

The Exeter Model

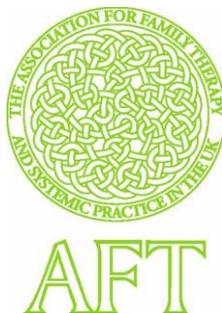
Systemic/Behavioural Couples Work with Depression

AFT Conference 2013

Developing a model of treatment:

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Outline

- The story so far..
- Theoretical rationale for our project
- Exercise
- Video clips and discussion
- Q and A

Timeline

- April 2009 – Feb 2010 – working up the model
- June 2010 – first couples seen
- Feb 2011 – Sep 2011– presentations to professionals began
- Mid 2012 – manual completed and first publication in JFT
- Nov 2012 – first cohort
- May 2013 – second cohort
- Sep 2013 – accreditation from AFT
- Nov 2013 – third cohort

The Exeter Model: Introduction

- NICE Guidelines recommended therapy with couples as a treatment for depression
- Prompted examination of systemic couples work as evidence-based enough to be included
- Case to be made for this but it's a developing one
- Opportunity for this arose within University of Exeter Mood Disorders Centre: a centre for research on developing evidence for innovative depression treatments

Context for Methodology for Model's Development:

1. NICE guidelines: RCT-based recommendation for couples therapy- Behavioural Couples Therapy (but from a systemic proposition)
2. Government-led efforts to establish clarity around best practice, and evidence-based psychotherapeutic treatment: The Competencies Framework (see Stratton, Reibstein, Lask, Singh, 2011)
3. Expert Reference Groups convened to specify 'best practice' as a result
4. "Third Wave" in psychotherapy: convergence of themes and practices across 'schools' now being researched (see Reibstein and Burbach, 2012):
 - Our early presentation of The Exeter Model at the BABCP international conference, August 2011 is an example of this.

History: treatment of depression and couples at MDC/AcCEPT

- MDC at University of Exeter already had brief to treat depression according to NICE guidelines and to treat with ‘behaviourally based’ therapies
 - PCT-funded to provide evidence-based treatment
- NICE guidelines 2009: added couples therapy to recommended treatments:
 - The ‘gold standard’ studies they draw on mainly are on behavioural work with couples

NICE definition of couples therapy with depression (a *systemic* proposition):

“A time-limited, psychological intervention derived from a model of the interactional processes in relationships where the intervention aims to help participants understand the effects of their interactions on each other as factors in the development and/or maintenance of symptoms and problems. The aim is to change the nature of the interactions so that they may develop more supportive and less conflictual relationships.” Nice Guidelines, 2009

Exeter Model idea: extending behavioural models of couples work with depression:

- *Toward evidence base*: Mapping a systemic perspective and systemic techniques onto behavioural approach
- Certain key systemic techniques are similar to or can encompass those already shown effective:
 - ‘behavioural’ (NICE RCT referenced)
 - or, in other (non-depression) evidence-base (Christensen and Jacobson, 1995) acceptance/tolerance

Rationale for particular work presenting today:

- Combines both these approaches (behavioural and systemic):
- There are existing behavioural practices and propositions within systemic work (e.g, feedback loops describing behaviour, questioning about meaning – mapping onto cognitive-behavioural questions; also ‘empathic’ within behavioural as well as systemic work.)
- Strong indication of effectiveness from (an *almost* gold standard RCT trial of) systemic work (Asen and Jones)
 - This, however, did not look at which *particular* systemic techniques seemed to be associated with improvement

Systemic “empathic” mapping onto behavioural “empathic” -

Acceptance/tolerance (evolution of behavioural couples therapy):

- Working proposition 1: “Acceptance/Tolerance "work is work to *increase empathic connection within couple*
- Working proposition 2: Empathic connection work within Systemic framework currently can be seen in a few already established ways, eg:
 1. Attachment narratives (Vetere and Dallos, 2009) (Systemic use of attachment theory) : strengthening ‘empathy’:
 2. Family scripts-- (ByngHall,1995)– family aetiology of meanings given to each other’s behaviours and responses:
 3. Specific Systemic techniques used to strengthen relationship through, as follows:
 - empathic understanding : *Scripts*, eg: Where do ‘meanings’ re relationships derive from?
 - “Interviewing Internalized Other”
 - Reframing/Positive Connoting/Focusing on Strengths
 - Circular questioning: putting self in other’s shoes

