



TO SEE OURSELVES
AS OTHERS SEE US

Dave Green

Personalised measurement in the clinic: the merits of warm porridge and not too soft a bed

Imagine a flaxen-haired trainee psychologist looking for a 3rd year placement

She hears about an ursine consultancy group with a good reputation

Decides just to drop in to their offices and check them out



Unfortunately there is no one around...

- So she peaks into the offices of the two senior partners in the firm
- One is very formal; the décor is official; framed certificates of qualification on the wall behind a large desk on which are neatly stacked copies of BDI, CORE-OM etc
- The next office has a slightly hippy feel; floral floor cushions and large arty posters; no desk just a low coffee table with colouring pencils, modelling clay and dolls
- At the end of a corridor she finds the much smaller office of the newly qualified psychologist who has just joined the group. She recognises most of the books on the bookshelf and notes the stylish laptop on the functional desk. She opens a file to discover copies of Personal Questionnaires, PSYCHLOPS, and a rep grid manual
- She sighs and settles down to wait for the occupant to return...

But Goldilocks is a fairy story

- The assumption that any single measure will satisfy all the proverbial stakeholders in the practice of psychotherapy is singularly naïve
- Try keeping clinicians, clients, researchers and service managers all happy at the same time
- So my pitch is that your priority should be ensuring that your measures make sense to the real experimenters in psychological therapy – the service user
- Remember that the only convincing evidence available to justify case-tracking relates to those patients who are at risk of dropping out (Lambert 2010)
- So what do we know about the consumer's perspective on clinical feedback systems like the CORE package and The Partners for Change measures (ORS/SRS)?

They are just not as appreciative as we might expect them to be

- Local interviews with various service groups for a training video (Green 2018)
- Thought-provoking but hardly convincing scientific evidence
- But a recent meta-analysis of qualitative research studies into clients' experiences of routine outcome monitoring and clinical feedback systems (Solstad et al 2017) drew similar conclusions
- Identified a recurrent suspicion of the motives of service providers in collecting all this data. What is it for? How will it be used? Who will see this information?
- But also some suggestions for improvement:
 - *Be flexible and try to capture the complexity of people's lives*
 - *Make sure you empower patients in the assessment process*
 - *Above all develop collaborative practice*

The Idiographic option

- Not hard to make a case from the psychologist's perspective (Green 2016)
- “If you want to know what is wrong with a person, why not ask them. They might just tell you” (Kelly 1955). But then again they might not...
- Troup (2013) described her use of the Goal Progress Chart in a CAMHS service
- “Sorry but how are people like us meant to know our goals? After all, we are the ones that are messed up. We would not be coming here if we weren't”
- Prompts such as THE MIRACLE QUESTION do not always help
- Negotiating goals for family work. Hawley and Weisz (2003) estimated that on <25% of cases did child, parent and therapist agree on what they want to achieve

Got the goal now I just have to word it right...

- The SMART requirements
 - *Specific*
 - *Measurable*
 - *Achievable*
 - *Realistic*
 - *Time-bound*
- Sometimes only a metaphor will do the trick. DG supervision sessions with a consultant paediatrician tackling the hard end of child abuse cases
- What do you hope to get out of our meetings? “Just keeping the curtains open”
- After every session he would use the Goal Progress Chart to indicate the worst he had felt since our previous conversation and how he felt at the end of supervision
- Worked well until the curtains finally closed and he decided to resign his post

If you think it's so easy...

- Stephen Morley again, preaching a good reflexive psychology, invited two cohorts of Leeds trainees to volunteer to use idiographic measurement on themselves
- First identify a personal goal you want to achieve over the timespan of the group. Things that mattered were hard to measure. So let's go for goals that are easy to measure instead (eg earlier bedtimes)
- Now devise a tracking system and use it to follow your progress (homework)
- Drop out rates escalated until there was only one left. She had kept her records and reckoned she was pretty much on course until SJM charted the data. NO CHANGE

And now from the glory days of Music Hall entertainment THE LAMP POST SKETCH (featuring P.C. Gary Latchford)



Yet more culture



Renee Magritte

Belgian Surrealist painter

Ceci n'est pas une pipe also titled *La Trahison des Images* (1929)

This is not a pipe it is a representation of a pipe – never confuse the two things

It is recognisable but it is also two-dimensional and functionally useless



What has this to do with idiographic measurement?

- However personalised and carefully constructed our measures of psychological functioning might be, they are always skeletal representations of the individual's emotional world
- Kazdin (2006) has written about the dangers of confusing changes in test scores with shifts in the underlying constructs they purport to represent
- He worked with adolescents with so-called “conduct disorder” and always used multiple sources of information to verify reports of behavioural change
- Nobody ever entered therapy with the goal of reducing their BDI score

Peter Fonagy

Clinical psychologist, top-rank empirical scientist and practising psychoanalyst

Co-author of *What Works for Whom* (1996)

Long-standing research interest in child development and understanding attachment behaviour across the life-span

Proposed the idea of *mentalization*

Epistemic Trust



Epistemic Trust and psychotherapy

- Fonagy has argued that while secure attachment encourages children to be curious about human relationships we can only learn so much from personal experience
- Individual discovery needs to be supplemented with social learning when we access the accumulated experience of others through our interactions with trusted adults
- In order to make the most of learning opportunities in the wider social environment we need to overcome epistemic vigilance (that will sometimes be adaptive) and have faith in what others tell us. Fonagy reckons that it is the failure to sustain epistemic trust that characterises people diagnosed with borderline personality disorder
- He has also suggested that the Dodo Bird phenomenon in psychotherapy outcome research could be explained by the capacity of all effective psychological treatments to enable clients to overcome their epistemic mistrust and have faith in their therapist's competence and good intentions (Fonagy and Campbell 2017)

But assessment isn't therapy. It can't be that important can it?

- Bordin (1979) proposed that agreement on goals was one of the three necessary conditions for the establishment of a working alliance in psychotherapy
- Remember the suspicions aired by service users about psychometrics
- “I feel I am being manipulated. What are they trying to find out?”
- “The last time I filled in a form like this I ended up having my benefits cut”
- “Maybe you should ask for feedback on what it's like being asked for feedback”
- Idiographic assessment is not a panacea. It is an attractive idea but surprisingly hard to put into everyday practice. Get it wrong and you will probably increase the already depressing odds that your client will drop out of treatment. But get it right...