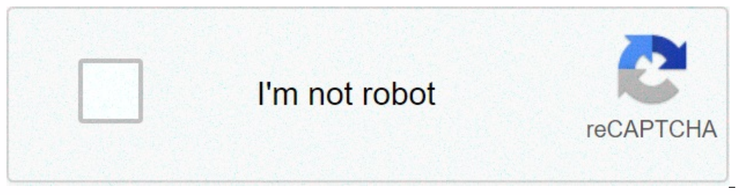

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Research pluralistic counselling

Mick Cooper, Professor of Advisory Psychology, University of Roehampton What is counselling and research in psychotherapy like, from a pluralistic perspective? Here are ten principles that, for me, would be essential to such research (and, of course, this is a very personal perspective). A real openness to evidence. We just don't know and we want to find out. That's the brilliant thing about research. Of course, we will have assumptions, for example, Empathy is associated with better results or Customers value having their preferences accommodated, and it is good to recognize what they are. But, from a pluralistic point of view, there is a real incentive to put these aside and be open to what's out there. There's nothing we need to defend or prove. As Rogers said, 'Facts are always friendly.' Both quantitative and qualitative methods are of value. We don't need to fight for how much or what's better. From a pluralistic point of view, both do useful things for different research projects at different times, depending on what we are asking for. So pluralist research takes a 'both and' view instead of 'o'o'. And if we can triangulate through one method to another, that's brilliant in terms of reliability. Epistemology shmepistemology. No, I'm not serious. But pluralism has a rather pragmatic stance, with a priority for meaningful answers to meaningful questions. So a hard-core constructist perspective wouldn't really be adequate; but not a hard-core empiricism that kept perceptions as absolute truths. Probably a middle position like critical realism feels good about pluralism; and pluralism can also be considered an epistemological posture in itself. How would that be defined? As a belief in the validity of multiple perspectives, but also that a true reality is the possibility, and that research can help us approach it. A focus on the customer's perspectives. Pluralism really wants to know how clients experience therapy, and it trusts that their perceptions have something valuable to contribute to knowledge. It's not, of course, the only source of knowledge, but it's a great place to start: see, for example, the Customer Help Interviews that John McLeod and I articulate. I would definitely say this: if you need to do a research project (say for a Master's degree) and do not know where to start, think of something you are only asking clients about what they found useful and/or uns useful in therapy: gay clients, attention-oriented psychotherapy clients, people who have had duel therapy. There's so much learning just about that very And make the research process, in itself, collaborative. There is a lot of focus these days on PPI (patient and participant participation) in research, and fully aligned with a pluralistic point of view. So think about how the people you're talking to might be able to contribute to the design, methods, or dissemination of your study. Always a crucial question to ask. Discover processes of change. How do people really change in therapy? That is a question that is of particular interest to pluralism, because we are trying to make sense of individual travel through experience, not just black box inputs and exits. Qualitative research can be excellent for understanding that, but also quantitative analysis of mediators and moderators. And, of course, from a pluralistic point of view we don't need to be looking for processes of change that are true for everyone. Rather, change mechanisms are possible that might be true for some customers sometimes. Understanding the factors that can inhibit or undermine positive change processes is also of great interest to pluralistic research. Common factors. From a pluralistic point of view, we are particularly