Counselling for Depression: A Bridge between Person-Centred & Emotion-Focused Therapies

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Depression: General Perspectives

- Together with substance abuse, the most common psychological difficulty

- Complexity:
  - Pattern of presenting problems ("symptoms")
  - Many interwoven causes
    - Bodily: genetic/temperament/brain
    - Psychic: experiential avoidance
    - Interpersonal: early loss/trauma, negative life events, current relationships
    - Cultural: social isolation/ alienation/ pressures
Every person’s depression is different

- Severity spectrum: Mild, moderate, severe, psychotic
- Can be Episodic (“Major Depression”) or chronic (“Dysthymia”) – or both

Can be focused on

- Failure/perfectionism
- Interpersonal loss/conflict
- … or both
Research Evidence for HEPs for Depression
Elliott et al. (2013) Humanistic-Experiential Psychotherapy (HEP) Meta-analysis Data set

1. **Pre-post Effects**: Do clients change from pre- to post?
   - 34 samples of clients
   - 27 studies
   - 1287 clients
     - Person-centred (10 samples)
     - “Supportive/nondirective” (9 samples)
     - Emotion-Focused Therapy (EFT; 8 samples)
   - Result: Large pre-post changes
2. **Controlled Effects**: Do clients in HEPs change more than untreatment/waitlist clients? Do clients use HEPs to cause themselves to change?

- 7 studies, 8 comparisons, n = 107 clients

- Result: Medium-sized controlled effects (but smaller than for other client populations)

  - But: small samples, some non bona fide HEPs
3. **Comparative Effects:** Do clients in other therapies show more change than those in HEPS?

- 23 studies, 37 comparisons
- 755 clients in HEPs; 1261 clients in other therapies

Result: No difference in amount of pre-post change
## Effect Sizes for HEP Studies of Depression

<table>
<thead>
<tr>
<th></th>
<th>Pre-post ES</th>
<th>Controlled ES</th>
<th>Comparative ES</th>
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<tbody>
<tr>
<td></td>
<td>$n$</td>
<td>$d_w \pm 95% CI$</td>
<td>$n$</td>
</tr>
<tr>
<td>Depression</td>
<td>34</td>
<td>1.23 ± .23*</td>
<td>8</td>
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<tr>
<td>Total sample</td>
<td>201</td>
<td>.93 ± .08*</td>
<td>62</td>
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*Note. $p < .05$ in null hypothesis test against ES = 0; $ns$ refer to number of client samples (pre-post ESs) or comparisons with other conditions (controlled and comparative ESs).*
Other HEP Meta-analysis Results

- More vs less process guiding HEPs
  - 4 studies, n = 69 clients: ES: .44 ± .34*

- Clusters of studies:
  - 1. Emotion-Focused Therapy studies: 3 well-designed RCTs
  - 2. Person-Centred Therapy for perinatal depression: 4 well-designed RCTs
The PRaCTICED Trial

- **Pragmatic Randomised Controlled Trial** assessing the non-Inferiority of Counselling and its Effectiveness for Depression

- Led by Michael Barkham, University of Sheffield

- Funded by British Association for Counselling & Psychotherapy Research Foundation

- Randomised Controlled Trial comparing:
  - CBT (Beckian)
  - Humanistic Counselling for Depression (CfD)
PRaCTICED Trial Details

- Currently running through 2016/2018(?)
- Moderate to severe depression
- Planned N = 550; randomly assigned to CBT or Counselling for Depression (CfD)
- Pragmatic: Real-world primary care settings
- Non-Inferiority Trial: Designed to see if it’s possible to rule out CfD being inferior to CBT
  - Easier than showing it is equivalent in effectiveness
Counselling for Depression (CfD) Model
What is Counselling for Depression?

- Based on competency framework for Humanistic Psychotherapy (Roth, Hill & Pilling, 2009)
  - Framework built on published HEP RCT research (= Person-centered & EFT)
- Integrates Person-Centred & Emotion Focused Therapy
- Described by Pete Sanders: “EFT without furniture”
- Provides a way for humanistic counsellors & psychotherapists to come back into the National Health Service
What’s wrong with “furniture”? 