Other Models in Couples Work 1:

1. Behavioural Couples Therapy (cf Gottman and Notarius, et al 1976; Jacobson and Margolin, 1979):
 - Teaching direct, clear communication skills
 - Teaching conflict management skills
 - Teaching problem-solving skills
 - Programmatic, time-limited
 - Behavioural exchange

Other Models 2:

Behavioural-Systemic (Crowe and Ridley, 1990)

- Adds systemic techniques to BCT for more distressed couples
- Behavioural techniques:
 - Therapist more decentred than in BCT
 - Systemic principles
 - Incorporation of BE
 - Incorporation of communication₁ training₂

Other Models 3:

- Integrative Behavioural Couples Therapy:
Adding in ‘Acceptance/Tolerance’:
 - Behavioural work that has been shown to be effective with couples tends to fade after about a year (Christensen and Jacobson, 1996),
 - Increasing “acceptance” and “tolerance” (gaining understanding, apprehending respective limitations)
 - Means understanding each other, empathically (ie, Systemic Empathic work)
 - being able, through this, to make adaptations to each other,
 - embracing the ‘other’s’ limits and limitations,
 - yielding a more generous “tolerance” as well as emotional understanding
 - The research suggests increases the potential for behavioural changes to last

Other Models 4:

- Emotionally Focused Couples Therapy (cf Johnson, 2005)
 - “Empathic bridges”: therapist helps create for couples through systemic techniques (eg genograms, translating/paraphrasing and reframing positively) to:
 - Help each in the couple enter the other’s world
 - And so empathize
 - Create alliance instead of opposition

Other Models 5: Systemic Couples Therapy (eg Asen and Jones, 2000)

Systemic does not *theorize* its techniques into ‘behavioural’ and “acceptance” or even empathy-building

- But, we think it is *possible to classify* these techniques into these two categories
 - Eg, ‘enactment’ or “homework tasks” into ‘behavioural systemic’
 - Or, ‘reframe’ and ‘circular questions’ into ‘empathic-systemic’

Mixed Methodology: drawing on two strands of development:

- The manual-based/RCT methodology of NICE:
 - Largely *old* studies, so not always reflective of current practice; artifact of:
 - length of time to develop manual
 - difficulty and time involved in funding studies
- The Expert Reference Group (2010): different methodology:
 - Experts pooled *current* ‘best practice’
- Pooling these: Manual being drawn up
 - particular systemically conceptualized behavioural-empathic (acceptance/tolerance) work
 - its effectiveness?

A systemic behavioural-empathic model

NICE: behavioural techniques = starting point
– Additional: acceptance/tolerance techniques

PLUS

ERG comprehensive list of current techniques within 'best practice'

- behavioural ones they specify
- systemic ones they specify
- Eliminate the ones that do not exemplify systemic propositions

Collapse all into:

Systemic-Behavioural

Systemic-Empathic

Systemic-behavioural/systemic- empathic:

Systemic Empathic

- Reframing
- Genograms
- Interviewing internalised other
- Circular questioning
- Sculptures
- Empathic bridging manoeuvres
- Investigating family scripts:
- Investigating attachment narratives

Systemic Behavioural

- Circularities
- Enactments
- Role play
- Communication training
- Problem solving
- Homework tasks
- Behavioural exchange
- Communication skills training

