

The scientific validation of TA theory – theory construction and scientific recognition of basic concepts

John McLeod

j.mcleod@abertay.ac.uk

My background

- Teacher, researcher
- Integrative therapist
- Personal experience of many forms of psychotherapy, including TA
- Interests:
 - the role of research in enhancing the effectiveness of practice
 - how to include research skills and awareness in therapy training
 - social and organisational aspects of therapy

What this presentation will cover

- How do we develop reliable and practically useful scientific knowledge? Key themes in the philosophy of science
- Research in psychotherapy: current directions
- Some research possibilities for the TA community
- How can TA research be supported?
- Questions and discussion

Further information

- *An introduction to research in counselling and psychotherapy* (Sage, 2013)
- *Doing research in counselling and psychotherapy* (3rd edn., Sage, 2014)
- *Using research in counselling and psychotherapy* (Sage, 2016)
- *Case study research in counselling and psychotherapy* (Sage, 2010)
- *Qualitative research in counselling and psychotherapy* (2nd edn, Sage, 2011)
- *An introduction to counselling* (5th edition, Open University Press, 2013)

How do we develop reliable and practically useful scientific knowledge?

- This is difficult
- We need to use a wide range of methodologies
- There is no “right” way to do research

A definition of research

A systematic process of critical inquiry leading to valid propositions and conclusions that are communicated to interested others

Philosophy of science

- How do we do good research? Are there any rules or guidelines?
- Philosophy of science is a branch of philosophy devoted to these questions
- It does not provide definite answers, but instead offers:
 - useful perspective and ways of thinking
 - general principles for the development of knowledge

Important aspects of the development of scientific knowledge

1. The use of theory as a means of making sense of observational data
2. The social construction of knowledge – the role of scientific communities
3. The adoption of a critical, questioning stance, that is open to new ideas

The role of theory in the construction of knowledge

- A theory consists of a set of concepts, at 3 levels of abstraction:
 - observable, measurable phenomena (example: ego states, defence mechanisms, emotions)
 - patterns or causal links (example: childhood decisions lead to adult life script; more therapist empathy produces better outcomes)
 - underlying core concepts/metaphors (example: the unconscious, self-actualisation)

Theory is crucial

Theories always change and develop

- Science makes progress through “theory-building”
- “Normal” science:
 - measuring and describing concepts in ways that make allow more points of contact between the concept and “reality”
 - testing the validity of theoretical “if-then” causal propositions
 - developing more precise and differentiated “if-then” theories and models
- Scientific crises and “revolutions”:
 - the underlying core concept is replaced by a new idea

The social construction of scientific knowledge

- Scientific knowledge is created by networks of people, who contribute to a “literature”
- Idea of the “lone genius” is misleading
- The success of modern science has depended on massive investment in employment of teams of scientists

The social construction of scientific knowledge

- Scientific knowledge is not just a set of ideas
- The ideas exist within a **“paradigm”** a way of thinking and doing that is shared by a community of scientists
- A paradigm consists of:
 - Implicit, practical knowledge of “how to do things”
 - A language or way of talking
 - Shared criteria for what counts as valid and reliable knowledge
 - Complex organisation: training programmes, conference, journals, different levels of leadership/status, etc

The history of science

- In the “natural” sciences (physics, biomedical science) there was an early period characterised by competing paradigms/communities
- At some point, there emerged a single, unified community that reflected all previous ideas
- By contrast, psychotherapy still consists of competing paradigms that are gradually coming together

Key underlying principle of science: open communication and criticism

- The aim of research is to refute or challenge existing theory
- The strongest theories are those that have survived rigorous, critical examination
- Cornerstone of scientific method: open dialogue around results and methods
 - process of anonymous peer reviewing of journal articles and grant proposals
 - replication of studies
- Knowledge is like a conversation between groups of people

Summary of principles of scientific inquiry

1. Ultimate aim is to build detailed theories/ models of causal processes that can be used to guide action
2. Progress requires the effort and imagination of many people, over a period of time, in different places
3. Knowledge emerges through dialogue: openness to feedback is essential
4. And: research is not morally neutral: it is shaped by the structures of power and control that exist within society as a whole

Research in psychotherapy: current directions

- Research in counselling and psychotherapy began to develop in 1950s (Carl Rogers)
- Now:
- An extensive international scientific community: wide range of academic journals, conferences, etc
- Broad acceptance of “methodological pluralism”

Methodological pluralism: a multiplicity of methodologies

- Randomised controlled trials
- ‘Practice-based’ outcome research – routine administration of outcome and process measures
- Systematic case studies
- Qualitative interviews
- Action research
- Observation of nonverbal communication and interaction
- Research into recovery
- Ethnographic participant observation
- Discourse analysis
- Conversation analysis
- Autoethnography
- Economic analysis
- Art-based methods
- Collaborative inquiry with service users
- Direct monitoring of brain function
- Analysis of historical documents

Psychotherapy research is fragmented

- Two large research communities: CBT, psychodynamic
- Many smaller research communities: family therapy, experiential therapy, TA
- Competing theories/paradigms
- Research training is fragmented:
 - students tend to learn to use the methodology that is favoured in the Department in which they are trained
 - general lack of attention to qualitative research and case study methodology
 - lack of advanced research training and postdoctoral opportunities
- Meeting grounds
 - research sub-communities based on specific disorders: anxiety, depression, eating problems, bereavement
 - Society for Psychotherapy Research; journals such as *Psychotherapy Research*, *Psychology and Psychotherapy*, *Journal of Clinical Psychology*

The politics of research

- Broad movement in Western society to require accountability from professional groups – evidence that what they are doing is effective and cost-effective
- Psychotherapy research is pulled in two directions:
 - genuine, open-ended scientific inquiry that leads to new discoveries and better therapy
 - providing evidence for the effectiveness of practice (in response to political pressures)

Psychotherapy research

The big question: what are the factors that contribute to effectiveness/
outcome?

