

Appendix 3: Judges' Opinions

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Using HSCED Instructions for Judges and Opinion Pro Forma (7/11v.1) *(layout altered to suit IJTAR formatting)*

Judge A

appropriate answer and change to bold type or a different colour.)

Completing the adjudication process

Please highlight your answers on the scales provided (for example, use your mouse to highlight the

In answering the rest of the questions, please use whatever space you need in order to give a full response.

1. How would you categorise this case?

Clearly Good Outcome (problem completely solved)

1a. How certain are you?



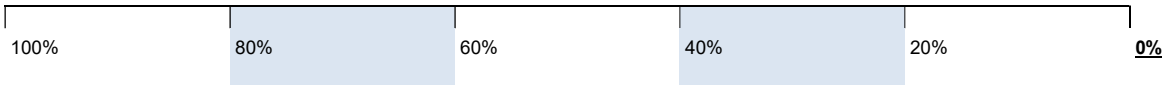
Mixed Outcome (problem not completely solved, or a mixture of positive and negative outcomes)

1b. How certain are you?



Negative/ Poor Outcome

1c. How certain are you?



1d. What information presented in the case report and in the affirmative and sceptic cases most greatly influenced you in reaching this conclusion? How did you use the evidence presented to inform your thinking?

Taking the client's account of his own process at face value, I could see clearly that change had taken place. His own retrospective account in the Change Interview that positive change had taken place, paired with the

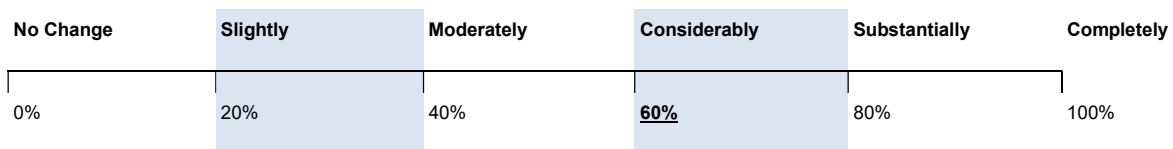
presence of Global Reliable Change on the quantitative change measures, provided convincing evidence that positive change took place. Five out of his seven PQ items had a duration of over ten years. By the end of therapy each of these items had reduced in severity to a non-clinical level. Such shifts on the PQ, taken at face value, are clearly indicative of a very effective intervention. I also noted that the client had cited many helpful aspects of therapy in the HAT forms, and had rated these highly.

I wondered, however, whether the client's extremely positive account of therapy was a little too good to be true. I note that Peter sought out this therapy, and accessed it privately, after an unsuccessful engagement with CBT. It is possible that he entered this therapy with a "now or never" attitude to his own recovery, and therefore a high investment in its positive outcome. The phenomenon of Cognitive Dissonance would rule that, if this were the case, his positive retrospective evaluation of the process was inevitable. On review of the Rich Case Record, I noted that Peter gave a wholly-positive retrospective account of therapy in the Change Interview. He uses superlative language – and ventures into hyperbole – to communicate the strength of his feelings about the success of the process. For example, he tells the researcher that therapy has been "the most supportive and confidence building, rebuilding experiences I've ever had;" that inhibitions were not there "in the slightest" and that therapy was

"incredibly good" and made a "huge difference" to him. I also note that Peter reported no negative events whatsoever in his HAT form over the sessions (despite his therapist noting a few occasions where ruptures or tensions occurred). These factors speak to me of a fairly black and white, extreme, cognitive style, whereby Peter is prone to taking one polar stance and standing by it completely. In this case, CBT: poor; my new therapist: The best in the world. This thinking style is, of course, consistent with a depressive thinking style. I wonder, then, if the nature of Peter's initial difficulties has served to colour his reaction to this process to some extent, and perhaps led him to over-report the extent of his changes.

Having said that, I can see that substantial gains did take place, and would not seek to over-rule Peter's own measure of this process with the above notes. In light of this thinking, I concluded that a mixed outcome seems most likely here.

2. To what extent did the client change over the course of therapy?



2a. How certain are you?



2b. What evidence presented in the affirmative and sceptic cases mattered most to you in reaching this conclusion? How did you make use of this evidence?

