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Research Clinic Approach to the Evaluation of Integrative and Humanistic Psychotherapies

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Abstract

This article presents a research project that led to the development of a research clinic within Metanoia Institute. The research is an evaluation of brief Integrative Psychotherapy and Transactional Analysis within the primary using standardised outcome measures, Working Alliance Inventory and the measure of adherence to the therapeutic model. The research demonstrates effectiveness of these approaches within the NHS and suggests a model of evaluation that can be used within different clinical settings.

Introduction

The current professional climate within the UK calls for evaluation of theoretical approaches and the development of evidence base for their effectiveness. A research clinic was developed at Metanoia Institute in London in 2010 to address this need, based on the experiences and outcomes arising from the collaborative research project with the Primary Care Trust (PCT) in the London Borough in Ealing. The paper will present the design and findings of this research and show how it influenced the development of the research clinic.

The project took place between 2008 and 2010, with 78 clients and 9 therapists. The outcomes have been analysed and demonstrate effectiveness of these psychotherapies within the primary care settings.

Background

GP surgeries within the UK are significant in the provision of psychological treatments and the first point of contact for patients within the NHS. GP interventions include: usual GP care, medication, psychological intervention or a combination of these approaches. In order to establish the effectiveness of these treatment choices a number of research studies compared:

- usual GP care with effects of medication (Bedi, et al., 2000; Rowland, Bower, Mellor-Clark, Heywood, & Hardy, 2000),
- effects of medication and psychological therapies (Bower, Rowland, & Hardy, 2003) and
- different psychological therapies, primarily CBT, psychodynamic and interpersonal or person centred (Mellor-Clark, Connell, Barkham, & Cummins, 2001; W.B. Stiles, Barkham, Mellor-Clark, & Connell, 2008; W. B. Stiles, Barkham, Twigg, Mellor-Clark , & Cooper, 2006).

Other humanistic and integrative approaches have not been evaluated in primary care settings even though they are represented in the provision of psychological therapies in primary care, voluntary agencies and private practice. This lack of evidence is becoming particularly important in the context of national policies of clinical governance (Carter, 2005), statutory registration of psychotherapists and counsellors and the IAPT initiative (CSIP, 2008). Approaches more frequently represented in the NHS such as,

Cognitive Behavioural, Psychodynamic and Person Centred have had an opportunity to accumulate more evidence for their effectiveness in those settings. This challenges other humanistic and integrative approaches to develop their own evaluation and evidence base even though the outcomes of meta-analytic studies which show that there is no significant difference in the efficacy between different psychotherapeutic approaches(Asay & Lambert, 1999; M.J Lambert & Bergin, 1994; Smith & Glass, 1977; Wampold, 2001).

The Setting

Metanoia Institute is an integrative and humanistic counselling and psychotherapy training institute. The clinical service within the institute provides low cost treatments to the public and placements for students. Metanoia Counselling and Psychotherapy Service (MCPS) has been engaged in routine clinical evaluation (CORE 34) for over 10 years.

In 2008 MCPS received funding to provide short term (12 weeks) Transactional Analysis and Integrative counselling/psychotherapy in GP surgeries. It was agreed that evaluation would be quantitative, replicating features of the IAPT initiative (CSIP, 2008). The GP surgeries were all based in the relatively deprived, multiethnic area of the borough, which already had a functioning IAPT programme.

Methodology and Aims

Even though the national strategy of clinical governance drives the routine outcome evaluation and the development of evidence based practice, there is still a question about the optimal methodologies for this type of evaluative

research (Hemmings, 2000; Nathan, Stuart, & Dolan, 2000) and whether it should be done in ordinary clinical settings (naturalistic studies) or randomised control trails.

Naturalistic studies show how therapy is practiced within services and are therefore applicable to wider clinical practice (they have external validity).However, in terms of research methodology they often have a number of flaws which impact the quality of research. Clients drop out of services (data attrition), assessment for treatment is not always defined clearly and there is a lack of clarity about whether and how therapists practice within the model (adherence to the therapeutic approach)(D. M. Clark, Fairburn, & Wessely, 2008; Nathan, et al., 2000).