- Nothing… except:
  - Many person-centred therapists find it too difficult to implement
    - Takes a lot of training/practice, during which you feel deskilled
    - You usually end up fighting with your internal “Nondirective Critic”
    - You add an “EFT Critic” to the other ones
    - Result is often paralysis (stuckness)
  
- Also: Plenty of clients refuse to talk to furniture
  - Always need an alternative

- And…
... It was never really about the furniture

- It was always about the facilitative conditions:
  - Empathy, Unconditional Positive Regard & Genuineness

- ... and supporting your clients’ sense of person agency by:
  - Listening for their key therapeutic tasks (“task empathy”)
  - Helping them formulate, explore, and resolve these
The True Functions of Furniture in CfD

- Useful metaphor (vivid, memorable)
  - But basically a weird thing to do

- A shortcut to strong emotion
  - But may be too much

- Also: A way of creating a working distance from painful experiences clearing a space
  - But there are plenty of other ways
CfD Resources

- Book: Hill & Sanders (2014) *Counselling for Depression*

- Also: Adherence /competence measure: Person-Centred and Experiential Psychotherapy Scale (PCEPS-10)
  - Freire, Elliott & Westwell (2014)
1. Depression is a message I send myself that something is broken in my life
   => Important to listen to what it is saying

2. Depression is form of Stuckness (Blocked Process)
   Very easy for therapists to feel stuck also
   => Important to learn how to not get stuck with your clients

3. Depression feels like it just happens but it is in fact something that I do
   Or rather: something in me does it to me
   With the best of intentions
1. **Empathic Resonance**: Enter and track the client’s depressive experiencing from moment to moment
   - Working experientially with tasks and strong emotion requires **more** of this, not less

2. **Communicate the PCT Therapist Conditions**: Express empathy, caring and presence in face of stuck/hopeless/bitter/block etc feelings:
   - Applies to **all** configurations/aspects/ voices
   - Including stuck and critical parts that may be hard for therapists to bear because that they are “too close to home”
3. **Facilitate task collaboration**
   - Form emotional bond with client
   - Identify the sources of their depression
   - Identify the main therapeutic focus, goals & methods for dealing with the depression
   - Offer orienting information about depression, emotion and psychotherapy

4. **Help clients access their growth tendency:**
   - New adaptive emotion responses: Connecting sadness, protective anger, self-compassion
   - Sense of personal agency
CfD Principle: 5. Help Clients get Unstuck from their Depression

- **First**: Don’t get stuck with your client

- **Exercise**: Think about a depressed client you have worked with, where you felt stuck, helpless or didn’t know how to proceed

- **Common sources of stuckness**:
  - Client’s difficult life situations
  - Client’s stuck process (avoiding, blocks)
  - Relational stuckness between client & therapist
  - Therapist’s stuckness (therapist avoiding, blocks)

- Self-awareness & emotional deepening needed to help clients get unstuck
CfD Principle 6: Apply key CfD Depression Tasks as appropriate

- Specific kinds of therapeutic work that make emotional deepening possible

A. Initial tasks:
- **Relationship formation** => attachment repair
- Start with **Empathic Exploration** of sources of depression
- Use **Focusing** for overly conceptual/blocking experiencing
CfD Principle 6: Apply key CfD Depression Tasks as appropriate

**B. Core tasks:**
- Configuration Work or Two chair dialogue for internal depressive conflict splits
- Self-criticism (perfectionistic self-attack)
- Self-interruption (emotional blocking)
- Speaking your Truth or Empty Chair work for unresolved relationships with important others
CfD Principle 6: Apply key CfD Depression Tasks as appropriate

C. Other tasks:

- Space clearing for overwhelmed or blocked states
- Self-soothing work (with or without using chairs) for stuck/collapsed states of emotional pain
Core Task in Depression: Conflict Splits

- Main Depressive Split Marker: Self-criticism: Client describes an immediately felt and discomforting internal conflict in which one aspect of self is critical of another aspect.

- Other kinds of split in depression
  - Coaching splits (ineffective self-coercion)
  - Self-Interruption splits (blocking, oppressing self)

- => Lead to stuckness

- Key point: Learning to hear the different voices or parts in the person
Example of Self-Critical Conflict Split

- EFT for Depression video, Session minutes: 1 – 15
Working with Conflict Splits

- Key: Promote separation between conflicting parts of the self
  - Critical/controlling/interrupting aspects of self ("internal critic")
  - Experiencing aspect of self
- Facilitate with some kind of "place holder"
  - Chairs, arms, etc
- Provides working distance between self and internal critic
Help client alternately explore and speak from their Critic and Experiencer configurations.