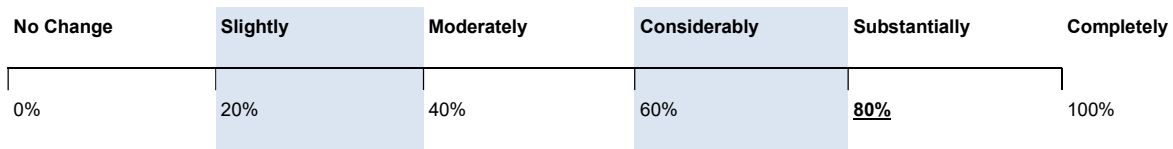
Again, the client's own assertions in the change Interview that he changed are convincing, and must be afforded most weight out of all sources. The statistically significant shifts on the quantitative change measures support Peter's spoken assertions.

I refrained from judging him to have changed "substantially" or "completely" as a number of elements of the data presented cause me to question the absolute reliability of Peter's account of his own change. One such element is detailed above, regarding my noticing his somewhat all-or-nothing style of evaluation. A second element is Peter's descriptions of the changes noted in the HAT forms. I noted with interest that, while he rates sessions as very helpful and offers wordy narratives as to why sessions were helpful, his account often lacks specific details or examples. For example, Session 11, he identifies "finding an experiential approach that will let me find a method of coping with emotions. It's

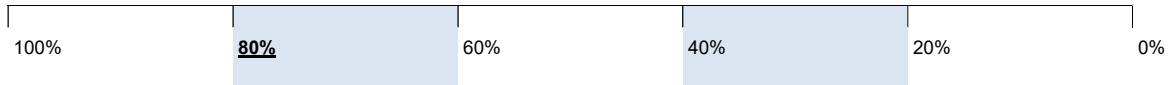
inherently good, as it will be useful, and it's satisfying to achieve" as a helpful aspect of the session, and gives this the maximum rating of nine for helpfulness. What I notice in such an example is that his description gives absolutely no indication of what processes within the session led him to making this finding. In order to be convinced by such an example, I would want to hear what actually went on between him and the therapist in the moment that he went from not having this "experiential approach" to having it. I would also like to know what this "experiential approach" looks like.

My certainty that change was only "considerable" is rated at only 60%, as I must acknowledge that I have approached the client's account with a fairly sceptical eye. Perhaps it is unrealistic to expect that an individual who is not a therapist should, without any real prompting, be able to offer accurate, detail-rich and precise accounts of moments within therapy where change occurred. It is possible that, with further questioning by a researcher, Peter would have been able to cite exact moments, feelings, challenges or processes in therapy that led to these changes, and were helpful.

3. To what extent is this change due to the therapy?



3a. How certain are you?



3b. What evidence presented in the affirmative and sceptic cases mattered most to you in reaching this conclusion? How did you make use of this evidence?

The Affirmative side emphasise that Peter's therapy was the only change or new influence in his life at this time. He was not in a relationship, did not have a job, and did not experience any noteworthy life transitions. It is logical to deduce from this that therapy was the main agent of change.

However, as the Sceptic team highlight, Peter sought this therapy on his own. This strongly suggests that he had a level of motivation and readiness to engage that primed him to make the best-possible use of his therapeutic opportunity. It is indeed likely that this factor was a contributor to his gains. However, therapy was a necessary component to engage with his motivation and allow him to move forward to the point that these gains could be made; motivation alone is very unlikely to have been enough. This is further supported by Peter's own rating of his changes as very unlikely without therapy.

4. Which therapy processes (mediator factors) do you feel were helpful to the client?

From Peter's own account, it is clear that the therapists' empathy, offering of a theoretical model, and being involved in the process on a human level were the most important factors of this therapy's success. Peter noted specifics around the therapist being OK about him appearing late or needing to change appointment times, and lending him a book, as showing him that the therapist was involved on a personal level. This emerges at the most important strand of the reparative process, based on Peter's narrative.

I was disappointed that Peter was not pushed to go into more detail about what exactly he meant by some of the terms he used to explain why therapy had been so effective. For example, he talked a lot about the therapist being "interested and engaged"; I would have liked to hear HOW the therapist demonstrated this to Peter – was it with words? Actions? In another way?

I think, as psychotherapy researchers, we are all in agreement that the therapeutic relationship is central to predicting any outcome, and that things like warmth, genuineness and acceptance are the essence of that relationship. What we need to ask now is "what processes in therapy allow for the communication and thriving of these processes in a way that is evident to and felt by the client?"