An example could be seen within the MCPS. Ongoing evaluation has been conducted within this services since 1990, using the CORE System prior to and at the end of therapy. However, the annual reports show that only 61% of all clients have complete data sets. Although this figure is relatively high for a service, it still means that information about the end of therapy is missing for 39% of the clients. It means we have no information about the end of therapy or the outcomes for these clients. Although we know that therapists were studying and practicing particular theoretical approaches, there is no evidence of how much and how they used their theoretical approaches. The questions also arose about the effectiveness of individual approaches and comparisons between them.

In this project the researchers aimed to test out a design of a naturalistic study, that would show how Integrative and TA therapists worked in practice whilst developing the validity of findings in such a way that would allow

further comparisons and replication. We used the term ‘research clinic’ to describe this design.

Values of transparency and empowerment were important within the project and informed the process of evaluation throughout.

Research Design

The research evaluated effectiveness of a 12 week Integrative psychotherapy and Transactional Analysis within four allocated GP surgeries. In order to achieve fuller data completion it was decided to use sessional outcome measures as well as the questionnaires evaluating changes pre and post therapy. Sessional measures ensured the research team had information how clients were at their last session even when they ended suddenly. This design also replicated the evaluative methods used by the IAPT initiative(D.M. Clark, et al., 2009; CSIP, 2008), which enabled the researchers to make direct comparisons, even with a smaller sample.

In addition to the outcomes of therapy, the project evaluated a working alliance(Horvarth & Bedi, 2002), as one of the major theoretical concepts underlying the theoretical approaches taught within this relational training institute.

A model for measuring the adherence to the theoretical model has been designed for this project. The aim was to utilise the existing setting for evaluation and exploration of clinical practice in Integrative psychotherapy and Transactional Analysis – clinical supervision. Clinical supervisors would be invited to evaluate therapists’ adherence to the model using the structured questionnaires designed for the project.

Clients Inclusion criteria reflected the routine GP assessment practice for counselling. Each client was assessed at intake using a battery of standard assessment measures (CORE 34,BDI II,PHQ9,GAD7 and CORE 10).

The demographic details showed that:

- The average age of clients was 42.
- Approximately 74% of clients were female
- 51.39% of the clients were white English/ European and 38% from minority ethnic backgrounds
- 36% of the clients were unemployed and only 19% were in full time employment
    - Clinical status -77.25 % of clients were above the clinical cut off for anxiety and depression, and 82.1% on the overall scores on CORE 34

Therapists were senior students in Counselling Psychology/Integrative Psychotherapy and Transactional Analysis Psychotherapy at Metanoia Institute.

Adherence to the model

Each theoretical approach was applied using the core skills, theoretical knowledge and attitudes defined in the Handbooks for each course. The courses at Metanoia Institute have been validated by Middlesex University and accredited by the national umbrella bodies – UKCP, BACP and BPS.

All sessions were audio-recorded. Clinical supervisors who assessed the adherence to the model were independent practitioners, recommended by the

course. They had ongoing supervisory relationships with the students. Supervisors assessed adherence to the model though case presentation backed up by the audio recordings of the sessions. Recordings were submitted four sessions for each of the clients. The assessment was made using the Adherence Questionnaires developed for the project.

Measures

It was envisaged that a percentage of clients would drop out of the service, as this is common within the low cost services.

To ensure the high percentage of full data sets measures included pre, mid therapy and post measures and sessional evaluation.

Clients completed pre and post measures in the session with the therapist, which gave an opportunity for discussion and reflection.

Sessional measures were given to clients at the end of each appointment. They completed them during the week and gave them to their therapists at the beginning of each session. This offered clients an opportunity to reflect on the sessions during the week and discuss the issues arising from them at the beginning of each session. This process aimed to facilitate the clinical work as well bring the therapeutic relationship into focus where needed.

- **Pre, Mid therapy and Post Measures**:

  Beck's Depression Inventory

  CORE 34

- **Sessional measures- post each session**

  Patient Health Questionnaire (PHQ-9)

  General Anxiety Measure (GAD -7)

CORE 10 –post each session

Working Alliance Inventory (WAI)

- **Adherence to the model** questionnaires contained areas of theory, skills and clinical attitudes taught by each course and defined in the course handbooks.

