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## **Abstract**

**Objective:** Service user satisfaction with therapy is a key part of the therapeutic process. The aim of this study was to investigate service user experiences of an 11-week group positive psychology intervention for psychosis (WELLFOCUS PPT) in the context of a randomised controlled trial (ISRCTN04199273).

**Method:** Participants were 37 individuals (51% male; mean age 45.6 years) receiving the intervention as part of the trial. Semi-structured interviews and focus groups were conducted to investigate participants' views of WELLFOCUS PPT. Transcripts were analysed both deductively and inductively to identify common themes.

**Results:** Feedback about the group experience was positive throughout. Components found helpful included learning to savor experiences, identifying and developing strengths, forgiveness, gratitude and therapist self-disclosure.

**Discussion:** Findings emphasize the importance of considering service users' perceptions of therapy and can be used to guide clinicians in deciding whether to include one or more of the components of WELLFOCUS PPT in therapy.

Service user satisfaction with therapy as an important therapeutic process has recently attracted increasing research attention (Smith, Norton, & McLean, 2013). Failing to consider service user views about their treatment may increase therapy drop-out and lead to poor treatment outcomes (Swift & Callahan, 2009). Treatment satisfaction is also associated with future treatment-seeking

behavior (Sun et al., 2000) and quality of life after treatment (Walker, Ristvedt, & Haughey, 2003). Understanding service users' perceptions of treatment may help to identify factors that should be considered when designing and delivering an intervention (Swift & Callahan, 2009). Standard quantitative therapy evaluations using predefined response categories often do not fully capture the service users' views on the therapy (Nilsson, 2007). Therefore there is value in research using both quantitative and qualitative methods of understanding client perspectives (Webster & Schwartzberg, 1992).

Over the last decade, positive psychotherapy (PPT) has gained increased popularity. PPT is a positive psychology intervention originally developed for depression which aims to "directly and primarily building positive emotions, character strengths, and meaning" (p.775) (Seligman, Rashid, & Parks, 2006) rather than simply targeting negative symptoms and faulty cognitions. The intervention manual for standard PPT [Rashid & Seligman, in press] describes how to provide PPT to people with depression and to non-clinical samples, in six and 14 session versions. One uncontrolled feasibility study of 16 people investigated a positive psychology intervention for psychosis based on 6-session standard PPT (Meyer, Johnson, Parks, Iwanski, & Penn, 2012). Participants reported high satisfaction levels and considered the intervention as helpful, but the study relied only on quantitative data to gauge general levels of satisfaction with the intervention.

An adaptation of standard 14-session PPT (WELLFOCUS PPT) has been developed for people with psychosis (Schrank, Bird, et al., 2013; Schrank, Riches, et al. 2013) and tested in a randomised controlled trial (Schrank, Riches, et al., 2014) which was found to improve specific aspects of wellbeing, including overall symptomatology and depression. The aim of this study was to investigate service user experience of therapy components in WELLFOCUS PPT.

## Methods

### Participants

Data were collected as part of a larger randomised controlled pilot trial testing WELLFOCUS PPT (Schrank, Riches, et al., 2014). Inclusion criteria for the trial were age 18-65 years, clinical diagnosis of psychosis, sufficient conversational English and ability to provide informed consent. This study included participants allocated to the intervention group who attended at least one of the 11 group therapy sessions, and separately consented to a follow-up interview or focus group.

Of the 47 participants in the treatment arm, feedback was obtained from 37 (95%) of the 39 people meeting inclusion criteria for this study. Two potential interview participants could not be contacted. Four participants had attended between one and three sessions, eight between four and six sessions, 12 between seven and nine sessions and 13 participants between 10 and 11 sessions. Reported diagnoses: 38.5% schizophrenia; 33.3% bipolar disorder; and 28.2% psychosis/psychotic depression. Participants had a mean age of 45.6 years (*SD* 10.3). 51% were male and most were of White British (40%) or Black British African (24%) background.