- Start with Critical configuration
  - Has more energy
  - Help client see how they depress themselves
  - Can initiate statement of the critical position

- Move to Experiencer configuration to get response
  - It may fight back at first => go back to Critic
  - Wait for Experience to “collapse” => depression
Exercise/Skill Practice:
Groups of 3 or 4

Client Role:
- Identify something in yourself that you are critical of, or talk about a time when you were critical of yourself.
- Tell the Counsellor about this.
- If you feel safe doing so, try out Configuration Work when counselor offers it, alternately exploring your Critic and Experiencer configurations.
- If you want, you can act out the conflict using two chairs.
- Pay attention to your sense of safety; if the process feels like it is about to go too deep for you, ask to stop, and process what happened.
Exercise/Skill Practice: Counsellor Role - 1

- Start with empathic listening and reflection.

- When you think you might be hearing a self-criticism split, reflect the nature of the split back to the client.

- If your hearing is correct, propose that the client explore/embody each configuration/aspect separately, one at a time.

- Encourage them but try not to get in their way.

- Imagine yourself inside the client’s process with them; try to feel each part separately in your body.
Exercise/Skill Practice: Counsellor Role - 2:

- If they want to act out the conflict using chairs, let them, but don’t worry about it yourself.
- If you are feeling stuck, ask the observer(s) for help.
- Listen for and follow deepening emotion.
- If the client says they want to stop, support their doing this.
- Make sure to take time to process at the end, even (especially!) if the client hasn’t resolved the conflict.
Exercise/Skill Practice:
Observer Role:

- Imagine yourself inside the client’s process with them; try to feel each part separately in your body
- Offer help if counsellor asks.
Configuration Split Work Practice Points

- Making space & separation
- Complexity takes time
- Stopping in the middle is the norm
Working with the Collapsed Experiencer

- Helps client see how their Critic depresses them
- As counsellor: Say hello to your own scared or stuck parts
- Stay with the process:
  - Help client explore how their Critic got them to collapse
  - Help client deepen their collapsed/hopeless/despairing part
    - Help them explore what the worst of this is and what it needs
  - Help the Critical configuration soften (compassion or fear)
  - Help the two parts negotiate to get their needs met
Model of Resolution of Self Criticism

Self Critical Marker

Role Play Critic

Role play Experiencer

Harsh criticism

Affective reaction

Specific criticisms

Collapse & differentiation

Emerging experiences

Values standards

Wants and needs

Softening

Secondary Maladaptive Adaptive

Negotiation

Integration
Another Core Task in Depression: Unresolved Relationships

- The other main task in depression
- Interpersonal dimension of depression
- Often stems from unresolved grief or trauma, but also ongoing interpersonal conflicts/difficult relationships
- Working with internalised image of an important other
The Unresolved Relationship Marker ("Unfinished Business")

- 1. Bad feelings (hurt, anger, resentment)
- 2. Toward a specific developmentally-significant other (e.g., parent, spouse, intimate or authority)
- 3. Lingering: unresolved and current (experienced in session)
- 4. Restricted: feeling is not fully or directly expressed, as indicated by self-interruption in the form of:
  - Verbal signs: giving up, despair, cynicism
  - Nonverbal signs of self-interruption (e.g., biting lips, gulping down tears, tightening jaw/ fist)
Working with Unresolved Relationships: Speaking Your Truth about the Other

Examples of exploratory questions:
- What would you like to say to them? (Tell me!)
- What is your truth about them?
- If you could speak to them from your heart, what would you say?

Can say to therapist, to the air, or by imagining the Other sitting in an empty chair

May not be as powerful as Empty Chair work, but wider range of application
Speaking Your Truth Work

- Access & express emotions
- Remember & re-experience important episodes with the Other
- Address internal blocks to emotional experience and expression
- Access & let go of/redirect the unmet needs that keep the issue unfinished
1. **Marker:**
   - Strong negative feelings
   - Specific significant other
   - Lingering: unresolved and immediate
   - Restricted: evidence of blocked expression

2. Client expresses blame, complaint, hurt

3. Differentiation of feelings (anger & sadness)

   - Intense expression of specific emotions

   - Optional: Self-interruption or conflict split work

4. Mobilization and expression of unmet need

   - Optional: Letting go of unmet needs

5. Changed in view of other

   - Specific memories of negative Other

6. **Resolution: Self-Affirmation & Self-assertion; Letting Go**

   - a. Understands other
   - b. Forgives other
   - c. Holds other accountable

**View of Other**

- Negative other imagined

   - Specific memories of negative Other

   - 5. Changed in view of other
The point of all this:

- Establish a deeply empathic and genuinely caring relationship
- => In order to carry out different kinds of therapeutic work ("tasks")
- => Which leads to an emotional deepening process
- => Which helps clients get unstuck from their depression
Help depressed clients to...

