

CORE Blimey !

Existential Therapy scores GOALS!

Attitudes and possible solutions for the problem of measurement in existential psychotherapy

M. Rayner and D.Vitali

Thank you to my esteemed colleagues who have raised some very interesting discussions about this area.

I hope that we can compliment some of what has been offered as well as add our own particular view on the possibilities of measurement in the current world of psychotherapy that both demands statements of success as well as acknowledges the inherent difficulties and flaws in such attempts.

M. Rayner and D.Vitali

Facing the challenge of integration



This presentation introduces an integration of existential attitudes with a measurable notion of change

Introduction

Existential attitude to change and measurement

Symptoms do not adequately address the complex nature of human experience of distress

Change is inevitable in therapy

Change may be better understood as change in understanding of

EXPERIENCE

self

others

world

Existential attitude to change and measurement

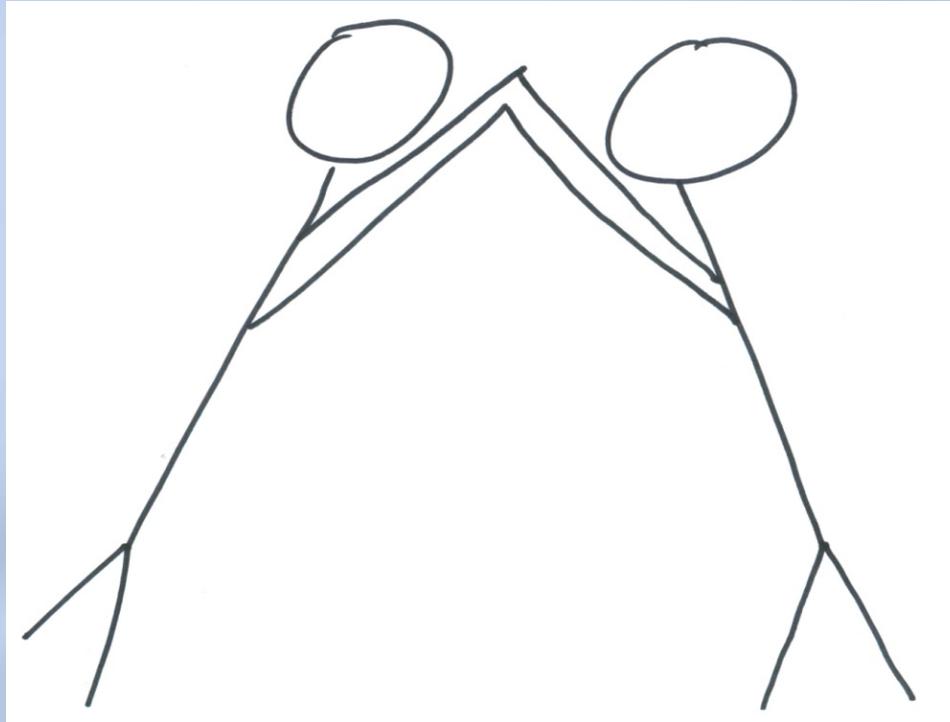
Existential attitude to change and measurement

1. This approach to therapy assumes that therapies that aim solely at the eradication or amelioration of symptoms do not address the complex and broad nature of human experience.
2. However, this approach also believes that change is the inevitable characteristic of therapy.
3. Therefore, we re-construe our conceptualisation of change to encompass changes that may be about changes in understanding of 4. oneself or 5. others or 6. of the world.

Thus we would argue that if understanding or meaning or even acceptance changes, this is a valid form of change that can be measured, while attempting to preserve the complex and subjective nature of human experience.

Existential attitude to change and measurement

Intentionality and Intention to change



Foundations

Intentionality and Intention to change

The premise for this emerges from the foundations of existential thinking in Brentano's (1874) concept of intentionality.

This philosophical concept when applied to practice is understood as a person being inevitably given over to a process of living that involves change, thus, a person's stance is inevitably one that is inclined towards...leaning towards.

Therefore, the environment of therapy is constituted by two people meeting in an intentional manner: a client intending to seek help, i.e. leaning towards that which proffers the possibility of recovery; and the therapist who has an intentional attitude of creating a space in which help may become possible. Thus therapy happens through this conduit of intentionality.

