

Institution: Abertay University		
Unit of Assessment: 3 - Allied Health Professions, Dentistry, Nursing and Pharmacy		
Title of case study: More than one pathway to change: Innovating psychotherapeutic practice via Abertay's pluralistic counselling model		
Period when the underpinning research was undertaken: 2006-2020		
Details of staff conducting the underpinning research from the submitting unit:		
Names: Kate Smith Julia McLeod Mhairi Thurston John McLeod	Roles (e.g., job title): Head of Division of Health Sciences Lecturer Senior Lecturer Professor of Counselling	Periods employed by submitting HEI: 2013 - present 2008 - present 2011 - present 1999-2010/2013-2015; 2015-present (Emeritus)
Period when the claimed impact occurred: 2014-2020		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact <p>Pluralistic therapy enables counselling and psychotherapy practitioners to deliver interventions according to client need and incorporate shared decision-making into routine practice.</p> <p>Our pluralistic counselling model has had national and international impact on training and practice in the sector, primarily by re-structuring the training of practitioners and more broadly in the delivery of therapy by adoption of the practice.</p> <p>The British Association for Counselling and Psychotherapy testifies to the benefits of a new shared language, allowing institutions to work more effectively with each other, and the facilitation of greater client choice and interprofessional working in health and social care.</p>		
2. Underpinning research <p>Approximately 5-10% of the population in the UK and other countries make use of counselling and psychotherapy to address issues around stress, well-being, and mental health difficulties. Research conducted at Abertay University underpinned the development of a new, flexible, collaborative framework for integrating therapeutic interventions – Pluralistic Therapy.</p> <p>Pluralistic therapy comprises tools and procedures that facilitate active, culturally sensitive, client involvement in shared decision making around therapy goals, tasks, and methods. Its aim is to activate the clients' personal strengths and resources and involve them to the greatest extent in the therapeutic process. The technique was initially developed by Professor John McLeod (Abertay University) in collaboration with Professor Mick Cooper (University of Roehampton). In 2007, Cooper and McLeod published a highly cited (>200 citations) review paper [3.1] and accompanying primary text and practitioner guide for pluralistic practice (>400 citations) [3.2], which for the first time emphasised the importance of shared decision making when integrating different interventions into therapeutic practice. Our pluralistic counselling model was developed, in part, in response to exclusionary lines drawn between different therapeutic orientations, limiting therapists' ability to be flexible to the needs of the individual client, drawing upon different theoretical approaches where suitable. Complex interventions, like therapy, require a wide</p>		

menu of tools and practice-based methodologies to be of maximal use to diverse clients and their changing needs.

Our programme of action research, reflective enquiry, and the application of our model to practice is underpinned by proof of concept of the effectiveness of pluralistic therapy for client outcomes. In 2015, a consortium of universities at Abertay, Roehampton, Salford, South Wales, and York St. John, including Abertay's co-founder of the pluralistic counselling model (John McLeod), were supported by the British Association for Counselling and Psychotherapy (BACP) to examine this empirically. Our research [3.3] demonstrated that in initial quantitative tests of the effectiveness of pluralistic therapy among people with moderate to severe depression, clients improved in self-reported depression and anxiety from baseline to endpoint. In addition, qualitative data indicated that clients perceived pluralistic therapy for depression as helpful and valuable, in light of the flexible and collaborative approach of the therapist and the client's own active engagement in the therapy. Our model evidenced acceptable retention rates, client improvement, and client satisfaction when put into practice for clients within this population. We found that 72% of completing clients showed reliable improvement and 44% of completing clients showed reliable recovery, with large effect sizes from baseline to endpoint for the patient health questionnaire (Cohen's $d = 1.83$) and generalized anxiety (Cohen's $d = 1.16$).

We have continued to develop the model and its associated methods, in part, through reflexive enquiry. For example, as a pluralistic model of practice is centred around shared decision-making and the therapist's responsiveness to different client preferences unfolding over time, our research often involves intensive, single-case methodologies to identify the mechanisms through which therapists can collaborate effectively with their clients across sessions [3.4]. These methods are recommended by the Medical Research Council for evaluating theory and the effects of complex interventions over time.

