

RETROSPECTIVE CLIENT INTERVIEWING CAN INFORM CLINICIANS' PRACTICE AND COMPLEMENT ROUTINE OUTCOME MONITORING

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Goal



To illustrate how retrospective client interviewing can capture the breadth and personal meaningfulness of a client's change.

Why?



- ❖ Formulation of the **practice-oriented research** paradigm with intention to bridge gap between clinical practice and academic research (Castonguay, Barkham, Lutz, & McAleavey, 2013)
- ❖ **Psychotherapy change** is first of all a **qualitative experience**, not a matter of being or feeling more or less but different, changing not in terms of levels but in terms of qualities (Sandell & Wilczek, 2016)
- ❖ Outcome assessment should include more existential dimensions, and **outcome ought to be understood within the context of clients' lived worlds**(Rodgers & Elliott, 2015).



Method



Four clinical vignettes are presented.

	Client Change Interview	Change After Psychotherapy	Standardized outcome measures
Vignette I	A week after end of therapy	-	PHQ-9; CORE-OM
Vignette II	-	7, 11, and 18 months after therapy	-
Vignette III	A week after end of therapy	-	OQ-45
Vignette IV	-	4 and 8 months after therapy	PHQ-9; CORE-OM

Results Vignette I



- ❖ Barbara was a 27-year-old female who had moderate depressive symptoms. She completed 20 therapy sessions.
- ❖ The therapy focused primarily on:
 - 1) bolstering self-confidence in making life decisions;
 - 2) the support of Barbara's own wishes and needs;
 - 3) a reduction in her avoidance of experiencing.

Identifying helpful and hindering moments



- ❖ Barbara was able to identify the helpful moments, e.g. when the psychotherapist supported her in processing painful emotions:

The therapist, in a way, led me through. When I felt such an emotion, he led me through to feel the emotion and, in a way, he directed me so that I could process the emotion in real time. Then, I could apply this at home regularly. Because, as I see it now, being aware of a problem is not enough when a person does not know how to work with it.

Results

Vignette II



- ❖ Veronica was a 33-year-old woman. During one month before therapy, she suffered two panic attacks that led to a hospitalization. She attended 18 psychotherapy sessions.
- ❖ The therapy focused on:
 - 1) anxiety management (preferably without medication);
 - 2) indecisiveness;
 - 3) life priorities restructuring.

Gradual elaboration of benefits gained in therapy



- ❖ Seven months after finishing the therapy, she reported that she had continued to learn to be careful about her own limits and to develop her ability to always slow down.

I have to say that I tend to be hyperactive. When I become tired, the fear just starts to come back. So, I have to tell myself: I have to watch it. (...) The body is giving me a signal. I wasn't aware of it before and I just didn't listen to that. Now it clearly shows to me: [Pay] attention, slow down... In fact, the therapy taught me to slow down, not to feel bad again.

Gradual elaboration of benefits gained in therapy



- ❖ Four months later she realized that by slowing down in a proper moment she became more relaxed and even more effective.

In my work (...) and probably also at home (...) I have a tendency to search for as many activities as possible. But I would say it really became better, it eased. In fact, when I get overworked, my body is showing me clearly that I shouldn't continue. Moreover, I found out that, for example, at work I am able to do more for a shorter time. In fact, I am more relaxed, more concentrated than before, so... it just works.

Results

Vignette III



- ❖ Samuel was a 30-year-old single man with intense physical symptoms, including exhaustion, unexplainable pain, and emotional dysregulation in interpersonal behaviour.
- ❖ He attended nine weeks of intense day-treatment group-based psychotherapy focused on:
 - differentiation and identification of his affects, including fatigue and exhaustion,
 - understanding of a cold, critical, and intrusive family system, and interpersonal insecurity.

Capturing complexity of change

- ❖ During the therapy, Samuel experienced an internal conflict accompanied by a feeling of guilt. Retrospectively, he referred to a change in his intrapersonal functioning:

“I experienced self-accusation before. Now I can observe myself without blaming, without losing myself. I am not losing myself, it is an essential thing for me: To make my way through (...) and not to lose honesty and self-respect.”

Capturing complexity of change

- ❖ However, the change was more complex, and the improvement of the intrapersonal functioning also had significant consequences on the interpersonal level:

“It is a relief that I do not have to defend myself. The remarks of others do not hurt me anymore. It’s a brand new thing for me, last month. I can see a very big change. (...) There is growing trust in me, that anything can come spontaneously. The world is good and will take care of me as well as I will take care of myself”.

Results

Vignette IV



- ❖ Eve was a 23-year-old female experiencing anxiety and depressed mood. Eve completed 18 therapy sessions out of a planned 20.
- ❖ The main themes of the psychotherapy were:
 - 1) management of the difficult relationship with her parents;
 - 2) reduction of her dissatisfaction with her own appearance;
 - 3) problem solving.

Explaining alliance ruptures

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- ❖ The client's evaluation of the working alliance measured by WAI was also fairly positive and stable over the course of therapy (31-32-32).
- ❖ When examining the CCI, we discovered that Eve felt pushed to be more open and intimate than she felt was appropriate for the relationship she had with the therapist. Specifically, after the last session, she characterized the therapist's style of working as “digging”.

Summary



- ❖ (1) explaining psychotherapy success or failure unexplained in the ROM
- ❖ (2) providing longitudinal and multi-level insight into the changes clients experience in psychotherapy.

Implication for practice

- ❖ Use of an abbreviated protocol for stimulating therapeutic dialogue e.g.:
 1. What changes, if any, have you noticed in yourself since therapy started?
 2. Has anything changed for the worse for you since therapy started?
 3. Is there anything you wanted to change that hasn't since therapy started?
- ❖ Introduce research to practitioners and in psychotherapy training and supervision.

More details you can find in:



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LAS ENTREVISTAS RETROSPECTIVAS A LOS PACIENTES PUEDEN
INFORMAR ACERCA DE LA PRÁCTICA DE LOS CLÍNICOS
Y COMPLEMENTAR EL MONITOREO DE RUTINA DE LOS RESULTADOS

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