Client → Intention → Recovery/change

+ Therapist → Intentional attitude

= Operationalisation/'doing' of therapy

The client leans towards the prospect of therapy in an intentional manner, the therapist maintains an attitude that reciprocates this intention.

Overview of the approach

On this basis, we can begin to suggest a system for the 'doing of therapy', since, in order to measure something, we need to delineate the landscape that we are going to measure.

As we will see when we use the CORE Goal attainment form for this measurement, the client's intentionality towards recovery is articulated in the form of how the person wants to transcend their current positions and where they would like to be when they have experienced therapy.

Further, the measurement also establishes whether the therapist's intentional attitude was successful and to what degree, by measuring the degree that the clients expressed that they achieved their articulated Goals.

Overview of the approach

- Urgency
- 'Weak Thought' / Epoche
- Goal Setting

As mentioned, in order to measure a system or 'doing' of therapy, we need to articulate some key ideas in the practice of therapy so that we can contend that the 'doing' has an effect (or otherwise). In other words, that we can assert that we have adhered to some components of practice that are identifiable.

The principles of this therapeutic practice are laid out as follows:
urgency, 'weak thought' or epoche and the setting of goals.

Principles of practice



Principles of practice

Urgency
Weak thought and Epoché
Setting Goals

Urgency makes explicit two questions:

1. What about this moment in time brings about the seeking of help on your part?
2. How can we bring about or convene discussions about well-being and recovery in our limited time together?

This reinforces the notion of this practice being rooted in understanding of reciprocal intentionality and, thus, urgency refers also to the co-constituted nature of the meeting.

However, this is not a new idea – this has been expressed for many years regarding a proactive stance in short-term interventions. The difference lies in ‘how’ the above issue is addressed – in this therapy it is explicitly addressed through the identification by the client of objectives articulated to the therapist as goals for therapy.

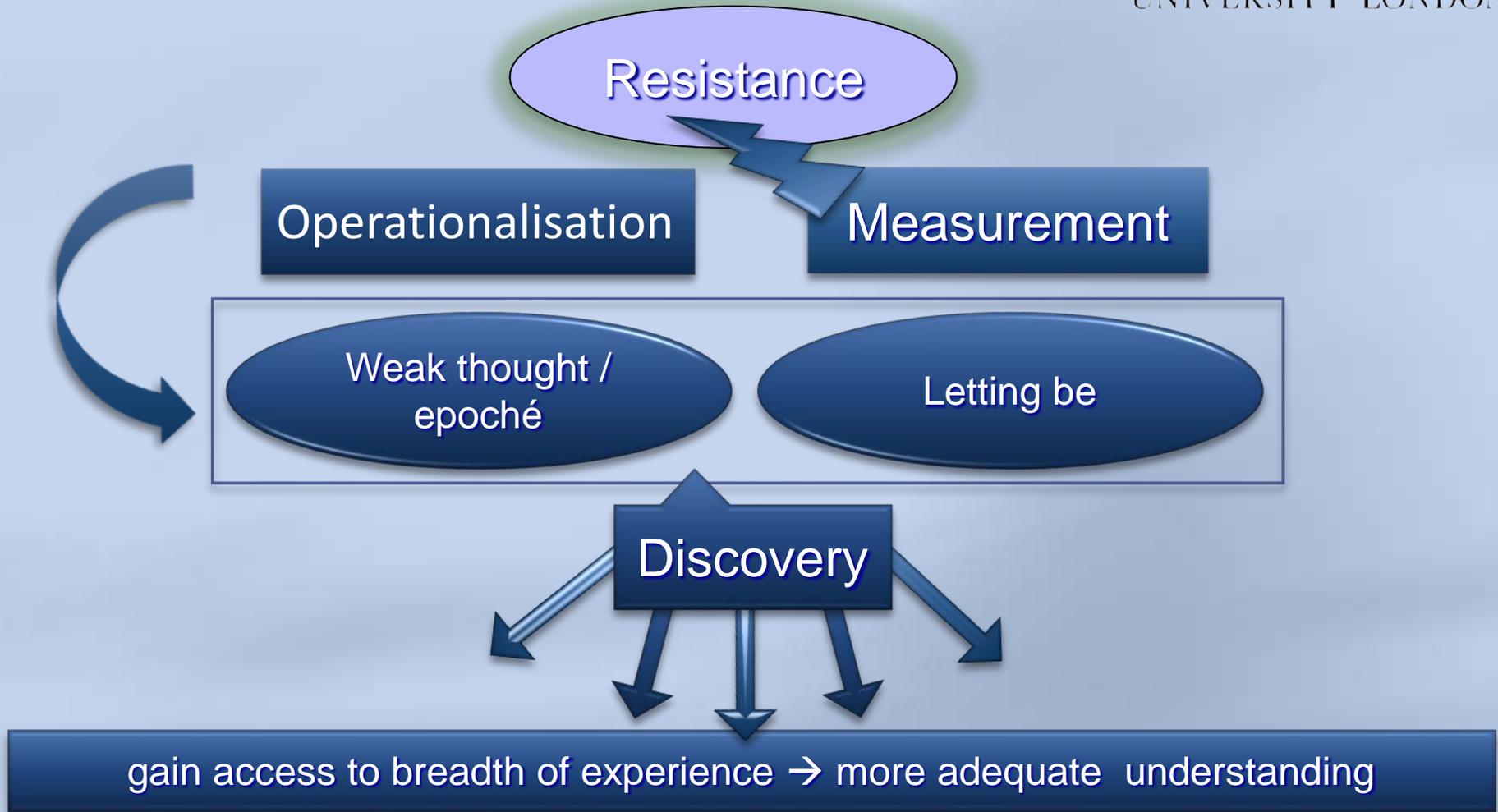
Furthermore, the following statements about weak thought and epoche are what specifically orient this approach to one that emerges from an existential-phenomenological epistemology.