In sum, our pluralistic counselling model and continuing programme of research and reflexive enquiry has provided a base for innovation in our practice and service delivery, impacting practitioners and clients through the nature of the work we are engaged in and the increased reach of our model. Our research and pluralistic model have underpinned our unique training programme (MSc in Counselling) and the impact that has followed (see section 4).

3. References to the research

Key publications

3.1 Cooper, M., & McLeod, J. (2007). A pluralistic framework for counselling and psychotherapy: Implications for research. *Counselling and Psychotherapy Research*, 7(3), 135-143. doi: <https://doi.org/10.1080/14733140701566282>

3.2 Cooper, M., & McLeod, J. (2011) *Pluralistic counselling and psychotherapy*. London: Sage. Available from HEI on request.

3.3 Cooper, M., Wild, C., van Rijn, B., Ward, T., McLeod, J., Cassar, S., Antoniou, P., Michael, C., Michal, M., & Sreenath, S. (2015) Pluralistic therapy for depression: Acceptability, outcomes and helpful aspects in a multisite study. *Counselling Psychology Review*, 30 (1), 6-20. No doi assigned. Article available from HEI on request.

3.4 McLeod, J. (2013). Process and outcome in pluralistic Transactional Analysis counselling for long-term health conditions: A case series. *Counselling and Psychotherapy Research*, 13(1), 32-43. doi: <https://doi.org/10.1080/14733145.2012.709873>

Grant funding

3a ESRC seminar series grant (RES-451-26-0389). *Developing a methodological framework for systematic single-case research in counselling and psychotherapy*. McLeod J & Elliot R, 2007-2009, £17,825.

3b British Association for Counselling and Psychotherapy small research grant. *Counselling for Diabetes*. Smith K, 2015-2017, £4827.

Details of the impact

We have applied and developed our model through reflexive practice, research, outreach, and training. Activities since 2014 have led to new training programmes both in the UK and internationally, changes in how therapists conceptualise their work, innovations in service delivery, and contributing to the public good.

International impact of the pluralistic counselling model (reach among practitioners and development of competencies)

The seminal text on pluralistic counselling [3.2], is ranked in the top 250 of books on 'social welfare and services', and in the top 300 books on 'clinical psychology' and 'psychological counselling' (Amazon). This text has generated a programme of training and dissemination activities across the current REF period, impacting the way in which therapists work and identify themselves, with Abertay University training more than 200 counsellors and psychotherapists during this period. As the sole deliverer of training in 2007, our model has now expanded its reach and has been incorporated into various UK and international programmes since 2014. During this time, pluralism has been applied as a core model in programmes at the Institute of Integrative Counselling and Psychotherapy (IICP College, Dublin, Republic of Ireland), the University of South Wales, and the Metanoia Institute in London; pluralism has been integrated into the professional programme at the University of Auckland, New Zealand, and in Doctoral training at the University of Roehampton, University of Oslo, University of Manchester, and the University of East London. Thus, we have shaped practice nationally and internationally, as a wide network of institutions are training therapists in our pluralistic model.

Support from the BACP, the second largest psychological therapies organisation in the world, provides testament to this impact since 2014. The Chair of the BACP (2014-2019) points to Abertay's role in driving change among the community of over 50,000 members that the organisation represents. He highlights that pluralism has addressed a sector problem, provided a new language for speaking about therapy, assisted collaboration across different schools of thought in the therapy world and between professions, and that Abertay has been central in launching, developing, and disseminating the practice [5.1]. He argues that this new shared language has allowed therapists to engage more fully with key developments in health and social care, helping therapists to have a stake in shaping policy on evidence-based practice for clients/patients.