- The starting point: effectiveness depends on the competent delivery of a specific model of therapy (e.g., psychodynamic, CBT)
- But - key findings do not support this theory:
 - model of therapy (e.g., psychodynamic, CBT) is not a particularly powerful factor in predicting outcome
 - therapy “competence” is hard to define – for example, it is not necessarily related to amount of training

Factors that contribute to outcome: emerging evidence and future directions

- Therapy outcome depends on:
- the quality of the relationship between client and therapist
- the personal characteristics of the therapist
- the extent to which the therapy that is provided is consistent with client preferences
- the capacity of the therapist to collect and use feedback on client progress
- the organisational context within which therapy is delivered

Is this leading to a paradigm shift, in the direction of a “unified” approach to psychotherapy?

Wampold, B. and Imel, M.(2015) *The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work*. 2nd edn. New York: Routledge

Research in TA counselling and psychotherapy

- Has a long history – many interesting and valuable studies have been carried out
- Does not appear to be co-ordinated – mainly consists of work of individuals and small groups
- Mainly published in TA journals, rather than journals with wider readership; few research articles or reviews in flagship journal (TAJ)
- Little evidence that TA research has influenced TA practice
- Absence of qualitative research
- Does not connect with current debates within wider psychotherapy research community
- Very hard for outsiders to get a sense of the research evidence for TA (for example, excellent Olsson 2010 review in IJTAR reads as though written for TA insiders)

Some suggestions for possible future directions in TA research – a personal view

- Key themes:
 - engaging more fully with the broader international psychotherapy research community
 - validating TA theory by showing how it can be used to develop a better understanding of key issues being faced by the research community
 - validating TA theory and practice by demonstrating that it is effective in tackling “big”, mainstream therapy topics, such as depression, anxiety and PTSD

Contributing to debates and evidence around effectiveness and professional accountability

- Documenting the effectiveness of TA with different client groups
 - practice-based studies
 - evidence-based case studies
 - qualitative interviews with clients
 - randomised trials
- Building distinctive evidence-based TA approaches for different client groups (example: Mark Widdowson – depression research)

Mark Widdowson's research programme

- Series of case studies in International Journal of TA Research – 2012 and 2013
- Widdowson, M. (2014) Avoidance, vicious cycles, and experiential disconfirmation of script: two new theoretical concepts and one mechanism of change in the psychotherapy of depression and anxiety. *Transactional Analysis Journal* , 44, 194-207
- Widdowson, M. (2015) *Transactional Analysis for depression. A step-by-step treatment manual*. London: Routledge

A necessary step in developing better research on outcomes: adherence measures

- “Adherence” studies – developing ways to define and measure the specific characteristics of TA therapy – how is it similar to, or different from, other therapies?
- Essential to be able to demonstrate that outcome studies actually reflect the implementation of a TA approach
- Some TA adherence scales already developed (Widdowson, van Rijn)
- Validated TA adherence scale recently produced in Switzerland by Volker Tschuschke and colleagues (2014): The role of therapists' treatment adherence, professional experience, therapeutic alliance, and clients' severity of psychological problems: Prediction of treatment outcome in eight different psychotherapy approaches. Preliminary results of a naturalistic study, *Psychotherapy Research*, (on-line paper)
- Adherence scales are also useful in teaching and supervision

A TA perspective on key research priority areas

- TA is in a good position to contribute new ideas around:
 - aspects of training that produce the most effective therapists (SPR International Collaborative Study on Therapist Training and Development)
 - how to make sense of client preferences
 - the process of using feedback tools
 - the organisational contexts that support good therapy
 - brief psycho-educational interventions
 - private practice
 - case formulation

Looking to the future: how to support TA research

- There is very limited external (e.g., government) funding for psychotherapy research
- Most published research is carried out by Masters and PhD students
- Increasingly, *Practice Research Networks* (PRNs) are being used to enable researchers (in universities) and practitioners (in the community) to work together to design studies, and collect/analyse data – a low-cost, “grassroots” research strategy

How to support TA research

- Essential shift – using students
 - embed research skills and research into the training curriculum
 - involve students/trainees in research (such as PRNs)
 - enable students to carry out publishable research
 - produce graduates who will be interested in doing research at later stages in their careers
 - encourage trainers/tutors to be research active

How to support TA research

- Make links with other professional groups that may have more experience and resources
 - collaborate with psychotherapy researchers within other approaches
 - funding is often available for research into social problems: collaborative research with health professionals, social care, education, criminal justice, etc.
- Develop specific areas of research expertise – e.g., HSCED case studies (Benelli, Widdowson)

Questions and discussion

j.mcleod@abertay.ac.uk