Principles of practice

Urgency

Weak thought and Epoché

Setting Goals



Principles of practice

Urgency

Weak thought and Epoché

Setting Goals

1. Existential and phenomenological authors and practitioners have historically resisted for the most part systematisation of therapy - largely for two reasons:
first, within this area there are a diverse range of practices.

Second, and more importantly, it is argued from a phenomenological viewpoint that any **system** of 'doing' therapy is in itself a reductionist practice that inevitably restricts itself to understanding human experience as a **set of things i.e. symptoms**.

As such, existential-phenomenological so-called purists could reject any attempt at creating a system.

We overcome this resistance by basing our argument upon one simple premise: we have **got to** be able to measure what we do and whether it **works**: so we must say **what** we do. This approach is, therefore, a simple attempt to
2. **operationalise** a 3. measurable form of therapeutic practice.

Principles of practice

Urgency

Weak thought and Epoché

Setting Goals

Central to this approach is the stance on the part the therapist of a deliberate
4. weakening of thought – this manifests as an ‘openness’ or ‘letting be’ that has
a **purpose**. This takes place in conjunction with the setting aside, or the temporary
5. **suspension** of, assumptions about the meaning or explanation of experience
known in phenomenology as the epoche – so we have used the classical
terminology of ‘weak thought’ and ‘epoche’ to denote this attitude. The
purpose of this active stance of openness/6. letting be and bracketing
beliefs **intends itself** towards 7. discovery.

We are seeking to discover that which 8. presents itself from experience and to do
so, the therapist must be available – **availability** emerges in this intentional
attitude to **see that which may emerge for reflection and understanding**. If this is
successful, we gain access to a 9. broader, more adequate understanding of
experience than might be possible if we aim merely at symptom
identification and amelioration.

Principles of practice

Urgency

Weak thought and Epoché

Setting Goals



Disability vs distress

Personal narrative



Identification of goals



Achieve-ability

With our focus clearly on measure-ability,
the above principles inform the setting of goals.

Principles of practice

Urgency

Weak thought and Epoché

Setting Goals

Since goals are the clients' expressions of potential recovery rather than criteria driven by service delivery requirements, this approach seeks to re-humanise notions of psychopathology, deconstructing the medicalisation of human difficulties and, therefore, challenging the idea of disability and illness.

- So we encourage a personal narrative of distress
- A narrative that can be encapsulated in the identification of goals for therapy
- Goals that the therapist and client can seek to achieve

Principles of practice

Urgency

Weak thought and Epoché

Setting Goals

- Signals
- Symptoms of disorder vs potential for recovery
- Motivation and expectation
- Empiricism vs rationalism paradox

Broadly speaking, the systems of measurement that have dominated and continue to have significant influence upon how therapies are assessed and/or adjudicated have been stumbling blocks for many of the non-evidence-based or empirically-validated treatments. Some of these problems have been alluded to earlier when I spoke about re-conceptualising our notions of change, some are rooted in a sort of resistance that a number of therapies have had towards the reductionist burden of most forms of measurement.