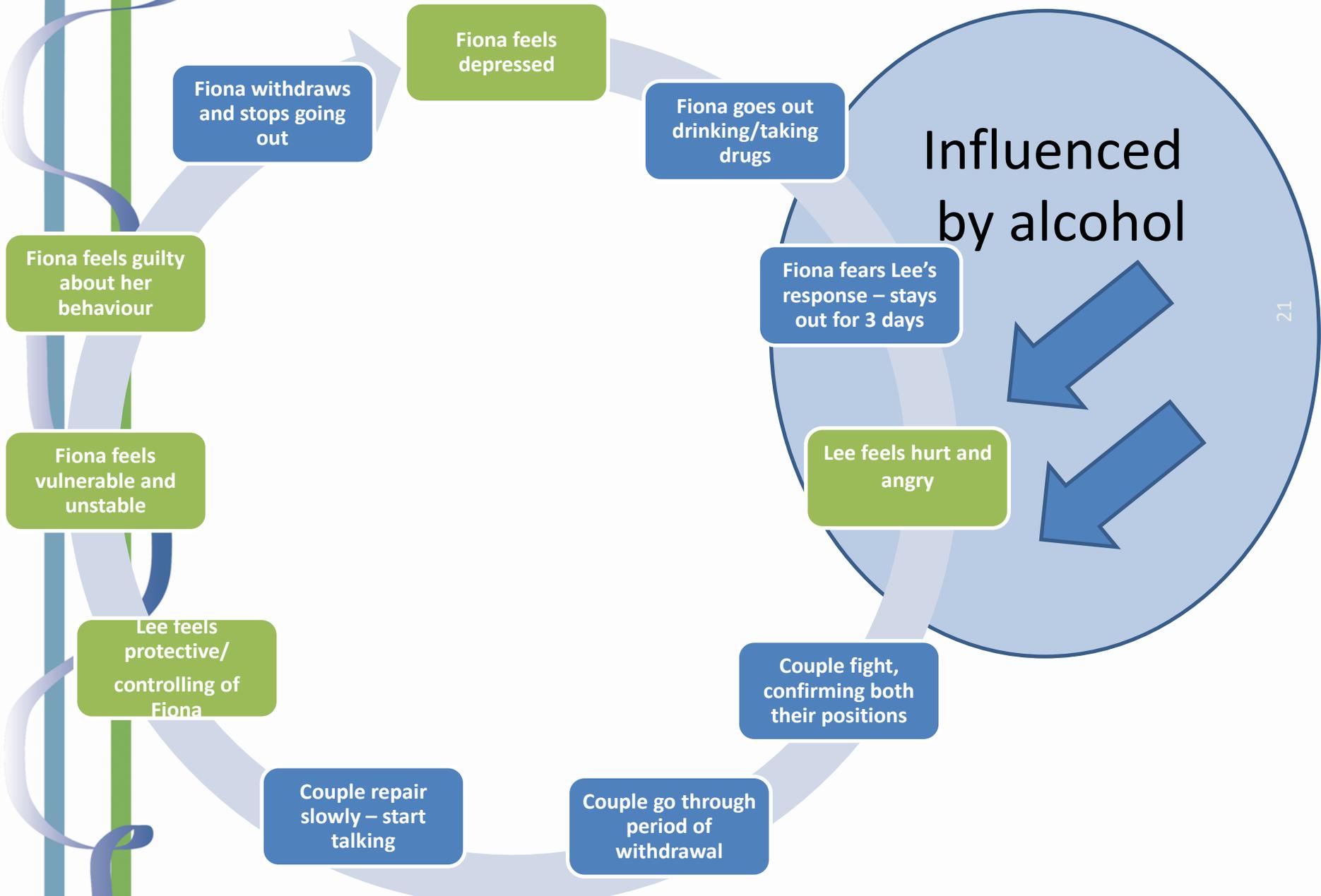
Two examples from manual

- Behavioural - Circularities – tracking, interrupting, finding positives and finding new circularities
- Empathic - Genograms - Engage the curiosity of partners about possible links between their current relationship perceptions and past developmental experiences

Fiona and Lee – behavioural: circularities

- Fiona is the identified patient, she has a history of CSA and was previously in a domestically violent relationship
- Fiona has bouts of binge drinking and drug taking in an attempt to overcome her depressive feelings. Depressed for three years +
- Lee has a complex family history in which he was the emotional carer for his mother. Strong family scripts about gender and specifically about men being both caring and responsible and ‘in charge’
- Couple want to start a family
- Couple identified that Lee tries to either ‘rescue’ (Lee’s words) or ‘control’ (Fiona’s words) Fiona, who is then seen as either isolating and punishing, or depressed and needy...

Establishing circularities: Fiona and Lee



Outcome of tracking circularities: behavioural change (also leading to empathic changes)

- Changes in couple's behaviour:
 - – less criticism
 - - more listening
 - - decrease in arguments and conflict
 - - Fiona goes out less
 - - Lee starts going out more

Jeremy and Karen – empathic: genogram

- **Jeremy**
 - Depressed since age 10; sent to “boarding school for kids who were going nowhere”.
 - Rejected by biological father. Mother alcoholic/neglectful.
 - Felt “unwanted”. “Who am I?”. Memory problems.
 - Initial BDI of 34.
- **Karen**
 - Invalidating upbringing.
 - Breakdown at university; depressed and unable to work since.
 - Disappointment and frustration with her achievements.
 - Trichotillomania.
 - Initial BDI of 20.