### Procedures

The WELLFOCUS Trial evaluated treatment as usual (control arm) compared with treatment as usual plus WELLFOCUS PPT (intervention arm). The intervention comprises an 11-session 90-

minute weekly group. Six components are adapted for people with psychosis from standard PPT: positive responding (responding to others in an active and constructive way), savoring, personal strengths, gratitude, forgiveness and identifying positives from negative situations. Three standard PPT components were not included: altruism, satisficing and maximising, and a session focusing on leading a 'good life'. Four WELLFOCUS PPT components are not found in standard PPT: mindful listening to music at the start and end of each session, emphasis on therapist self-disclosure, between-session phone calls and a celebration session. Table 1 sets out a brief description of each session.

Participants from the six groups run in the WELLFOCUS Trial were alternatingly allocated to interview (3 groups) or focus group (3 groups) for the present study. A semi-structured topic guide investigated the experiences of the components of WELLFOCUS PPT. It included questions probing what participants enjoyed and found useful, and what they found difficult or challenging. Non-directive prompts were used to stimulate in-depth discussion. Three experienced researchers, none of whom was involved in providing the therapy to the respective participants, conducted the focus groups and interviews. All data were collected within two weeks of the last session of therapy, between August and October 2013. Participants received £20 for participation. Interviews lasted between 5 and 100 minutes, and focus groups between 75 and 105 minutes. All assessments except for three interviews were audiotaped and transcribed verbatim. Feedback from three participants was captured with notes taken by the researcher due to lack of consent for audio recording.

## **Analysis**

Data analysis involved three key steps, based on the principles of consensual qualitative research (Hill, Thompson, & Williams, 1997). This approach was chosen because the aim was to provide a practice-related summary of service user views towards the intervention rather than to interpret or explain participants' experiences more widely. First, domains (themes used to group data) were used to split the interview data. Second, from each domain, core idea(s) were extracted. Finally, a cross-analysis was used to construct common themes across participants within each core idea. Note was also made as to the incidence of responses related to each common theme, as well as value-based indicators (e.g. 'the most helpful component was...') Two researchers independently coded all transcripts following this process, and the analysis was regularly discussed among the research team. Any discrepancies were resolved through discussion of the raw data.

## **Results**

Three superordinate themes were identified: general experiences, views on standard PPT components and views on WELLFOCUS PPT-specific components. Responses provided by interview and focus group did not noticeably differ.

### **Category 1: General experiences**

Almost all participants reported that the intervention helped them to focus on the positive things in life rather than ruminating on the negative, helping them to become more confident and to develop their strengths to increase enjoyment of life. The supportiveness of the therapists and the breaking down of the “them and us” divide in sessions was also cited by over half of participants as being a significant factor in the enjoyment and subjective success of the therapy. Two participants reported that, as a result of WELLFOCUS PPT, they were able to enter voluntary employment and stated that their positivity and belief in their strengths had supported them through the process. Approximately a quarter of participants valued the opportunity to draw images to represent their thoughts rather than using text. About half of the participants respectively found the support and feedback from other participants helpful in generating an atmosphere of acceptance with the same number reporting value in having the more positive components of the course before the more negative and challenging topics such as gratitude and forgiveness. Critical comments from participants included that the number of sessions were too few, that some topics brought up difficult negative emotions, and a concern that they would not be able to maintain improvement after cessation of the sessions.

## **Category 2: Core components of standard PPT**

**Savoring exercises.** Savoring was one of the most enjoyed sessions and one that nearly all participants reported as being useful. These participants found the savoring session helpful in encouraging them to give more time to doing things they enjoy, with one participant commenting that he had applied the concept of savoring to his relationships with people and was better able to enjoy the company of his friends. Another participant attributed starting to play the violin again to his learning of the savoring concept, as it encouraged him to get back to playing the violin, a previously loved hobby. Several participants reported that it would have been helpful if there had been a stronger emphasis on using the savoring process outside of the sessions for experiences other than eating and drinking.

**Good things exercises.** This component was also enjoyed and considered useful by nearly all participants. Thinking about a positive thing that had happened that day was reported by the majority to have helped to reduce negative rumination and that opening their good things box improved their mood. One participant said that reviewing their good things box helped them to realize the things that were meaningful and that they truly valued in life. Also referred to as helpful by nearly half of participants was the element of the session which asked people to reflect on what they had done to make the positive experience happen, which was intended to make participants develop a more internal locus of control when it comes to generating positive experiences for themselves.

