Pluralistic counselling
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With thanks to John McLeod, Katherine McArthur and all the clients who contributed data.
1. Does one size fit all?
• 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?

![Pie chart showing 60% for NDC and 40% for CBT]
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.
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
Ashok: Helpful aspects of therapy

- Just talking
- Focusing on practical solutions to problems
- Looking at each relationship with a man in the past and seeing what attracted me to them
- Realising that I am loved
- Deciding to look forward and turn a corner
- Reading a letter from my father and getting the therapist’s take on it
- Just being allowed to go off tangent
Ashok: Helpful aspects of therapy

- Just talking (person-centred [PCA])
- Focusing on practical solutions to problems (problem-focused)
- Looking at each relationship with a man in the past and seeing what attracted me to them (relational)
- Realising that I am loved (PCA)
- Deciding to look forward and turn a corner (Existential)
- Reading a letter from my father and getting the therapist’s take on it (Technique)
- Just being allowed to go off tangent (PCA)
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.
Relationship Techniques
Single-orientation

Integrative/
eclectic
Therapist-led

Client-led
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
pluralistic perspective

pluralistic practice

specialist practice
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
What I (think I) offer clients

Reflect on emotions, psychological processes, experiences, self...

identify potentially more rewarding acts or thoughts

self-worth enhanced

Feel better

Try out in 'real world'

reflect

listen

invite -- to talk, describe...

focus

suggest

disclosure

thinking

plan
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.
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 leave 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 put things in perspective;
- making sense of a specific problematic event that sticks in your mind;
- problem-solving, planning and decision-making;
- changing behaviour;
- negotiating a life transition or developmental crisis;
- dealing with difficult feelings and emotions;
- finding, analysing and acting on information;
- undoing 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 problems 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 mashed 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), who have lots of potentially good ideas about how to deal with their problems. One of the main roles of a 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, fearfulness. 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 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. Flexibility can 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—whatever the 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 put 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 need 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 him or her. If you go to a furniture store to buy a new sofa, then the visit will have failed if you come home with a new bed, or a carpet, no matter how attractive these objects might be. It is the same in therapy—a good outcome of therapy depends on getting what you came for.

At the start of therapy, most people find it hard to be clear about exactly what it is that they want to achieve. They have maybe only a vague sense of what they hope to get from therapy. This is perfectly normal—you therapist will encourage you to talk about your goals, and gradually they will become clearer. 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 between sessions. 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.
Therapist vs. client ratings of sessions (from Strathclyde Pluralistic Practice)
(0 = lowest, 10 = highest)
Overall positive correlation between ratings...
but overlap = approximately 14%
Client PP09, 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.’
Overall positive correlation between ratings… but overlap = approximately 14%
Client PP01, session 5
post-session feedback forms

Therapist (‘moderately helpful’): ‘[It felt helpful for the client to...] think about the strength of his drive for connection and intimacy with others... Develop more awareness of how strong that drive is, and perhaps more able to stand back from it.’

Client (‘Slightly hindering’): ‘When I was talking about my desire for communication/relationships, the therapist said that he imagines how difficult it must be to feel this, and that few people must feel like this. This made me feel kind of “isolated”, i.e., the “only one” feeling like this in the world, and feeling a “problematic” poison. This makes me more sad and scared.’
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: *Deferece*

- 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.
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
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

- 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
**THERAPY PERSONALISATION FORM V1.1**

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 in each case along the scale.

I would like my therapist to:

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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
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’
Thank you