interested in the processes, associations and results that go through brand name therapies. Trademarks, in themselves, are not of particular interest. Of course, a study of clients in a particular approach, such as focus-oriented therapy, would be fascinating; but we would expect certain processes that are common through therapies to emerge, such as the importance of warmth or attention to experiences. Again, maybe not; and it would be fascinating if particular therapies had effects through very distinctive mechanisms. Again, pluralism is great here because it doesn't face common factors against the specifics of therapy: both can exist (but with all the evidence, to date, pointing to the first, it seems like a good place to start until we know otherwise). Averages are average. A lot of research, particularly quantitative statistics, gives us information about associations or average effects. That can be incredibly useful: for example, on average, do people show improvements in bereavement therapy or is it profitable? But, from a pluralistic point of view, the average tells us nothing about what will happen to specific individuals. There are no universal mechanisms to which statistical associations point. So an average effect in one direction doesn't mean that some people won't be affected in another direction and, from a pluralistic point of view, that's something we'd like to recognize. Plurally, we can sustain both the whole and the parts. Pluralistic therapy has some of its own research questions. Some topics of particular interest: preference assessment and accommodation, collaboration resources and client agency, deliberate practice, work towards goals, the process and results of pluralistic therapy. An example of research around a pluralistic (objective) topic may be Here. The research evidence is great, but it's not the only thing. And finally, while, plurally, empirical data are great, so is theory, and the experiences of therapists, and learning cultural resources, etc. So we don't need to favor research evidence as a guide to practice, just as we don't need to repeal it. It is a part of the great plurality that we can use to inform our work. If you're interested in pluralism and research, check out: Hanley, T., & Winter, L.A. (2016). Research in pluralistic counseling and psychotherapy. In M. Cooper & W. Dryden (Eds.), Manual of Pluralistic Advice and Psychotherapy (pp. 337-349). London: Wise. Also, Chapter 7 in our original text, Cooper, M., & McLeod, J. (2011). Plural Advice and Psychotherapy. London: Wise. Bakker, A., Spinhoven, P., van Balkom, A. J. L.M., Vleugel, L., & van Dyck, R. (2000). Cognitive therapy by assignment versus cognitive therapy by preference in the treatment of panic disorder. Psychotherapy and Psychosomatics, 69, 240-243. doi:10.1159/000012402 Bates, Y. (Ed.). (2006). Shouldn't I feel better now? Views of therapy clients. London: Palgrave Macmillan. Bohart, A., & Tallman, K.

(1996). The active client: Therapy as self-help. Journal of Humanistic Psychology, 36, 7-30. doi:10.1177/00221678960363002 Bohart, A., & Tallman, K. (1999). How customers make therapy work: The active self-healing process. Washington DC: American Association of Psychology. Bragesjo, M., Clinton, D., & Sandell, R. (2004). The credibility of psychodynamic, cognitive and cognitive behavioral psychotherapy in a randomly selected sample from the general public. Psychology and Psychotherapy, 77, 297-307. doi:10.1348/1476083041839358 Bruner, J. (1986). Real minds, possible worlds. Cambridge, MA: Harvard University Press. Cabassa, L. J., Lester, R., & Zayas, L. H. (2007). It's like being in a maze: Hispanic immigrants' perceptions of depression and attitudes toward treatment. Journal of Immigrant and Minority Health, 9, 1-16. doi:10.1007/s10903-006-9010-1 Chesler, P. (1972). Women and madness. New