So, what we see as important in using measurements are three simple, yet fundamental issues.

First, this communication of measurements of effectiveness should be seen as a signal broadcasted towards other colleagues in the academic or clinical environment that simply demonstrates a willingness and an ability to communicate in the language of measurement and the recognition of the importance of doing so.

Second, from the clients' perspective, we need to recognise that the statements clients make in articulating goals that they would like to achieve are statements not about symptoms of disability but rather desired for positions of recovery. In other words, the statements expressed in the measurement that we are using disclose their relationship to their potential.

Third, engagement with the questionnaires is significant for two reasons. Clients who engage in the process of routinely monitoring their progress are typically more motivated plus we know that there is a significant improvement attributable to the paying of attention to or monitoring act in and of itself.

Empiricism vs. Rationalism

However, it remains important to acknowledge the potential criticisms of a standardised system of measurement that proposes a potential risk to conceal subjective meanings and narratives because, but, we cannot avoid the issue of measurement simply because it is problematic.

Therefore, we face this problem by considering the paradox proposed of empiricism and rationalism.

We believe this allows for holding the tension between knowing that one is looking for something while preserving the idea of not fully knowing what one is looking for and leaving open the possibility for the discovery of something not yet known.

To assess:

- the potential influence of short-term existential-phenomenological therapy in respect of client-directed change.
- the value of utilising The CORE Goal Attainment Form

The process of measurement entailed a simply designed piece of research to look at the possible impact of the attitudes that I have described and the value of measuring the process.

Methods

Design

Sampling

Instruments and Procedures

- Clients referred were all working age adults from the general population.
- Clients referred by Primary Care general practitioners and assessed by secondary care clinicians.
- Clients in sample at assessment met the threshold of a moderate to severe presentation with a clinical score >20 using CORE-34.

The sample that we looked at were aged 18-64, people referred by their general practitioners in primary care and people who were assessed using the CORE-34 form and who scored greater than 20 at assessment.

Methods

Design

Sampling

Instruments and Procedures

C LINICAL O UTCOMES in R OUTINE E VALUATION GOAL ATTAINMENT FORM	Therapist ID	<input type="text"/> <input type="text"/> <input type="text"/>	Site ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Client ID	<small>letters</small> <input type="text"/> <input type="text"/>	<small>numbers</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Date SIDE 1 given to client	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date SIDE 2 given to client	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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The CORE Goal attainment form is a self-rating tool, which attempts to measure change with respect to outcome variables that are defined by the clients for themselves in collaboration with the therapists.

At the outset of therapy, the clients are presented with the form and asked to articulate four difficulties that are represented as 'goals'. Here we focus upon the goals that were identified and the degree to which the clients expressed that these goals were achieved. On the Goal Attainment Form at the completion of therapy, this degree of achievement is rated by the clients themselves on a scale of 0-4 from "not at all" to "extremely".

Methods

Design

Sampling

Instruments and Procedures

SIDE 1: Please complete this side and return the form *before* therapy begins.

Do not complete SIDE 2, or the *small* boxes on this side, until the *end* of therapy.
This form will be returned to you at the end of therapy.

MAIN DIFFICULTIES

Please describe up to four major difficulties that you hope therapy will help you with:

1.

2.

Do not
complete
these small
boxes until
the end of
therapy

1.

2.

