

Psychotherapy Support Consultancy Service Profile

A proven model of psychotherapeutic input for hospital settings

Historical Background

In 1998 King's College Hospital employed a bereavement counsellor to provide counselling to patients and relatives within the Medicine and Neurosciences Care groups. The project's aim was to develop a sensitive and appropriate service for bereaved relatives and dying patients by identifying and implementing best practice around care of the dying.

While working across Medical and Neuroscience wards, the bereavement counsellor was repeatedly asked to respond to counselling requests from patients and relatives whose issues were not specifically anticipatory grief or bereavement by death. Issues included adjusting to loss of a limb, the anxiety of being in hospital, waiting for test results or operations, decisions regarding the future, etc. The medical staff, nursing staff, and PAMs also repeatedly requested the input of a psychotherapist/counsellor for issues such as patient co-operation with rehabilitation, patient motivation and compliance, patient's and their family's anxiety about patient discharge, breaking bad news, communicating with difficult patients or families. Referrals from wards outside the specified care groups, for example, ICU, A&E, cardiac and surgical wards, the liver unit, were also forthcoming. A subsequent Needs Assessment uncovered substantial unmet counselling need throughout the hospital. There is no reason to assume that Kings College Hospital is unique in this regard.

One year after the instigation of the bereavement counselling service, plans were made to establish Trust-wide counselling provision at Kings. The Psychotherapy Support Team, comprised of three registered psychotherapists, was established in autumn 2000. This team provides counselling and psychotherapy not only to specific wards and for specific themes, but across the entire hospital and is accessible to all patients and their carers. The PST also provides training, support, reflective practice sessions, pre- and de-briefing groups for staff.

Counselling services have traditionally been offered along medical model specialisations, for example, renal counsellors, cancer counsellors, HIV counsellors. However, this is not necessarily appropriate, as counselling issues do not divide according to 'disease' or body parts. A person often experiences similar issues despite the different disease process or body system affected. Therefore, we offer an integrated counselling approach which remains cost-effective by using a combination of experienced registered psychotherapists and advanced clinical trainees under supervision. The Psychotherapy Support Consultancy (PSC) has been established by original members of the Kings project in order to offer this innovative and cost-

effective model of psychotherapeutic support to other NHS hospitals and hospitals in the private sector.

The Need for Counselling in Hospitals

The medically ill have a great need for psychotherapeutic services. They experience considerable anxiety, depression, and uncertainty, undergo a series of stressors related to diagnosis and treatment, and experience many social consequences of their disease. Hospital admission also entails conforming to the routine of a large institution and the subsequent loss of individual choice and independence. It is often lonely (especially for older patients who may have fewer visitors or for international patients or those whose family home is some distance from the hospital), it can bring back traumatic memories of previous visits to hospitals and the death of loved ones, it can be exceedingly boring, and it brings one into contact with the suffering and dying of others.

These stresses are compounded by the patient's reason for admission. Patients are often apprehensive about their own uncertain diagnosis, treatment options that may involve operations or other invasive procedures, changes or losses of bodily function and subsequent changes in the life they have known, financial worries, and concerns about their families and overall challenges to their self-esteem. In this vulnerable situation, hospital patients sometimes say they are not being treated with sensitivity and understanding by staff. It is difficult for staff and patients to meet each other on the same level, person to person. The outcome can be the perception that staff are not listening, not treating the patient as a fellow human being, and this can give rise to conflict resulting in complaints.

Addressing hospital user's expectations

As the 'patient experience' becomes increasingly important to health providers, we envisage open-access and integrated counselling/psychotherapy provision to become the standard of good practice. In audits of the patient experience in hospitals, patients and their families emphasise their need to be acknowledged as 'human beings'. They highlight the lack of this type of relationship within hospital environment, where the patient can be viewed in terms of disease or in terms of a body-part undergoing treatment. Our model of therapy explicitly addresses this criticism from patients and carers by emphasising a relationship between the counsellor/psychotherapist and the client that is fundamentally democratic and ethical.

This relationship between therapist and client can help in exploring how the client views him or herself and the meaning they give to their current situation. This form of therapy emphasises the importance of choice while also acknowledging that our human existence is shaped and limited by the situations we encounter, including illness, and we often have little or no possibility to change these.

This Existential approach to therapy uses ordinary language and the client's own understanding and thus is perceived by clients and staff as immediately graspable and less 'mysterious' than other modalities of therapy. Our approach deals with 'persons, not minds or bits of minds', nor does it pathologise clients' experience. This is important since in hospital our clients have not sought to become psychotherapy

clients per se. They are in hospital for medical treatment, not because of 'psychic disturbance', and they seek counselling to be listened to, to cope, and to understand their current experience better by exploring it in the context of their overall lives.

The existential orientation works well on a short-term basis, and in crises. It is an approach that can be flexible enough to work with instances when patients are suddenly discharged and counselling must end abruptly. This approach has been, and continues to be, very positively evaluated by customers and staff at Kings NHS Trust. This form of therapy is taught in various training institutions in the UK and its basic tenants are increasingly incorporated into other therapy modalities and it has become influential in trainings toward Chartered status with the British Psychological Society Division of Counselling Psychology.