York: Doubleday. Constantine, M. J., Manber, R., Ong, J., Kuo, T. F., Huang, J., & Arnow, B.A. (2007). Patient expectations and therapeutic alliance as predictors of outcome in group cognitive behavioral therapy for insomnia. Behavioral Sleep Medicine, 5, 210-228. doi:10.1080/15402000701263932 Cooper, M. (2008). Essential results of research in counseling and psychotherapy: The facts are friendly. London: SAGE. Cooper, M., & McLeod, J. (2007). A pluralistic framework for counseling and psychotherapy: Implications for research. & Research in Psychotherapy, 7, 135-143. doi:10.1080/14733140701566282 Cooper, M., & McLeod, J. (2011a). Pluralistic advice and psychotherapy. London: SAGE. Cooper, M., & McLeod, J. (2011b). Person-centered therapy: A A Perspective. Person-centered and experienced psychotherapies, 10, 210-223. doi:10.1080/14779757.2011.599517 Coursol, A., & Sipps, G. J. (1986). Examination of the unintended effect of the stimulus medium and context on the preference for psychotherapy. Journal of Clinical Psychology, 42, 280-286. doi:10.1002/1097-4679(198603)42:2<280::AID-JCLP2270420209>3.0.CO;2-I Dale, P., Allen, J., & Measor, L. (1998). Advice to adults who were abused as children: Perceptions of client effectiveness, client-counsel communication and dissatisfaction. British Journal of Guidance & Counselling, 26, 141-157. Farsimadan, F., Khan, A., & Draghi-Lorenz, R. (2011). On ethnic matching: A review of research and considerations for practice, training and politics. In C. Lago (Ed.), The manual of transcultural counselling and psychotherapy (pp. 65-80). Maidenhead: Open University Press. Gergen, K.J. (2000). The advent of creative confluence in therapeutic practice. Psychotherapy, 37, 364-369. doi:10.1037/0033-3204.37.4.364 Goates-Jones, M., & Hill, C. E. (2008). Treatment preference, treatment preference match and psychotherapist credibility: Influence on session outcome and change of preference. Psychotherapy (Chicago, Ill.), 45, 61-74. doi:10.1037/0033-3204.45.1.61 Grossman, F.K., Sorsoli, L., & Kia-Keating, M. (2006). A wind of gale strength: Meaning by men survivors of child sexual abuse. The American Journal of Orthopsychiatry, 76, 434-443. doi:10.1037/0002-9432.76.4.434 Hemmings, A. (2000). A systematic review of the effectiveness of short psychological therapies in primary health care. Families, Systems and Health, 18, 279-313. doi:10.1037/h0091857 Higginson, S., & Mansell, W. (2008). What is the mechanism of psychological change? A qualitative analysis of six people who experienced personal change and recovery. Psychology and Psychotherapy, 81, 309-328. doi:10.1348/147608308X320125 Iacoviello, B.M., McCarthy, K.S., Barrett, M.S., Rynn, M., Gallop, R., & Barber, J.P. (2007). Treatment preferences affect therapeutic alliance: Implications for randomized controlled trials. Journal of Consulting and Clinical Psychology, 75, 194-198. doi:10.1037/0022-006X.75.1.194 Kiesser, M., McFadden, J., & Belliard, J.C. (2006). An interdisciplinary view of medical pluralism among Mexican-Americans. Journal of Interprofessional Care, 20, 223-234. doi:10.1080/13561820600718055 King, M., Sibbald, B., Ward, E., Bower, P., Lloyd, M., Gabbay, M., & Byford, S. (2000). Randomized controlled trial of non-managerial counseling, cognitive behavioral therapy and regular general medical care in the management of depression, as well as mixed anxiety and depression in care Health Technology Assessment, 4, 1-83. Kinnier, R. T., Hofsess, C., Pongratz, R., & Lambert, C. (2009). Attributions and affirmations to overcome anxiety and depression. Psychology </280::AID-JCLP2270420209> </280::AID-JCLP2270420209> 82, 153-169. doi:10.1348/147608308X389418 Kocsis, J. H., Leon, A.C., Markowitz, J.C., Manber, R., Arnow, B., Klein, D. N., & Thase, M. E. (2009). Patient preference as a result moderator for chronic forms of