**Personal strengths exercises.** Over half of participants reported being surprised at the strengths that they identified and those suggested by other group members. Several commented that they would not ordinarily have recognised these as personal strengths but the sessions helped them to see how valuable these were in their lives. Several participants also reported that identifying and developing their strengths helped them to overcome obstacles without depending on others, which made them feel more able to cope with symptoms. Planning an activity which used individual strengths was considered useful by nearly all participants, with around a quarter reporting that it aided their appreciation that there were a

number of things they needed to do to facilitate carrying out the activity, for which they had not given themselves credit before. Nearly half also said it was helpful to realize that over-use of strengths can compromise wellbeing.

**Forgiveness exercises.** Forgiveness was one of the components which nearly all participants reported to be very helpful but nearly half also found difficult in terms of eliciting difficult emotions. Several participants particularly emphasized how useful it was to appreciate that it may not always be necessary to forgive and that it was possible to forgive even if you can't forget. One participant explained that he found forgiveness a difficult area, especially for people with mental health problems, but said that the sessions gave participants the foundations to understand and apply the concept. Nearly half of participants reported that it was useful to consider the positive qualities of people they found difficult to forgive, and not just consider them as a "bad" person. The forgiveness letter was considered by nearly all participants to be challenging but useful, with one participant saying he was really inspired by hearing another participant's forgiveness letter. However, several participants found the exercises too difficult to complete because of the bad memories they had generated.

**Gratitude exercises.** This was a component that nearly all participants enjoyed but several reported as a difficult and emotive session. Nearly half particularly valued that it was not about just feeling grateful but about considering the positive consequences. The gratitude letter participants were asked to write to a significant person in their life received favourable comments from nearly all participants, however around a quarter found it challenging to write. One participant said they could not continue with the exercise since it brought back unwanted emotions.

**One door closes another door opens (seeing the positives in negative situations) exercises.** Participants initially found this a rather challenging session but useful in terms of introducing the concept, and were able to identify with the feeling that lots of doors had closed on them. Participants also felt that the session made them more hopeful that they could see positives when faced with a difficult life event.

### **Category 3: WELLFOCUS PPT-specific components**

**Therapist participation/self-disclosure.** Therapist participation in the exercises was reported by nearly all participants as being very helpful, both to demonstrate how to undertake an exercise and also as a way to engender an atmosphere of normalization. Over half of participants also said that it was helpful to see the therapists getting something out of the exercises as well, which they felt helped participants to engage in and bond with the group and made the exercises appear more relevant.

**Between-session telephone calls.** These calls were generally considered to be helpful, not only to remind participants about attending the next session and the topic which would be covered, but also to support them with their ongoing exercise. Others said it was encouraging to have people show an interest in them which made them feel appreciated as individuals rather than as part of a group. However, a couple of participants doubted the calls were necessary, or even found them disturbing, and therefore asked not to receive them.

**Savoring of music at beginning and end of each session.** This was an extension of the savoring component of standard PPT. It was reported to be very enjoyable and helpful by nearly all participants, aiding concentration and relaxation at the start, allowing participants to focus on the content of the session, and as a winding down exercise at the end.

**Celebration.** The celebration session was reported to be excellent - both enjoyable and useful, by nearly all participants. The main comment was that the therapists had really learned about the participants' personality and positive attributes, and that therefore the letters given to participants to mark the end of the group were very helpful in highlighting their strengths and what they had brought to the group.

## Discussion

Feedback about the general experience overall was positive. There were many examples of how WELLFOCUS PPT had supported service users to make significant changes in their life, including resuming paid or voluntary work, going back to previously enjoyed hobbies, and rekindling past relationships. At the same time forgiveness and gratitude were reported as particularly challenging subjects.

The findings are promising. They contradict the view that it is not possible to successfully deliver a positive psychology intervention to those who are actively psychotic (Magyar-Moe, 2009). This study instead finds that exercises from both standard PPT and those specific to WELLFOCUS PPT are not only enjoyable and helpful but that participants seemed to easily engage with them. This suggests that inclusion of these exercises into either a positive psychology intervention or into a different therapy (e.g. CBT) may be both acceptable and valuable for service users with psychosis.