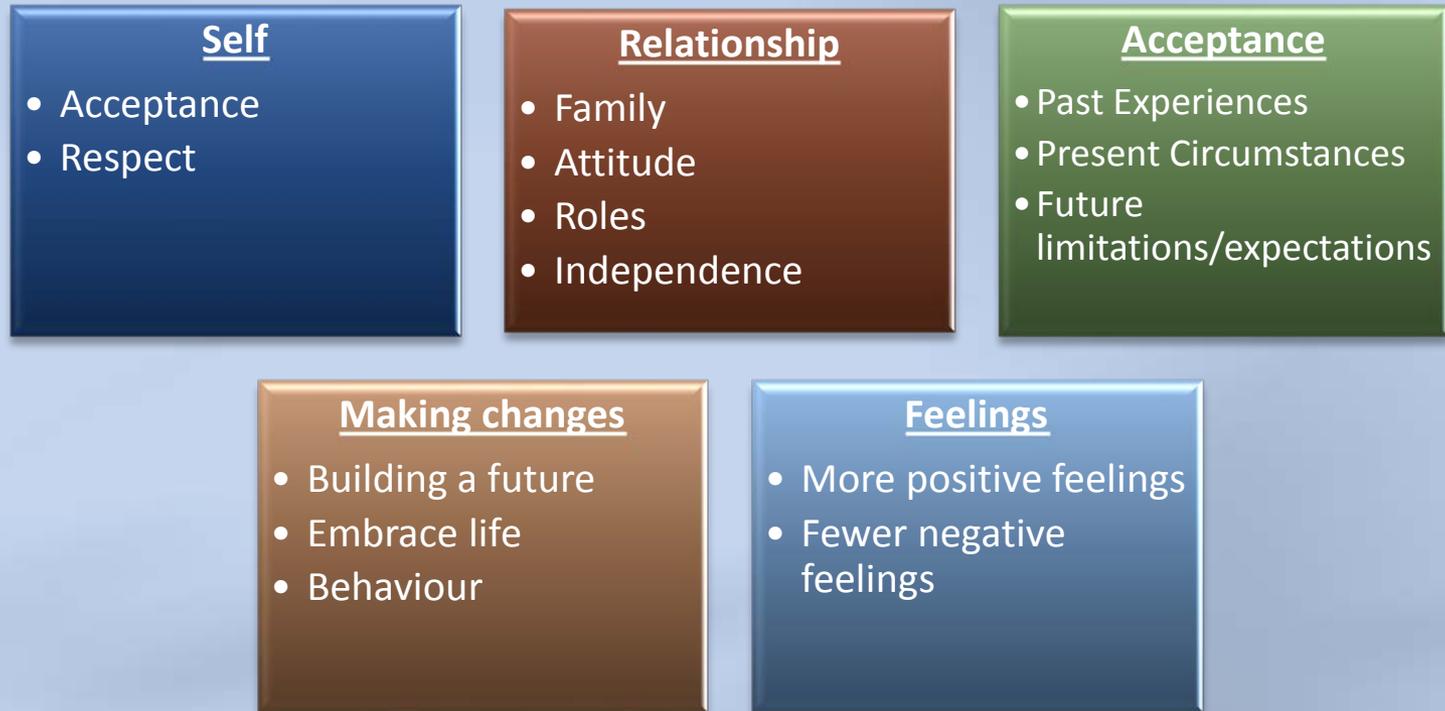
Methods

Design

Sampling

Instruments and Procedures

Themes emerging from client reported goals

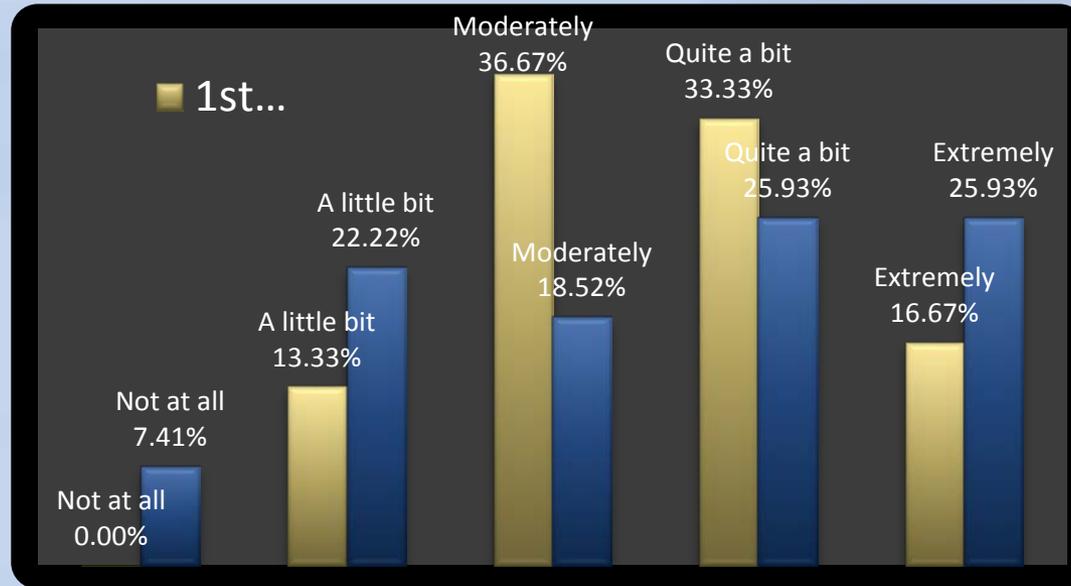


Themes that emerged from the analysis of the statements that clients made at the outset of therapy were grouped according to major themes with sub-themes as indicated in the chart.

Results

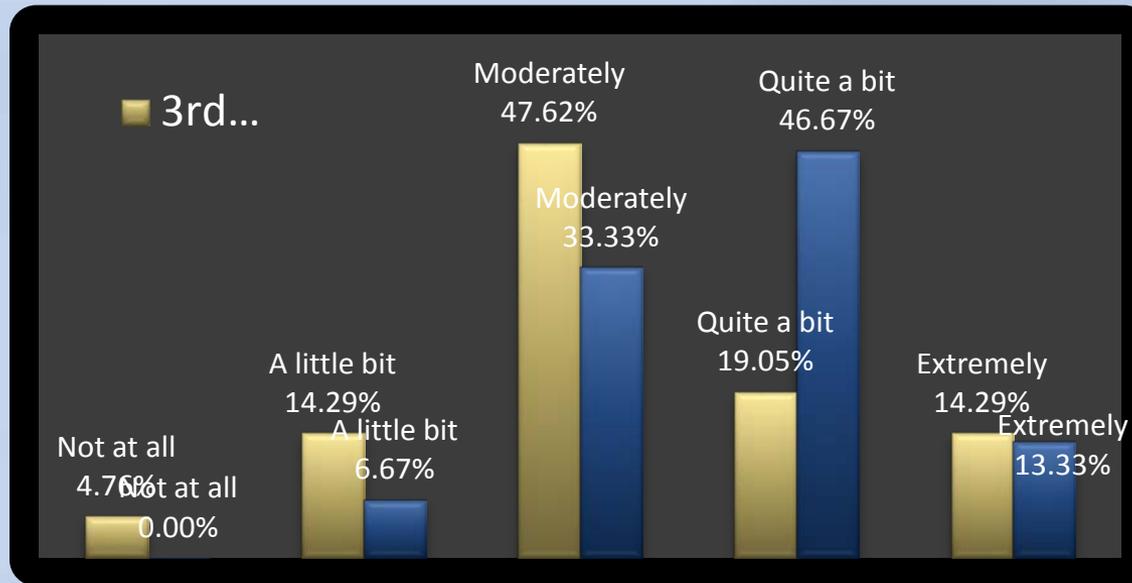
Having looked closely at the subjective statements of goals we then looked at the results of the attempt to achieve these goals. The following two pie charts represent the results of this study.

Results



We have separated the two pie charts with the first representing the degree of goal achievement for the first two goals that clients identified. Here we can see that a high degree of people in the sample achieved these goals: over 70% reported they achieved the second goal between moderately to extremely and 87% reported this for the first goal, with no people stating that they had not achieved this first goal.

Results



This second chart represents the same for goal numbers 3 and 4 – we separated them because part of our analysis looked at the incidence of goal setting and many more people were able to identify goals 1 and 2 than were able to identify all 4 goals. However, it can be seen that, for those people identifying these goals, they were able to achieve them to an even higher degree – for goal number 3 over 80% of people achieved this goal in a range of moderately to extremely and over 90% achieved goal number 4 to a similar degree.

Results

What we have found by utilising this measure is that change does take place and that it is sought around the themes that were expressed by clients and that when clients express what it is that they would like to achieve in therapy and are given the space to work towards their goals, they very often achieve them to a reasonably high degree.

Of course, they may have done so anyway but what we have tried to demonstrate here is the relevance of collecting this data in this manner as proper evidence.

(Finally, the pre- and post-therapy CORE-34 scores also reflect that there has been a measureable and significant change – moving from a mean of 22 pre-therapy to 16.50 post-therapy.)

Results

Discussion

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