Discussion

- Intervention has successfully:
 - Reduced hostility.
 - Increased Jeremy's engagement with the relationship.
 - Increased Karen's understanding of Jeremy's commitment to the relationship.
 - Increased empathic joining around common problems.

Measures and duration:

Between 6- 18 sessions

BDI (weekly)

SCORE (beginning, middle, end)

(Hypothesized)Phase 1:

Phase 1: Exploration, data gathering: Establishing patterns of behaviour that maintain depression

Establishing potential areas of strength in repertoire of behaviours and potential shared understandings between them:

Systemic-Behavioural:

- establishing circularities :patterns that might be enabling depressive symptoms to be sustained
- identify other circularities: things they do well
 - bring out ‘non-depressive’, or positive, thoughts and behaviours

Systemic-Empathic:

- Investigate (through therapist bridging manoeuvres) areas of potential collaboration
- existing joint understandings and goals (ditto plus reframes)

(Hypothesized) Phase 2:

Building new circularities: Trying out new patterns:

- Enactments
- Homework
- Disrupting circularities in sessions

Building empathic connections: Explore through *assortment* of 'empathic-systemic' techniques

- Collaborate to create shared understandings and meanings:
- Understanding– accepting, tolerating vulnerabilities and building strengths between them
- Exploring sources of vulnerabilities (eg attachment narratives; genogram work)

(Hypothesized) Phase 3

- Consolidating, rehearsing, trying out for future new behaviours : homework, enactments
- Reviewing what has changed in ways behaved before and ways behave now:
 - Reviewing skills learned and perspectives changed
- Reviewing what they are doing to maintain changes
- Ditto for new understandings of selves and limits and strengths of relationship
- Preparing to end: what lies ahead and how might meet challenges

In recent non-parametric quantitative/qualitative study (Theodosius, 2013, unpublished)

Emergent trends suggest, among other things:

- nature and severity of depression diagnosis and its relational legacy (the levels of couple estrangement) impacts therapist's sequencing of manoeuvres
- in less distressed couple dynamics behavioural structuring is more rapidly assimilated
 - then put to use in building greater relational empathy.
- as levels of estrangement decrease and empathy increases:
 - a trend toward interweaving behavioural and empathic manoeuvres across the work

Findings continued:

- behavioural learning is most enduring when embedded in increased empathic understanding,
- appears less possible when the couple dynamic is openly conflicted in an ongoing way

Findings continued:

Finally:

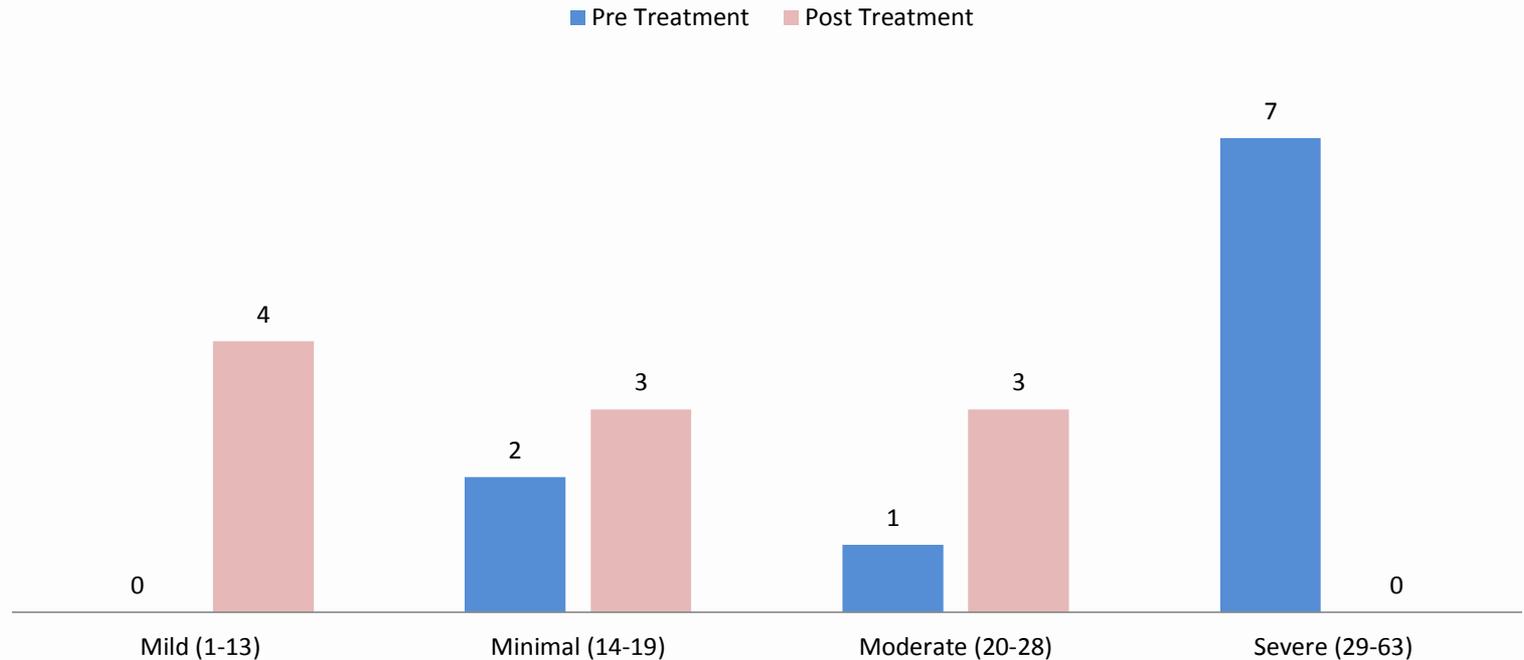
The use of the model shows a flexibility:

- enables sequencing different types of interventions to meet couple need,
- informed and attuned by, for example, pre-therapy levels of relational estrangement

Couples Therapy BDI outcomes: Preliminary data based on 14 couples in clinic

- None of the couples who were reported to be within the severe group at the beginning of treatment remained in this category following treatment
- 2 couples scores remained *minimal*
- 1 couples BDI score went from *moderate* to *minimal*
- 3 couples scored *severe* pre-treatment and moved to *moderate* post treatment
- 2 couples scored *severe* pre-treatment and moved to *mild* post treatment
- 2 couples scored *severe* in pre-treatment and moved to *minimal* in post treatment

Number of couples in each BDI category Pre and Post Treatment



A paired t-test was carried out to compare the mean difference in BDI scores from pre and post treatment. There was a significant difference in the scores for Pre Treatment (M= 28.6, SD=3.76) and Post Treatment (M=13.5, SD=3.06) conditions; $t(4.21) = 9, p < 0.01$.

Course Outline

- **Day 1** – Introductions, housekeeping, expectations, introduction to the manual, systemic framework, systemic hypothesising and circular feedback, Introduction to the Exeter Model
- **Day 2** – Working with depression, starting Systemic Behavioural work - enactment, communication training etc
- **Day 3** – Systemic Behavioural cont. Systemic Empathic - empathic questioning, eliciting vulnerabilities, circular questioning etc
- **Day 4** – Systemic Empathic – Genograms, eliciting vulnerabilities , circular questioning etc.
- **Day 5** - Finishing the manual, reflections and clinical applications of the model. Course evaluation and goodbyes.

Some feedback so far...

- “Refreshing and rejuvenating”
- “I have really enjoyed the opportunity to focus on the practice I love and add to my skills working with families”
- “Manual is great. I liked that same sex couples were included in the materials.”
- “Videos of sessions with actual clients were wonderful - incredibly helpful for demonstration. Repeatedly going back to same couples was useful to see progression of the narrative & techniques.”
- “Being trained in this particular model has been an amazing experience”
- “An incredible week!”
- “Really good course, well facilitated with great content. Felt I had a good understanding of the model as a result”
- “Excellent course - both clearly highly experienced; able to get across new concepts to some in a clear way “

To contact...

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- If you would like to learn more about our training events or register, please contact Mo Bottomley, Email: M.R.Bottomley@exeter.ac.uk or Telephone: 01392 725762.