"Without the leadership and drive of the team at the University of Abertay, we simply would not be where we are now and the national (and increasingly international) therapy and research community would be in a much poorer place; as would the clients we serve." [5.1]

Interpretive Phenomenological Analysis (IPA) research conducted by the Director of IICP College Dublin on the impact of training in pluralistic counselling (MA in Pluralistic Counselling and Psychotherapy) suggests that graduates perceive an improvement in client retention, and that their training has fostered a culture of exploring client preferences in a structured manner [5.2]. This research provides early evidence that a stepped care approach to pluralistic group therapy for children is useful for offering interventions, reducing waiting lists for children, and improving client outcome scores from baseline. Our pluralistic counselling model has also impacted practice in Norway, where it has been widely adopted in the post-qualifying training of clinical psychologists [5.3, 5.4]. For example, our model has influenced one practitioner's teaching, developmental work, and research, which has, in turn, innovated his practice when dealing with difficult presentations from families and the patients of the Norwegian Mental Health Services for Children and Adolescents. The model has been incorporated into both a Masters in Clinical Health Work Programme and the Diploma in Therapeutic Work with Patients with Mental Health and Addiction Problems [5.4].

"As a practicing therapist in Mental Health for Children and Adolescents at the Hospital of Drammen, Norway, the pluralistic approach has been central for the task of developing more flexible and responsive forms of family-based practice" [5.4]

UKRI support has been critical in developing our impact by widening practitioner networks and developing practitioner competencies. For example, ESRC funding [3a] to run a series of seminars and workshops involving leading international figures in psychotherapy case study methodology, enabled our colleagues to develop new strategies for collecting and analysing therapy case data. This, in turn, led to the development of case-study research and funding for the development of a task-list approach for counselling in diabetes [3b]. This enabled us to apply the therapeutic menu aspect of our pluralistic model to a novel client group and include the model in professional training delivered to NHS staff and practitioners via the pluralistic practice network. Further evidence of our increased international reach since 2014 includes the support we have provided for continuing professional development via the *International Conference on Pluralistic Counselling and Psychotherapy* held at Abertay (2018 >200 delegates from over ten countries), Roehampton (2019 >200 delegates) and online (2020 >800 delegates). The pluralistic network (run by staff and graduates) has an online forum (pluralisticpractice.com) for resources, community groups, and outreach which has built a community for >1000 unique weekly visitors from 20 countries. The Head of Professional Standards at the BACP testifies [5.5] to the impact of our model in enhancing quality within the counselling profession:

"[the model] ... is increasingly presented as core theory by new applicants for membership as well as those applying for accreditation... This pluralistic approach is increasingly important for building a shared understanding of what makes therapy work and for defining generic standards for the profession which take us beyond the confines of single approaches and enables those with very different traditions to work together in the best interests of clients. This owes a lot to the work of the University of Abertay as a leading institution in establishing the pluralistic approach." [5.5].

Impact on practitioners and service delivery

As pluralistic counselling is flexible at the point of delivery and responsive to complex needs, it can be used for a wide range of client groups in a wide range of service contexts, for example, by providing a therapeutic menu of activities tailored to the client's preferences. Data from graduates during the current REF period shows the impact of our pluralistic model on trainees. For example, among our alumni who graduated between 2014 to 2016 inclusive ($N = 64$, 60% response rate), 98% of respondents were currently working across Scotland, almost entirely in the third sector, with a variety of age groups including children and students, and many service user groups including NHS patients, people with long-term health conditions and their families or carers, people dealing with other adverse circumstances (e.g., poverty, bereavement), and in forensic contexts (police, prisoners, survivors of abuse, and substance misusers). Ninety-five percent of graduates from this cohort either agreed or strongly agreed that our course helped them in their working life and in their day-to-day life (91%), equipping them to work as a counsellor (83%), and improving their employability (81%). Collectively, our pluralistic counselling model is generating impact by reaching wider areas of the community via our graduates. Our model of shared decision-making, working toward agreed goals, and feedback to guide therapy are valued by clients [5.6, 5.7], including more than 180 clients who have participated in ongoing open trials in our counselling clinic at Abertay. The model has also been applied independently to improve the effectiveness and relevance of therapy for under-served client groups such as older people [5.8] and refugees [5.9].