**Learning points.** There are five key findings which will be useful when designing future PPT interventions, especially for people with psychosis. First, the order of activities may affect responses to the intervention. In particular it was useful to cover the more positive topics prior to the more challenging topics, such as forgiveness. Second, additional session(s) focusing on maintenance of gains and maintaining a positive focus after treatment has finished are recommended. Third, whilst enjoying the savoring concept, some participants wanted more emphasis on the savoring of processes other than food and drink. Future interventions could therefore increase attention to other savoring experiences and activities, for example savoring friendships. Fourth, therapists should be mindful of the complex and potentially painful and lengthy processes involved in forgiveness which may not be adequately supported in a brief therapy. Forgiveness was approached from the perspective of letting go of a grudge, thereby thinking about smaller things to forgive to develop an understanding of the process and how it can feel to forgive. This was achieved by a group discussion about what forgiveness is, its benefits and how it feels. A 'tug of war' group exercise was used as a metaphor of the benefits, illustrating the idea of embodiment: that just as our mind can influence bodily actions, our motor system, for example bodily movements, can have an impact on cognition and the way we think. Future approaches to addressing forgiveness in the context of a brief therapy might present the topic as a process of 'letting go of grudges' and focusing on the subjective benefits of forgiving. Moreover, there is evidence of a dose-effect relationship in

forgiveness interventions (Worthington et al, 2000). It may therefore be helpful to focus on forgiving transgressions which are not too serious in nature, to give participants the opportunity to start to learn and practice forgiveness in a relatively safe and confined context. Finally, the positive feedback on the between-session calls suggests they are a promising and versatile therapy component. While some therapies use reminder calls about appointments and/or conduct therapy over the telephone, to our knowledge, use of between-session calls as in WELLFOCUS PPT has not yet been reported. Such calls may be helpful with respect to memory problems or lack of motivation found in people with psychosis, and also applicable to other clinical populations with similar difficulties. Since some participants did object to the calls, clinicians should consider the acceptability and usefulness of such calls on an individual basis.

**Strengths and limitations.** This study is the first to explicitly consider the views of service users on the individual components of PPT. Despite the specific client group of people with psychosis, results may be transferrable to people with other diagnoses of severe mental illness who often have concentration and memory problems, cognitive deficits and poor interpersonal skills. The study did not consider the impact of treatment expectations and treatment credibility on service-user views. Whilst efforts were made to reduce the impact of social desirability bias by ensuring researchers had not been involved with delivering the therapy to the participants, it cannot be ruled out that some bias remained.

**Clinical implications.** This study can guide clinicians in deciding whether to include one or more of the described components in either positive psychotherapy interventions or more traditional types of therapy for people with psychosis. Most elements of WELLFOCUS PPT were considered acceptable and helpful, so can be adapted and evaluated with related clinical populations. The forgiveness and gratitude components require clinical judgement about their applicability. Many participants reported how beneficial they found the experience of therapists' self-disclosure. This component may be absent in many existing therapies but worth considering in order to normalize experiences, reduce the "them-and-us" divide and add credibility to exercises. While easier in a strengths-based therapy than problem-based therapies, clinicians could consider incorporating a more strengths-based ethos into their therapies.

**Research implications.** A broader process evaluation approach might use standardised measures (e.g. the Therapy Helpfulness Questionnaire (McLean & Hope, 2005)). Future research may consider whether the results from this study could be used to develop a PPT-specific feedback questionnaire, providing a less resource-intensive method of collecting feedback. Finally, more research might specifically focus on the acceptability and effectiveness of between-session telephone calls.

### **Declaration of interest**

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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*Table 1: Session description*

Session	Content
1 – Welcome	Guidelines, rationale, positive responding, positive introduction
2 – Savoring	Mindful eating, drinking and listening exercises
3 – Good Things	Identify good things and using good things box (a box in which to collect mementoes or make notes of good things that happen every day)
4, 5, 6 – Strengths	Identify a personal strength, plan and carry out an activity using your strengths, plan and carry out an activity using your strength with others
7,8 – Forgiveness	Focus on letting go of a grudge, identify a person to forgive and write them a letter
9 – One door closes, another door opens	Identify positive conclusions from negative experiences
10 – Gratitude	Identify a person you have never properly thanked and write them a letter
11 – Celebration	Celebrate achievement and practice positive responding