The recent Kennedy report and NHS modernisation plan both emphasise the need for access to counselling. In a recent survey, over one third of hospital patients identified as potentially benefiting from counselling were actually requesting it, assuming these services already exist in hospitals.

Efficacy and Effectiveness of Psychotherapy

Studies undertaken in the field of psychotherapy can be divided into efficacy studies (control and placebo conditions) and effectiveness studies, which focus more on the patient's subjective experience. The difficulty with the first type of study is that rigorous experimental conditions can rarely be found in the day to day practice of psychotherapy and certainly not in a hospital setting. Therapy in a hospital setting has to be adaptable to the particular situation a patient finds him/herself in and can therefore not be manipulated to fit neatly into experimental conditions. Patients in hospital are not faced with one problem but with a whole array of different problems, as mentioned above.

However, both types of studies show consistently the value of psychotherapy – generally speaking they show that at the end of psychotherapy the average treated patient is better off than 80% of untreated patients [M J Lambert, A E Bergin (1994), M L Smith, G V Glass (1977)].

The number of studies undertaken is too numerous to list here.¹ The following shall serve as an overview of some such studies, particularly those which are more relevant to a hospital setting.

In 1995 a study conducted in the US concluded that patients benefited very substantially from psychotherapy and that psychotherapy alone was as effective as a combination of psychotherapy and medication [Seligman (1995)].

Investigating the effects of the length of therapy a study conducted in 1986 based on more than 2,400 patients, covering a period of over 30 years of research showed that after 8 therapy sessions approximately 50% of patients were measurably improved [K I Howard et al (1986)].

¹ An overview of such studies can be found in B Duncan & S Miller (2000), D Spiegel (1999). For further details, please refer to the bibliography.

Moreover, a study conducted through the National Institute of Mental Health in the USA showed that changes brought about by therapy are more likely to persist over time compared with changes brought about by treatments such as anti-depressants [S Miller (2000) p 40, B Duncan & S Miller (2000)].

Most of these studies are concerned with mental health issues such as depression, post-traumatic stress disorder etc. and only a few studies exist concerning patients hospitalised for physical rather than mental conditions. However, David Spiegel, a Stanford psychiatrist and leading researcher on psychotherapy, found that women with metastatic breast cancer participating in psychotherapy had an average survival time that was twice as long as in a control group not receiving psychotherapy. Similar effects have been found in another trials with patients with malignant melanoma [D Spiegel (1999, 1994, 1993), D Spiegel et al (1989), F Fawzy et al (1993)].

Similar results were obtained in a study evaluating the use of an experiential form of existential therapy called Focusing for cancer patients. In this study the researchers measured the impact of Focusing on depression, body attitudes and physical activity level for this group of patients. The results showed a significant decrease in depression and a significant improvement in body attitudes for the treatment group when compared to the control group. A six-month follow-up showed that treatment group scores did not change significantly, suggesting that subjects sustained the changes achieved with this intervention over time [D Grindler Katonah & J Flaxman (1999)].

Another study by the Massachusetts General Hospital on post-operative pain, though not directly concerned with psychotherapy, showed results which, in our view, are of great importance to psychotherapy in a hospital setting in general. In this study several patients awaiting surgery were randomly chosen and divided into two groups. The anaesthetist visited both groups the night before surgery. The first group was treated in a brusque and off-hand manner, told that they would be given anaesthesia the next day and that they should not worry, as everything would be fine. The second group were visited by the same anaesthetist, yet this time his manner was warm and sympathetic, he sat down at the patient's bed and told them exactly what to expect in terms of post-operative pain, assuring them that pain relief would be available and listened to their concerns. The patients in the second group ended up requiring only half the amount of painkilling medication needed by those in the first group and were discharged an average of 2.6 days earlier [M Talbot (2000)].

In our own work at Kings, it has become apparent that psychotherapy/counselling has had a marked impact on the patient's motivation to engage in rehabilitation. Occupational Therapists, Physiotherapists, and Speech and Language Therapists have seen their patients improve after sessions with our team, and thus shorten their stay in hospital. A reduction in medication, and shorter stays in hospital, are two indications of the cost-effectiveness of offering this type of support to in-patients. The PSC are committed to continued evaluation of this type of psychotherapeutic input in hospital settings.

The findings of these studies can be summarised with the following quote from a recent book on the cost effectiveness of psychotherapy:

‘Psychotherapy is effective in a variety of challenging settings, including inpatient psychiatric and medical services. It serves as a corrective emotional and relationship experience for those who have experienced the worst of traumatic stress, psychiatric disorders, or medical illness. It provides help and comfort in situations where psychotropics fail and medicine has little to offer. It also serves as a powerful reinforcer to medical treatment, improving adherence and outcome.’ [D Spiegel (1999)]

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