major depressive disorder treated with Nefazodone, cognitive behavioral analysis system of psychotherapy, or its combination. The Journal of Clinical Psychiatry, 70, 354-361. doi:10.4088/JCP.08m04371 K-hnlein, I. (1999). Psychotherapy as a transformation process: Analysis of post-terapeutic autobiographical narratives. Research in Psychotherapy, 9, 274-287. doi:10.1093/ptr/9.3.274 Kwan, B.M., Dimidjian, S., & Rizvi, S. L. (2010). Preference of treatment, commitment and clinical improvement in pharmacotherapy versus psychotherapy for depression. Behavioral Research and Therapy, 48, 799-804. doi:10.1016/j.brat.2010.04.003 Lang, A. J. (2005). Mental health treatment preferences for primary care patients. Journal of Behavioral Medicine, 28, 581-586. doi:10.1007/s10865-005-9019-2 Levy Berg, A., Sandahl, C., & Clinton, D. (2008). The relationship of treatment preferences and experiences with the outcome in Generalized Anxiety Disorder (GAD). Psychology and Psychotherapy, 81, 247-259. doi:10.1348/147608308X297113 Lilliengren, P., & Werbart, A. (2005). A model of therapeutic action based on patients' vision of healing factors and hinderors in psychoanalytic psychotherapy. Psychotherapy (Chicago, Ill.), 3, 324-399. Lin, P., Campbell, D. G., Chaney, E. F., Liu, C. F., Heagerty, P., Felker, B. L., & Hedrick, S.C. (2005). The influence of the patient's preference on the treatment of depression in primary care. Annals of Behavioral Medicine, 30, 164-173. doi:10.1207/s15324796abm3002_9 McAteer, D. (2010). Philosophical Pluralism: Navigate the sea of diversity in psychotherapeutic practice and advisory psychology. In M. Milton (Ed.), Therapy and beyond: Counseling psychology contributions to therapeutic and social issues (pp. 5-20). Chichester: Wiley-Blackwell. McLeod, J., & Sweeting, A. (2010). Public perceptions of the usefulness of TCC, psychodynamic therapy and counseling. Advice in Scotland, 12, 41-43. Mohr, D.C., Hart, S. L., Howard, I., Julian, L., Vella, L., Catledge, C., & Feldman, M.D. (2006). Obstacles to psychotherapy among depressed and non-depressed primary care patients. Annals of Behavioral Medicine, 32, 254-258. doi:10.1207/s15324796abm3203_12 Murray, G., Suto, M., Hole, R., Hale, S., Amari, E., & Michalak, E. E. (2011). Self-management strategies used by high-functioning individuals with bipolar disorder: From research to clinical practice. Clinical Psychology & Psychotherapy, 18, 95-109. doi:10.1002/cpp.710 E., Lange, J.M., & Miranda, J. (2008). Mental health care preferences among low-income women and minorities. Women's Mental Health Archives, 11, 93-102. doi:10.1007/s00737-008-0002-0 Nilsson, T., Svensson, M., M., R., & Clinton, D. (2007). Experiences of patient change in cognitive behavioral therapy and psychodynamic therapy: A qualitative comparative study. Research in Psychotherapy, 17, 553-566. doi:10.1080/10503300601139988 Patterson, C. L., Uhlin, B., & Anderson, T. (2008). Expectations of pre-treatment advice from clients as predictors of the work alliance. Journal of Counseling Psychology, 55, 528-534. doi:10.1037/a0013289 Peglidou, A. (2010). Therapeutic itineraries of depressed women in Greece: Relationships of power and agency in therapeutic pluralism. Anthropology and Medicine, 17, 41-57. doi:10.1080/13648471003600404 Philips, B., Wennberg, P., & Werbart, A. (2007). Healing ideas such as predictor of premature termination, early alliance and result in psychoanalytic psychotherapy. Psychology and Psychotherapy, 80, 229-245. doi:10.1348/147608306X128266 Philips, B., Werbart, A., Wennberg, P., & Schubert, J. (2007). The healing ideas of young adults before psychoanalytic psychotherapy. Journal of Clinical Psychology, 63, 213-232. doi:10.1002/jclp.20342 Polanyi, M. (1958). Personal knowledge. London: Routledge. Polkinghorne, D.E. (1992). Postmodern epistemology of practice. In S. Kvale (Ed.), Psychology and Postmodernism (pp. 124-146). London: SAGE. Rescher, N. (1993). Pluralism: Against the demand for consensus. Oxford: Oxford University Press. Reynolds, F., & Shepherd, C. (2011). Stories of young women of intimate partner violence during adolescence and subsequent recovery processes: An interpretive phenomenological analysis. Psychology and Psychotherapy, 84, 314-334. doi:10.1111/j.2044-8341.2010.02001.x Ridge, D., & Ziebland, S. (2006). The old me could never have done that: How people make sense of recovery after depression. Qualitative Health Research, 16, 1038-1053. doi:10.1177/1049732306292132 Samuels, A. (1989). Analysis and pluralism: The politics of the psyche. The Journal of Analytical Psychology, 34, 33-51. doi:10.1111/j.1465-5922.1989.00033.x Slife, B.D., & Wendt, D.C. (2009). Introduction of Editors: William James' Modern Legacy 'A Pluralistic Universe'. Journal of Mind and Behavior, 30, 103-106. Snape, C., Perren, S., Jones, L., & Rowland, N. (2003). Advice – Why not? A qualitative study of people's accounts of not accepting counselling appointments. Advice & Research in Psychotherapy, 3, 239-245. doi:10.1080/1473314031231384412 Snyder, D.K. (1999). Affective reconstruction in the context of a pluralistic approach to couples therapy. Clinical Psychology, 6, 348-365. doi:10.1093/clipsy.6.4.348 Snyder, D. K., & Mitchell, A. E. (2008). Affective-reconstructive couple therapy: A pluralistic and developmental approach. In A. S. Gurman (Ed.), Handbook couples' therapy (4th ed., pp. 151-179). New York: Guilford Press. Sobel, H. J. (1979). Behavioral Preferences, Analysis and Gestalt Gestalt The British Journal of Medical Psychology, 52, 263-269. doi:10.1111/j.2044-8341.1979.tb02524.x Stevenson, F.A., Britten, N., Barry, C.A., Bradley, C.P., & Barber, N. (2003). Self-treatment and discussion in medical consultations: How is medical pluralism managed in practice? Social Sciences and Medicine, 57, 513-527. doi:10.1016/S0277-9536(02)00377-5 Swift, J.K., & Callahan, J. L. (2009). The impact of the customer's treatment preferences on the result: A meta-analysis. Journal of Clinical Psychology, 65, 368-381. doi:10.1002/jclp.20553 Tarrier, N., Liversidge, T., & Gregg, L. (2006). Acceptability and preference for psychological treatment of PTSD. Behavioral Research and Therapy, 44, 1643-1656. doi:10.1016/j.brat.2005.11.012 Timulak, L. (2007). Identification of basic categories of impact identified by the client of useful events in psychotherapy: A qualitative meta-analysis. Research in Psychotherapy, 17, 305-314. doi:10.1080/10503300600608116 Timulak, L. (2010). Significant events in psychotherapy: An update of research results. Psychology and Psychotherapy, 83, 421-447. doi:10.1348/147608310X499404 Valkonen, J., Hanninen, V., & Lindfors, O. (2011). Psychotherapy results from the perspective of users. Research in Psychotherapy, 21, 227-240. doi:10.1080/10503307.2010.548346 van Schaik, D. J. F., Klijn, A. F. J., van Hout, H. P. J., van Marwijk, H. W. J., Beekman, A. T. F., de Haan, M., & van Dyck, R. (2004). Patient preferences in the treatment of depressive disorder in primary care. General Hospital of Psychiatry, 26, 184-189. doi:10.1016/j.genhosppsych.2003.12.001 White, M. (2004). Popular psychology. In L. A. Angus & J. McLeod (Eds.), Manual of Narrative and Psychotherapy (pp. 22-57). A thousand oak trees: SAGE. White, M., & Epston, D. (1990). Narrative means for therapeutic purposes. New York: Norton. Woody, W. D., & Viney, W. (2009). A pluralistic universe: An overview and implications for psychology. Journal of Mind and Behavior, 30, 107-120. Page 2 Special Edition: Contributions presented at the 3rd Pan-Ethnic Conference on Counceling Psychology, University of Crete, Rethimnon, Crete, Greece, 6-9 May 2010. Guest editors: Maria Malikiosi-Loizos and Theodoros Giovazolias.