EASE
(Engaging Activity Supporting Existence)
A Recovery Oriented Service
Who are we?

- Counselling and Psychotherapy service
- Short-term psychotherapy intervention
- Existential-phenomenologically informed approach (Rayner & Vitali, 2016)
- Based in primary healthcare settings (currently 2 GP surgeries in North London and 1 in Oxfordshire)
What we will cover

- Our aims and principles
- Our service
- How we evaluate recovery
- What our data looks like
Our aims as a recovery service

- Challenge the medicalization of misery
- Personalised and idiographic approach to therapy
- Work locally with GPs
- Early intervention
- Reduced waiting times

Recovery:
- Is a deeply personal and unique change.
- Involves the development of new meaning and purpose in one’s life
What matters in therapy?
Principles

- De-objectifying psychological distress
- Setting goals for therapy
- Eliciting descriptions and narratives
- Promoting the client's own hermeneutic work
- Working with worldviews

Fundamentally the work is driven by the other person, not through the theoretical lens of the therapist
Our timeline

9-10 Months of contact with our service overall

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GP Screening Questionnaire

NAME____________________  DOB____________________  REF Date:____________________

Mob.____________________  Tel.____________________  Email:____________________

Please consider that all the information given below is confidential to the GP and the personnel involved in your care.

1. Please try to think about your daily life and try identify (in a few words) your problems and to rate their level of severity according to the following scale:

<table>
<thead>
<tr>
<th>Identified Problems</th>
<th>Severity</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<td>4.</td>
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Identified Problems

Were you able to identify the nature of your concerns?

YES ---------------------------------------------------------------- NO

2. How do these concerns affect you in your daily life?

3. Do you think that therapy could help you to understand your difficulties?

DEFINITELY --------------------------------------------------------- DEFINITELY NOT

4. Are you willing and able to commit to weekly sessions of therapy?

DEFINITELY --------------------------------------------------------- DEFINITELY NOT

5. Do you appreciate that therapy will be hard work psychologically and emotionally?

DEFINITELY --------------------------------------------------------- DEFINITELY NOT

6. Will you be able to also work on the process of change between therapy sessions?

DEFINITELY --------------------------------------------------------- DEFINITELY NOT

7. Can you think of being responsible for trying to change in a self-motivated and independent manner?

DEFINITELY --------------------------------------------------------- DEFINITELY NOT

CLIENT

I understand that in order for my EASE therapist to contact me and set an appointment with me I consent to share the information in this form with the EASE Wellbeing staff

Yes ☐ No ☐

Date and Signature

GP ONLY

I ___________________________ have acknowledged the difficulties expressed above and I am referring this client to EASE Wellbeing for a psychological assessment and for a therapy intervention as deemed appropriate.

Date and Signature
Risk assessment

Results from an ongoing project

- Assessed: 283
- Referred to GP: 57 (20.1%)
- Referred to other Serv.: 32 (11.3%)
- Entered Treatment: 194 (68.6%)
- Current Waiting list: 16 (20.1%)
- Started therapy: 178
  - In due course: 20 (11.2%)
  - Dropped out: 31 (19.6%)
- Completed Treatment: 127 (80.4%)
Outcomes and monitoring instruments: Ideographic and nomothetic

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE-OM</td>
<td>(Evans et al. 2000)</td>
</tr>
<tr>
<td>GOAL attainment form</td>
<td></td>
</tr>
<tr>
<td>PHQ-9</td>
<td>(Kroenke, Spitzer, &amp; Williams, 2001)</td>
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<tr>
<td>GAD-7</td>
<td>(Spitzer, Kroenke, Williams, &amp; Löwe, 2006)</td>
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<tr>
<td>Repertory Grid Technique</td>
<td>(Fransella &amp; Bannister 2004)</td>
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Preliminary results from our current pilot

Completers (clinical at baseline)

Completers

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EASE Wellbeing
Ideographic measure: Repertory Grid Technique

- Based on Personal Construct Theory
- Nomothetic and ideographic approach to recovery and change
- Allows the client to understand how they interpret and make assumptions about their relationships with self and others
- Can inform the client about the types of goals they want to elicit, in their next session
- Can inform us how the clients views of their relationships with them selves (and others) have changed as a result of therapy
Using RGT to measure change and symptom recovery

<table>
<thead>
<tr>
<th>Pre-therapy</th>
<th>Post-therapy</th>
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</thead>
<tbody>
<tr>
<td><strong>How I rate myself now</strong>&lt;br&gt;Happy=3</td>
<td><strong>How I rate myself now</strong>&lt;br&gt;Happy=6</td>
</tr>
<tr>
<td><strong>How I rate my ideal self</strong>&lt;br&gt;Happy=7</td>
<td><strong>How I rate my ideal self</strong>&lt;br&gt;Happy=7</td>
</tr>
</tbody>
</table>

Score difference = 4

Score difference = 1

People who felt their depressive symptomatology improved based on their PHQ-9 scores also felt they were more similar to their ideal-self

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What matters in therapy?

Therapeutic Relationship

- Monitoring of outcomes and feedback
- Positive regard & affirmation
- Repairing ruptures (Safran 2000)
- Adapting R. to stages of change
- Goal consensus
- Goal cooperation
- Congruence or genuineness

Empathy

Extra therapeutic factors (including client related factors)

Common factors 49.6%
Extratherapeutic factors 33.3%
Therapy-specific factors 17.1%

(Norcross 2010)
All of our publications, relevant information about our team and service can be viewed on the website or contacted me via email

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Thank You For Listening