Which characteristics and/or personal resources of the client (moderator factors) do you feel enabled him to make best use of his therapy?

It is fairly evident that Peter was invested in this process from the outset. He was motivated to seek out a therapist he believed to be appropriate for him, and he attended his sessions. It seems that readiness and motivation on Peter's part were the main components of what allowed him to make the best of therapy. As pointed out, Peter uses psychological language to talk about his experience (so much so that I wondered whether his degree is in Psychology). While this could be seen to have functioned as an expectancy artefact to some extent, I think it also demonstrated that Peter ultimately believes in the potential of therapy, and believes that his problems are not beyond help. As he entered the process with this attitude, he and the therapist were able to embark on the process of bringing about change, without having to spend time and energy fostering his motivation. It is inevitable that this enabled him to make the best possible use of his therapy.

Judge B

Completing the adjudication process

Please highlight your answers on the scales provided (for example, use your mouse to highlight the appropriate answer and change to bold type or a different colour.)

In answering the rest of the questions, please use whatever space you need in order to give a full response.

5. How would you categorise this case?

Clearly Good Outcome (problem completely solved)

6a. How certain are you?



Mixed Outcome (problem not completely solved, or a mixture of positive and negative outcomes)

6b. How certain are you?



Negative/ Poor Outcome

6c. How certain are you?



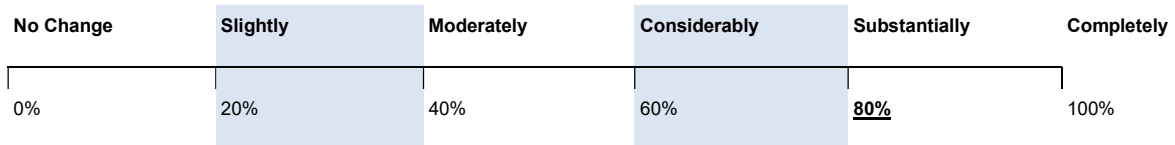
6d. What information presented in the case report and in the affirmative and sceptic cases most greatly influenced you in reaching this conclusion? How did you use the evidence presented to inform your thinking?

I disagreed with the sceptic team’s argument that “an analysis of the therapy process being constructive or on what might be expected in a certain number of sessions” is irrelevant to the definition of a good outcome. It seems to me that the definition of a good outcome has to take into account the type of outcome viewed as constructive within that therapeutic approach, and what might be anticipated within the time allocated to the process. In Peter’s case, his post-therapy PQ scores and the changes that he reported at his 1 month follow up interview support the argument that he substantially achieved his contract goals for therapy. The degree of change experienced by Peter can also be compared with that of other clients participating in other therapeutic

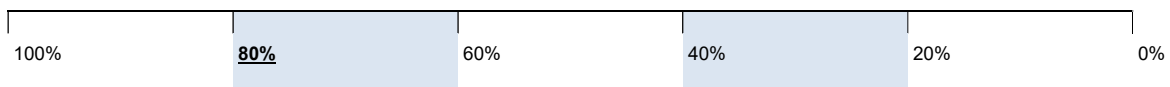
approaches because of the researcher’s use of the standardised measures, CORE and BDI-II. The data on these measures indicate that Peter experienced clinically significant change, which is generally understood to be a good outcome.

However there is insufficient evidence for me to feel certain that Peter’s problem of depression is “completely solved” as a result of this therapeutic experience (which is your definition of a “clearly good outcome”). Clearly Peter has had a significant experience: he has gained a major increase in his self-awareness and self-understanding, he has experienced a genuine honest and accepting relationship in which difficulties have been discussed and survived. He appears to have maintained the progress that he achieved (as measured by CORE etc) six months after the end of therapy. However he also recognised that what he has gained in this therapy is a foundation for future work and identified further areas of his experience that he wished to explore.

6. To what extent did the client change over the course of therapy?



7a. How certain are you?



7b. What evidence presented in the affirmative and sceptic cases mattered most to you in reaching this conclusion? How did you make use of this evidence?