Ethical Considerations

Ethical approval for the project was given by Metanoia Institute Research Committee.

All clients were given information about the project and signed the consent forms. If they chose not take part in research they were offered other counselling within their surgeries.

Evaluation outcomes were communicated to the therapists regularly and they were able to give their feedback about their experiences of the project.

Treatment Outcomes

Data set

78 clients were seen in the project. 75 had at least session following the assessment session.

The sessional measures show a high percentage of completeness (97%) and allow us to analyse the outcomes at the end of therapy, even where the pre and post measures are missing.

CORE 34 and BDI-II we given to clients at the first, the sixth and the last session. Due to sudden endings there is a lower data set completion percentage for these measures (CORE 34-70.5%;BDI II -73.1%).

38 clients had Transactional Analysis and 40 saw Integrative therapists,

78% attended 6 sessions or more with an average of 9 sessions. 60% of all endings were planned.

The adherence to the model was high for all practitioners and shows the application of these theoretical models in treatment.

The high proportion of complete data sets indicates that both clients and therapists have engaged with the research.

Treatment Outcomes: Core 34 and BDI-II

CORE 34 shows that clients who were rated as clinical at the start of therapy showed an overall decrease in severity to 20.97 % and there is the overall improvement rate of 38% .

A paired t-test was employed to investigate the differences between pre, mid and post scores. The results showed a significant difference at $P< 0.05$ between scores for the pre-post ($t=4.341$) BDI-II and mid-post BDI ($t=4.524$), Core 34 totals, mid-post ($t=3.064$) and pre-post ($t=3.877$)

Treatment Outcomes: Sessional Measures

A paired t-test was employed to investigate the differences between pre, mid and post scores. The results showed a significant difference at $P< 0.05$ between scores. Pre-post PHQ-9 ($t=3.233$), pre-post GAD-7 ($t=4.842$), mid-post ($t=4.606$) and pre-post ($t=4.418$) Core 10 and mid-post ($t=-3.744$) and pre-post ($t=-3.261$)

The analysis of weekly scores shows that therapy, even within a brief therapy setting, does not lead to liner change, although mean scores decrease towards the end of therapy. The standard deviation of scores also increases and decreases across sessions and between participants showing periods of

greater variation. This suggests that clients go through their individual processes of change which include periods of higher distress.

The overall achieved change outcomes are very similar for pre and post scores to that within the IAPT demonstration sites(D.M. Clark, et al., 2009) although their results show a marginally greater difference between pre and post scores which could be due to the greater number of participants taking part in their study or the higher percentage of clients above the clinical cut off.

The sessional outcomes show that the average percentage of clients who have improved is 57.7% (between 55.1% and 64.1%,) comparable to 50%-55% in IAPT demonstration sites (D.M. Clark, et al., 2009)

Working Alliance Inventory

The working alliance does not represent an outcome of treatment but an essential factor to the effective therapeutic process, according to the integrative and humanistic frameworks. WAI shows that on average, the working alliance increases as the therapy progresses.

Associations between variables

- It was found that there was no significant association between orientation and improvement on any of the measures
- There was a significant association between completion status (attendance of all 12 sessions) and Improvement on the BDI-II and the Core 34

- Significant associations (P< 0.05) were found between the attendance of more than six sessions and Improvement on all outcome measures except Core-10.

- Clients who attended less than 6 sessions had higher no change scores than clients who attended more than 6 sessions.

- There was no significant association between therapist and improvement on any of the measures.

Differences pre and post therapy

The IAPT report (Clark et al, 2009) found that on entering the service, approximately 86% of clients were scoring above the clinical cut off for the depression and anxiety measures. An average 77%of the clients seen in this research project were also classified as above the clinical cut off for these measures at the start of therapy. It would be expected that within the NHS, clients who are referred to counselling would present with less severity than those referred for CBT. However, within our sample that difference seems to apply to less than 10% of clients.

The analysis shows that first session outcomes significantly predicted (P< 0.05) scores at session 12 on all of the measures. This means that clients who have started at higher severity, presented with higher severity at the end of therapy. This could not be addressed within the project as there was no scope to extend the amount of therapy received.