A survey examining the opinions of counselling and psychotherapy practitioners evidences the impact of our pluralistic model on practitioners and their service delivery [5.10]. This study collated responses from 186 practitioners with an average of 11 years' experience in therapeutic practice. Respondents perceived pluralistic and collaborative approaches to therapy as effective in improving '*Innovation and adaptability within the clinic/service*' and in enhancing '*client/therapist factors*' (results of a principal components analysis to reduce responses to our survey items to two main factors). '*Client/therapist factors*' represented the strongest positive response across our survey items administered to practitioners ($M = 4.24$ on a 5-point scale, Cohen's $d = 2.02$). Positive responses to these two factors were observed regardless of whether participants explicitly identified their approach as pluralistic, suggesting that our

pluralistic counselling model is perceived as effective in a clinic or service, regardless of how an individual practitioner identifies themselves.

“..... It allows me so much flexibility in how I work with individual clients with their unique wants, needs and preferences. And I can tailor my interventions sensitively to what will help them work towards achieving their goals. I still never cease to be amazed with what can be achieved by a counsellor and client working collaboratively on the page they have written and improvised together, step-by-step, on the journey of discovery.” – Participant (Aged 70, 10 years’ experience as practitioner). [5.10]

An early-stage practitioner also speaks to our impact on service delivery:

“I love Babette Rothschild’s words, ‘when a therapist is well versed in theory, it becomes possible to adapt to suit the needs of the client rather than requiring the client to adapt to the demands of a particular technique.’ For me this is what Pluralism allows - researching and deliberate practice around theory and being able to convey to a client theory but in relation to their individual needs. I don’t feel alone in trying to offer different ways to think about problems as pluralism means reading in many areas so I have many authors walking with me helping the clients choose what sounds right for them.” – Survey participant (Aged 54, 1 years’ experience as practitioner). [5.10]

Our survey also provides corroborating evidence that our pluralistic model is flourishing in terms of its reach, and impact on practitioner competencies [5.10]. Our respondents were generally satisfied with the development of pluralistic and collaborative approaches to therapy in terms of ‘voice and community’, ‘collaboration and knowledge creation’, and ‘guides and standards’ ($M = 3.60$ on a 5-point scale). Positive responses were observed regardless of whether the respondent identified as pluralistic in their approach, providing evidence that our model and protocol is reaching different communities. Practitioners perceived the approach as effective in improving their own ability to use feedback from clients and work effectively with clients who have complex problems.

5. Sources to corroborate the impact

5.1 Testimonial from Dr Andrew Reeves, Associate Professor in Counselling Professions and Mental Health, Chair of the British Association for Counselling and Psychotherapy (2014-19).

5.2 Testimonial from Dr Marcella Finnerty. President of IICP College, Dublin, Ireland.

5.3 Testimonial from Dr Hanne Weie Oddli, Associate Professor, University of Oslo.

5.4 Testimonial from Professor Rolf Sundet, Professor of Clinical Mental Health Work and Specialist in Clinical Psychology, University of South-Eastern Norway.

5.5 Testimonial from Caroline Jesper, Head of Professional Standards British Association for Counselling and Psychotherapy.

5.6 Antoniou, P., Cooper, M., Tempier, A., & Holliday, C. (2017) Helpful aspects of pluralistic therapy for depression. *Counselling and Psychotherapy Research*, 17(2), 137-147.

<https://doi.org/10.1002/capr.12116>

5.7 Di Malta, G., Oddli, H. W., & Cooper, M. (2019). From intention to action: A mixed methods study of clients’ experiences of goal-oriented practices. *Journal of Clinical Psychology*, 75(10), 1770-1789. <https://doi.org/10.1002/jclp.22821>

5.8 Sarantakis, N. P. (2020). Rediscovering meaning when entering “older age”: A counselling case study based on a lifespan development and a pluralistic approach. *Practice Innovations*, 5(1), 1-18. <https://doi.org/10.1037/pri0000102>

5.9 Al-Roubaiy, N., Owen-Pugh, V., & Wheeler, S. (2017). Iraqi refugee men’s experiences of psychotherapy: clinical implications and the proposal of a pluralistic model. *British Journal of Guidance & Counselling*, 45(5), 463-472. <https://doi.org/10.1080/03069885.2017.1370534>

5.10 McLeod, J., & Watkins, C. D. (2021, February 23). Ten years on: Results of a survey designed to capture the extent of innovation, community, and the impact of a pluralistic model on psychotherapeutic practice. Pre-print accessible at <https://doi.org/10.31219/osf.io/za7bu>