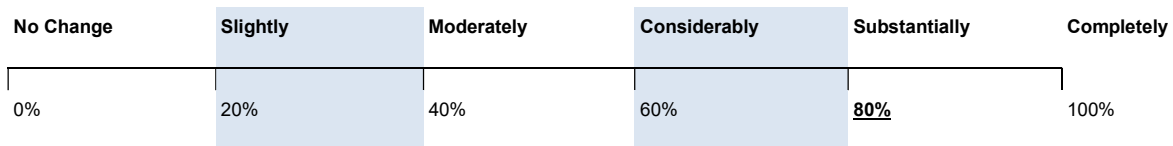
In my opinion, the data collected gave convincing support to the affirmative team’s argument that the client changed substantially over the course of therapy. The quantitative data demonstrated clinically significant change not only in Peter’s self-identified problems (PQ), but also in his general functioning (CORE) and his experience of depression (BDI-II). I accepted the reported evidence that the difficulties that Peter sought to address in the therapy were of a long-standing nature and rejected the sceptic team’s argument that the quantitative data may have been affected by regression to the mean.

The 1, 3 and 6 month follow up quantitative data gave weight to the inference that the changes in Peter’s self-identified problems, general functioning and experience of depression may be maintained over a longer period. However I would have liked to have had more information (e.g. access to the interview

transcripts) that would have helped me put into context Peter’s scores at his 3 months and 6 months follow up points – for example, how much additional therapy he had undertaken, what extra-therapy events had occurred, what stressors he was currently experiencing or had negotiated. This information would also have helped me to consider more fully the sceptic team’s criticism that there was little evidence that the changes that Peter experienced in relationship with his therapist had a wider and long-term impact on his relationships outside the therapy room.

I felt that the changes reported by Peter at his 1 month follow up interview, which reflected his understanding of the shifts in his experience of himself, his life and relationships, provided a useful context within which to make sense of the changes seen in his quantitative data. I accepted the affirmative team’s argument that there was balance in Peter’s testimony, that he recognised that there was further work for him to do – and therefore rejected the sceptic team’s assertion that the data he provided may have been unduly influenced by relational artefacts, hope or expectation.

7. To what extent is this change due to the therapy?



8a. How certain are you?



8b. What evidence presented in the affirmative and sceptic cases mattered most to you in reaching this conclusion? How did you make use of this evidence?

I found Peter’s descriptions of helpful events in the HAT forms that he completed at the end of each session to be a strong source of evidence that the therapy was a key factor in the change that he experienced.

The affirmative team presented convincing analyses of the connection between Peter’s descriptions of helpful events in therapy and the changes that he experienced in himself as a result of therapy, as well as session by session comparisons between what Peter found helpful and the therapist’s interventions. I felt that this evidence countered the sceptic team’s argument that Peter did not report particular interventions or specific techniques at his follow up interview and noted that the sceptic team did not respond to these lines of argument in their rebuttal.

Based on Peter’s comments at his 1 month follow up interview, there is no doubt for me that the relational approach that the therapist adopted within this work was a significant factor in enabling Peter to participate fully and effectively in the therapy. In addition, Peter’s motivation to change and readiness to engage with a genuine, interested and skilled therapist whose approach fitted his experiences, played a fundamental role in the effectiveness of the therapy.

8. Which therapy processes (mediator factors) do you feel were helpful to the client?

- Peter’s experience of his therapist as genuine, honest, accepting, interested in him and willing to become emotionally engaged with him.
- His therapist’s ability to empathise with Peter and to “contextualise and feel... through things” (C12). Peter talks about the therapist bringing his experiences into focus, resulting in an “epiphany sort of moment that has brought major changes” (C86).

- It is clear from the therapist's notes that s/he used a TA theoretical framework in developing her/his relationship with Peter e.g. strokes. This must have been delivered in a highly competent way as her/his application of theory did not detract from Peter's experience of the relationship: as he himself said, he has "a very, very low tolerance for feeling that (he) has been managed or... socially manipulated" (C13).

- Peter appears to have found discussion of theory helpful in developing his understanding of himself and his relationship with others.

9. Which characteristics and/or personal resources of the client (moderator factors) do you feel enabled him to make best use of his therapy?

- His readiness to engage with his difficulties.
- His previous knowledge and understanding of therapy and his desire to find the right therapy and therapist for him.
- Peter's determination to make use of the opportunity despite the discomfort, e.g. forcing himself to overcome the "initial awkwardness" of therapy.
- His ability to engage intellectually and emotionally with the therapy on offer.
- His ability to reflect on and articulate his process.