Discussion

The outcomes

The outcomes show that Integrative psychotherapy and Transactional Analysis achieve change for an average of 57.7% of clients referred for a 12 session treatment within the GP practices, comparable to the IAPT demonstration sites (D.M. Clark, et al., 2009). Although the figures are limited by a small sample (78 clients), the high percentage of full data sets for sessional measures suggests reliability.

The improvement is shown within the pre and post measures as well, although the reliability is more limited by the lower completion rates.

The research has taken place in the inner city, multiethnic environment, with high levels of deprivation. The outcomes suggest that and Integrative psychotherapy and Transactional Analysis are equally effective as treatments in these clinical settings.

The Therapists and the Orientation

There have been no differences in effectiveness between the therapists or the orientations even though the therapists show a high adherence to treatment models.

The lack of difference in effectiveness between approaches was expected on the basis of the common factors research (Asay & Lambert, 1999; M. J. Lambert & Ogles, 2004; Smith & Glass, 1977; Wampold, 2001). However, the expectations of difference in the performance of individual therapists (M. J. Lambert & Ogles, 2004; Mellor-Clark, et al., 2001) was not met. The therapists worked with similar clients and numbers and all performed to a steady level. This may be related to the similarity in their training background,

training levels of training and experience. Further research with higher numbers of clients and practitioners would be need to investigate whether this is common within the same training institution.

The Working Alliance

Working alliance outcomes show that the alliance increased within the duration of therapy. Therapists reported finding the measure useful clinically, an used it to attend to potential ruptures in the relationship. Although there is no evidence that the strength of the working alliance directly predicted the outcome, clients who stayed in therapy longer had better outcomes. This suggests that the increasing strength of the working alliance may have helped clients to stay in therapy and use it.

Experience of Using Evaluative Measures in Psychotherapy

The experience of using extensive evaluation during therapy was new for all the therapists. Most of them have already used pre and post evaluation within the MCPS, but the range of sessional measures and intensity of evaluation presented a challenge.

Use of shorter questionnaires (PHQ,GAD 7, CORE 10 and WAI) after each gave clients and opportunity to reflect on the sessions during the week and a tangible way to monitor their progress and give feedback to the therapists. Therapists would receive the weekly measures at the beginning of each session and this gave them an opportunity to follow up any issues raised in the questionnaires. This served to strengthen the therapeutic relationship and ensure shared aims and direction.

Meetings between the research team and the therapists highlighted what happened in practice and how therapists approached the challenge of a

different style of communication by the clients. These discussions showed a lot of individual differences between the therapists, as well as differences in how they used them with different clients. They went through each measure at the beginning of each session with the client, used them to formulate the focus of the sessions with their client or left it up to the client to pick up the themes they wanted to focus on. Invariably, the Working Alliance Inventory was proving useful in putting the therapeutic relationship in the frame and identifying the ruptures early on.

Clients engaged with the measures and used them in different ways- for additional reflection and to give feedback as well as being willing to participate in a research project for the greater good.

On both sides, evaluation and research were used to enhance and deepen communication and the working alliance between the therapist and the client.

Future Developments

The outcomes of this research pointed to the need to conduct further studies with larger samples. The NHS setting did not allow for variance in the length of therapy to match the needs of the client, or for a follow up. The outcomes showed that severity of the scores at the outset predicted severity at the end and thus suggested that longer treatment may be more appropriate for clients with more severe difficulties.

To address the emerging questions the Metanoia Institute has applied this research clinic model to the internal service (MCPS) where a larger scale project has started in September 2010. This project will allow for a larger sample, longer treatments, an opportunity for a follow up and comparisons between several theoretical approaches.

The measure of adherence to the model follows a model already used in clinical practice, but offers an overt level of structure and evaluation. The intention of the researchers is to standardise this measure for the future use. The research clinic will use the same research design and measures as they were well used by both the practitioners and clients. The advantage of standardised outcome measures also allows for comparisons with other services and theoretical approaches nationally and internationally.

Further information about this research project can be obtained from

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