1. Differentiate experience and develop emotional awareness

2. Regulate their emotions so they can stay in productive contact with them

3. Move from secondary/more surface emotions to more primary/basic ones
Emotional Deepening: How to Help Depressed Clients Get Unstuck

- Help depressed clients ...
- 4. Become aware of how they make themselves stuck/ depressed
- 5. Access core pain and associated needs and wants
- 6. Connect to alternative, growth-oriented emotions:
  - Connecting sadness
  - Protective anger
  - Self-compassion
For more information

- Contact Robert: Robert.elliott@strath.ac.uk
- Emotion-Focused Therapy training opportunities
  - Glasgow/U of Strathclyde: 29 Aug – 1 Sept 2017
  - U Nottingham: 16-19 Jan 2017 (subject to final approval)
- PCEPS-10: Observer and Therapist versions
PERSON-CENTRED & EXPERIENTIAL PSYCHOTHERAPY SCALE-10 (v. 1.2, 12/12/12)
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<table>
<thead>
<tr>
<th>Client ID:</th>
<th>Session:</th>
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<tbody>
<tr>
<td>Rater:</td>
<td>Segment:</td>
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Rate the items according to how well each activity occurred during the therapy segment you've just listened to. It is important to attend to your overall sense of the therapist's immediate experiencing of the client. Try to avoid forming a 'global impression' of the therapist early on in the session.

1. CLIENT FRAME OF REFERENCE/TRACK:

How much do the therapist’s responses convey an understanding of the client’s experiences as the client themselves understands or perceives it? To what extent is the therapist following the client’s track?

*Do the therapist’s responses convey an understanding of the client’s inner experience or point of view immediately expressed by the client? Or conversely, do therapist’s responses add meaning based on the therapist’s own frame of reference? Are the therapist’s responses right on client’s track? Conversely, are the therapist’s responses a diversion from the client’s own train of thoughts/feelings?*

| 1 | No tracking: Therapist’s responses convey no understanding of the client’s frame of reference; or therapist adds meaning based completely on their own frame of reference. |
| 2 | Minimal tracking: Therapist’s responses convey a poor understanding of the client’s frame of reference; or therapist adds meaning partially based on their own frame of reference rather than the client’s. |
| 3 | Slightly tracking: Therapist’s responses come close but don’t quite reach an adequate understanding of the client’s frame of reference; therapist’s responses are slight “off” of the client’s frame or reference. |
| 4 | Adequate tracking: Therapist’s responses convey an adequate understanding of the client’s frame of reference. |
| 5 | Good tracking: Therapist’s responses convey a good understanding of the client’s frame of reference. |
| 6 | Excellent tracking: Therapists’ responses convey an accurate understanding of the client’s frame of reference and therapist adds no meaning from their own frame of reference. |
PERSON-CENTRED & EXPERIENTIAL PSYCHOTHERAPY SCALE-10-T
(Therapist Version, v. 1.1, 16/09/2016)
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<th>Client ID:</th>
<th>Therapist:</th>
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<tbody>
<tr>
<td>Session no:</td>
<td>Date:</td>
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Rate the items according to how well you think you did on each during this therapy session.

1. CLIENT FRAME OF REFERENCE/TRACK:
How much did my responses convey an understanding of my client’s experiences as they themselves understood or perceived these? To what extent was I following my client’s track?

Rating Notes: Did my responses convey an understanding of my client’s immediately expressed inner experience or point of view? Or conversely, how did my responses impose meaning based on my own frame of reference?
Were my responses right on client’s track? Conversely, were my responses a diversion from my client’s own train of thoughts/feelings?

1 No tracking: My responses conveyed no understanding of my client’s frame of reference or added meaning based completely on my own frame of reference.
2 Minimal tracking: My responses conveyed a poor understanding of my client’s frame of reference or added meaning partially based on my own frame of reference rather than my client’s.
3 Slight tracking: My responses came close but don’t quite reach an adequate understanding of my client’s frame of reference; my responses were slight “off” of my client’s frame or reference.
4 Adequate tracking: My responses conveyed an adequate understanding of my client’s frame of reference.
5 Good tracking: My responses conveyed a good understanding of my client’s frame of reference.
6 Excellent tracking: My responses conveyed a highly accurate understanding of my client’s frame of reference in which I added no meaning from my own frame of reference.

2. PSYCHOLOGICAL HOLDING: