Understanding the self in relation to others

Infants spontaneously map another’s face to their own at 16-26 months

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Published in:
Developmental Science

DOI:
10.1111/desc.13197

Publication date:
2022

Document version
Publisher’s PDF, also known as Version of record

Document license:
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Citation for published version (APA):
Therapists' experiences of a brief case formulation and alliance focused pre-treatment training session (CALL)

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Funding information
The Danish Psychological Association; The Health Foundation, Grant/Award Number: 16-B-0269; The Research Council of the Danish Practice Sector; The Tryg Foundation, Grant/Award Number: 148569

Abstract
Objective: A general lack of supervision outcome studies and new advancements within therapist training methods inspired us to develop a randomised controlled trial, Case formulation and ALLiance (CALL), testing the efficacy of a brief pre-treatment training session. CALL combines generic case formulation and alliance principles with the supervision of a specific client. This qualitative study acts as a preliminary to the randomised controlled trial and aims to explore psychologists' experiences of participating in CALL.

Method: Semi-structured interviews were conducted with seven psychologists in private practice, who participated in CALL between January and May 2020. The transcribed interviews were analysed using thematic analysis.

Results: The psychologists described CALL as a clinically useful and collegial experience but simultaneously conveyed a lack of recollection of the training session and doubts as to its enduring utilisation.

Conclusion: CALL has the potential to positively influence the process and outcome of therapy through the fostering of case formulation and alliance management skills, as well as a strong supervisory alliance. However, the familiar content or brief format of the session, and participants' memory bias, may have limited the utilisation and recall of the intervention.

Keywords: case formulation, supervision, therapist skills, therapist training, working alliance
1 | INTRODUCTION

Practitioners generally find supervision highly important (Orlinsky & Ronnestad, 2005), but empirical findings on its effects are inconclusive and methodologically limited (Watkins, 2014). Accordingly, there has been a call for new, evidence-based approaches to supervision (Keum & Wang, 2021). In a significant randomised controlled trial (RCT) of supervision, Bambling et al. (2006) proposed that the effects of supervision on client outcomes may work through the mediating pathway of an improved working alliance. In this study, effects on alliance appeared as early as in the first therapy session, seemingly as the result of one brief, pre-treatment supervision meeting. Another means to improve psychotherapists’ skills is focusing on case formulation. Kendjelic and Eells (2007) studied the impact of a singular training session in case formulation and found that it is significantly related to improvement in practitioners’ work. Inspired by Bambling et al. and Kendjelic and Eells, we developed Case formulation and ALLiance (CALL), a pre-treatment training session focusing on general alliance management training and case formulation principles applied to one specific client.

2 | METHODS

2.1 | Design

The CALL study is a RCT nested in the “Common Factors, Responsiveness and Outcome in Psychotherapy (CROP)” study (Lauritzen et al., unpublished data). Practising psychologists are randomised to either a training session on case formulation and alliance management, focusing on the therapist’s work with one preselected client, or a no-intervention control condition. Subsequently, client alliance and outcome measures are compared between conditions. The present qualitative study was designed to explore the participating psychologists’ experiences of CALL.

2.2 | Participants

Recruitment was conducted via e-mails sent to 10 psychologists. Seven psychologists agreed to participate (one man and six women). Participants’ mean age was 49 years (range 45–64). Participants’ average clinical experience was 18 years (range 11–21). Two psychologists were in part-time practice, and five were in full time.

2.3 | Intervention

The CALL intervention is a 2-hour training session comprising a case formulation component (CFC) and an alliance management component (AMC). Each component combines didactic instruction based on general principles with supervisory (case-specific) reflection on the specific client. The session takes place between the therapist’s initial assessment of the client and the first treatment session. The structure and content of the CALL session are summarised in Table 1.

2.4 | Semi-structured interviews

The interview protocol was developed by the second, fifth and last authors. It contained three broad foci (see Table 2) with accompanying (sub)questions. All interviews were conducted over Zoom or via phone call and lasted 12–30 min. The psychologists were interviewed between 6 and 11 months after receiving the CALL session. The interview protocol is summarised in Table 2.

2.5 | Data analysis

The interviews were examined using thematic analysis (TA), an analytic tool for the identification, analysis and presentation of patterns in qualitative data (Braun & Clarke, 2006). Participants’ transcripts were coded and analysed in the software program NVivo 12 (QSR international, 2018). The analytical process proceeded through the six phases of TA (Braun and Clarke 2006) summarised in Table 3.

3 | RESULTS

Participants described CALL as a generally positive, enriching or useful experience. All participants recalled the session favourably and a majority exceedingly so, characterising it as “a very, very positive experience,” “really, really helpful” and “simply just great.”

Implications for Policy and Practice

- A brief and singular training session such as CALL may benefit therapists and clients alike, through its focus on early and individually tailored treatment planning, alliance building and the provision of an informal supervision environment.
- CALL exemplifies a training practice implementable amongst private practising psychologists, often working independently and in time-demanding work environments.
- However, prolonged repetition of, and feedback on, the training session may be important for therapists’ continued application of its principles within their clinical practice.
- This exploratory study adds to the limited body of research on novel training initiatives within psychotherapy and supplements the scarce literature on the effects of case formulation. As such, its results may help inform future practitioner training practices.
When asked to specifically recall and assess the CFC and AMC of CALL, six participants explicated having little memory of their content. Nonetheless, several reported a positive effect on their clinical work, especially through the CFC component.

### 3.1 The case formulation component

Five participants expressed a tendency to neglect case formulation when dealing with seemingly uncomplicated clients:

<table>
<thead>
<tr>
<th>Structure</th>
<th>Content</th>
<th>Time</th>
</tr>
</thead>
</table>
| Introduction and presentation | • Introduction to the CALL facilitators  
• Introduction to the psychologist, his/her theoretical background and methods  
• Introduction to the specific CALL client  
• Presentation of the background and main foci of CALL, the psychologist receiving a handout of the content | 5–10 min |
| The case formulation component: | • Instruction on the seven principles of generic case formulation, inspired by Kendjelic and Eells (2007) and Macneil et al. (2012) and using concrete examples as illustration  
• The psychologist’s reflection on the principles with the CALL client in mind, taking notes if necessary  
• Discussion of the psychologist’s thoughts/ideas and their implications for the following CALL session and course of treatment | 45 min |
| Break | | 5–10 min |
| The alliance management component: | • Instruction on the three-stage alliance supervision (TSAS) (Bambling, 2009), using concrete examples as illustration  
• The psychologist’s reflection on the alliance stages with the CALL client in mind, taking notes if necessary  
• Discussion of the psychologist’s thoughts/ideas and their implications for the following CALL session and course of treatment | 45 min |
| Debriefing | • Feedback from the psychologist on the process of the session  
• Collective evaluation of CALL | 5–10 min |

### TABLE 1 The CALL session

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• The psychologist’s reflection on the alliance stages with the CALL client in mind, taking notes if necessary  
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### TABLE 2 Interview protocol

<table>
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<tr>
<th>Interview foci</th>
<th>Question summary</th>
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</table>
| Introduction to participant | • “How many clients have you participated within the CROP study?”  
• “Do you still recall the client you reflected upon during CALL?”  
• “How many clients have you participated within CROP since CALL?” |
| General experience of participation | • “What was your experience of participating in CALL? Your immediate thoughts, positive or negative?” |
| Specific experiences of participation | • “Did you experience the case formulation principles (CF) of CALL as meaningful? Were certain elements more meaningful than others?”  
• “Did the CF influence the following session with your client and/or the course of treatment? If so, how?”  
• “Did you experience the alliance management principles (AM) of CALL as meaningful? Were certain elements more meaningful than others?”  
• “Did the AM influence the following session with your client and/or the course of treatment? If so, how?”  
• “Did you experience CALL as somehow contradictory to your own approach to practice? If so, how?”  
• “Did you experience the elements of CALL as already familiar to you, perhaps something you already utilise? If so, which elements?” |
| Concluding evaluation of CALL | • “What is your overall evaluation of participating in CALL?”  
• “Do you have any suggestions for the session?”  
• “Is there anything else you would like to mention?” |
According to these participants, the CFC challenged them to "check in on" the agreements made with the client (I3), reflect and consider in advance of therapy sessions (I4), lay down an initial strategy with appropriate techniques (I8), formulate hypotheses for further testing (I10) and "stay sharp" at the beginning of treatment (I5).

In addition, four psychologists recalled a positive effect of the CFC on the subsequent session, while one recalled an effect throughout the entire course of treatment:

It gave me a good push in regard to the therapy. (...) I mean, it helped me be more aware and had me clear some things with my client faster than I think I otherwise would have. [I3]

Three participants stated with varying certainty that the AMC had positively influenced their therapeutic work with the CALL client. This effect was especially evident in I8's account, who, after reflecting upon her "cautious" approach to alliance management during CALL, had "taken the leap" in her subsequent therapy session with the CALL client and addressed a rupture in their relationship:

"So, I think that I took some more chances than I otherwise would have. And I actually noticed that this positively influenced the kind of contact I established with this client." [I8]

According to her own account, I8 also utilised this therapeutic insight with other clients, and I4 described a similar, general effect of the AMC on her work.

### 3.2 The alliance management component

More than with the CFC, participants' struggled to remember their accounts of the AMC. However, three participants did mention that despite already placing emphasis on the working alliance in their therapeutic work, a reminder of its importance had been useful.

It's actually something which I think I'm very attentive to as it is. But then again, getting that sharpened focus on it, I still found that helpful. [I5]

### 3.3 CALL's collegial function

Participants' accounts additionally indicated that CALL was an appreciated chance to interact with colleagues. Four participants expressed a sense of loneliness as practitioners, describing a highly time- and resource-consuming work-life characterised by solitude and little day-to-day social support:

I do actually sometimes feel a little lonely as a practitioner. (...) I think that I sometimes miss talking to someone about what I do. [I9]
Speaking to CALL’s collegial function, six participants recalled the personal characteristics of the instructors, rather than the content of the session, in their evaluation, describing them as "smart," "respectful," "curious," "enthusiastic," "engaged," and "open." Three noted that these qualities influenced their own feelings of interest and enthusiasm.

3.4 | A lack of recall

All participants stated having little or no memory of CALL’s specific components. The session was described as “too long ago” or “too distant” to remember, and several participants conveyed uncertainty as to whether their lack of recollection stemmed from a gradual integration of the session into their work. I4 and I10, however, explicitly expressed scepticism regarding their continued utilisation of CALL, and I9 described the session as “uninteresting” due to the familiarity of its content. Participants, in general, characterised the content of the session as predominantly well known, and the concrete effects of the session appeared undetectable to most. Considered collectively, the psychologists remembered CALL warmly, but only vaguely.

4 | DISCUSSION

4.1 | The potentials of case formulation

The CFC of CALL, in particular, appeared to be of clinical utility to the participants. Its potential may lie in the facilitation of a more personalised, responsive and well-planned approach to their work.

Participants oftentimes neglected case formulations when dealing with "straightforward" clients, which could indicate an initially more conventional treatment strategy, informed by, for example, presenting symptoms at assessment or predetermined assumptions (Silberschatz, 2015). The therapists’ descriptions of hypothesising, strategising and utilising the CFC in their subsequent session could reflect a heightened sensitivity to the needs of the individual client following CALL. Furthermore, certain participants indicated a prolonged adjustment of their interventions following the session, and such accounts may reflect a strengthened level of responsiveness and sensitivity.

In addition, several participants conveyed how the CFC appeared to "push" their therapy forward. Such descriptions may reflect an acceleration of the therapeutic process through early and more effective treatment planning, something which Kendjelic and Eells suggested may be mobilised by case formulation (Kendjelic & Eells, 2007).

4.2 | The potentials of alliance management

The AMC of CALL appeared less influential to the psychologists. However, one psychologist’s choice to address a rupture in therapy after being confronted with her “cautiousness” during the AMC may reflect growing confidence in managing therapeutic challenges, which thus strengthened rupture responsiveness following the session (Perlman et al., 2020). This psychologist additionally described “taking more chances” in her alliance work with other clients following CALL, and such chance-taking could be the result of strengthened alliance management skills and self-efficacy. Thus, although less easily detectable compared to the CFC, the AMC may have exerted an influence on the therapeutic skills of certain psychologists.

4.3 | The potentials of collegial interaction

Most notably, the participants emphasised the opportunity for collegial interaction that CALL seemingly provided. The potential of CALL as a collegial experience may lie in its provision of an informal supervision environment (Coren & Farber, 2017). In addition, participants’ descriptions of the CALL instructors indicate a strong supervisory alliance. According to meta-analyses, a strong supervisory bond contributes to the well-being and self-efficacy of the therapist (Keum & Wang, 2021). Thus, CALL and its instructors seemingly provided a positive and collaborative environment, which may have been sustained, and perhaps reenacted, by the psychologists in their subsequent work.

4.4 | The shortcomings of CALL

A lack of recall permeated all participants’ accounts, and certain characteristics of CALL may have aided this forgetting. The familiarity of CALL’s content may, for example, have contributed to a sense of irrelevance or a lack of cognitive challenge, which, in turn, may have immobilised learning (Bennett-Levy, 2005). The one-session format of CALL may, in addition, have weakened the integration of its content through lack of repetition. Despite participants’ general impression of a positive effect, such factors may have hindered a long-term utilisation.

4.5 | Limitations

This study has several limitations. First, the analysis relied on participants’ retrospective memory of CALL, which took place up to 11 months before the interview. The described lack of recall amongst the psychologists may thus not only be due to a lack of initiated learning or prolonged utilisation, or to the content being smoothly integrated and thus implicitly used, but also to general memory biases due to the passing of time. Second, the TA of the study was conducted by only one analyst and thus could have been influenced by allegiance bias (Munder et al., 2011) or confirmation bias (Nickerson, 1998). The analyst was, however, not involved in the design of the CALL session or study, nor in conducting the session or interviewing participants. Third, the voluntary nature of participation may have resulted in a
sampling bias, wherein primarily positively inclined psychologists agreed to be interviewed; and lastly, the small sample of this study made individual differences undetectable and generalisability unfeasible. All things considered, our participants' experiences may neither be typical of the larger sample of CALL participants nor of a larger population of practising psychologists. These limitations reflect the preliminary nature of this study and call for supplementary research.

FUNDING INFORMATION
This work was supported by the Health Foundation under grant number 16-B-0269; the Danish Psychological Association (grant number not provided); the Tryg Foundation under grant number 148569, and the Research Council of the Danish Practice Sector (grant number not provided).

CONFLICT OF INTEREST STATEMENT
No competing interests influenced the making of this article.

DATA AVAILABILITY STATEMENT
Due to its small-scale and qualitative nature and qualitative nature, and with consideration of the privacy of its participants, the data set of this study will not be made available for external analysis.

ETHICAL APPROVAL
This study was approved by the ethical review board of the Department of Psychology at the University of Copenhagen and the Danish Data Protection Agency.

PATIENT CONSENT STATEMENT
All participants in this study provided informed and written consent prior to participation.

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How to cite this article: Jacobsen, C. F., Mathiesen, B. B., Poulsen, S., Lunn, S., Dahlgaard, M., & Nielsen, J. (2022). Therapists’ experiences of a brief case formulation and alliance focused pre-treatment training session (CALL). Counselling and Psychotherapy Research, 22, 1112–1118. https://doi.org/10.1002/capr.12568