

Therapy expectations of depressive youth

Therapy expectations of adolescents with depression entering psychodynamic psychotherapy: A qualitative study

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Abstract

Objectives Patient expectations about therapy have been regarded as a common factor affecting the course and outcome of psychotherapy. However, little is known about the expectations of adolescents. We aimed to explore the therapy expectations of young people (YP) with depression prior to psychotherapy.

Method Semi-structured interviews were carried out with six YP (5 female, 15-19y) entering psychodynamic outpatient treatment. Interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis.

Results The careful analysis of the YP's accounts yielded the following four key themes: *not knowing but being cautiously hopeful; therapy as a long and difficult process; therapy as a place to understand oneself and to develop; and the importance of the professional and interpersonal skills of the therapist.*

Conclusions The findings suggest to foster realistic treatment and outcome expectations while at the same time individual therapists should pay careful attention to the specific expectations that YP bring into therapy.

Key words

Expectations; psychotherapy; adolescents; depression; qualitative research

Introduction

The World Health Organization has identified a severe service gap for mental health difficulties, particularly in childhood and adolescence (World Health Organization, 2003). This shortcoming pervades the treatment process. Firstly, treatment rate is very low in young people, with less than half of children and adolescents with identified mental health problems receiving any kind of treatment (Ravens-Sieberer et al., 2008; World Health Organization, 2003). Secondly, after entering treatment about half of the cases drop out, particularly at an early stage of therapy (Wierzbicki & Pekarik, 1993).

Reasons for non-engagement include fear of stigmatisation or lack of knowledge about therapy (Bolton Oetzel & Scherer, 2003). Being well-informed about what is going to happen in therapy and what to expect could play a crucial part not only in entering and remaining in therapy but also in the success of treatment. This is also seen as a requirement of best practice, for example by the Sicily statement on Evidence-Based Practice (Dawes et al., 2005). To improve utilization rates and inform treatment delivery, it is important to look at needs, preferences and expectations. Gonzalez and colleagues (2005) indicate that negative expectations reduce treatment seeking behaviours. Patients' expectations of treatment process and outcome are considered important contributors to the effectiveness of therapy in the adult literature (Constantino, Glass, Arnkoff, Ametrano, & Smith, 2011; Dew & Bickman, 2005). Nock and Kazdin (2001) define psychotherapy expectations as "anticipatory beliefs that clients bring to treatment and can encompass beliefs about the procedures, outcomes, therapists, or

any other facet of the intervention and its delivery" (p. 155). Dew and Bickman (2005) also differentiate between role and outcome expectations. To date, research on expectancies has focused almost exclusively on adult therapy. Expectations in child therapy have been far less studied (Carlberg, Thorén, Billström, & Odhammar, 2009). Parental expectations may be as important as the child expectations, given their role in helping children to access therapy. However, the role of expectations in adolescence - where the young person's own attitudes are more likely to determine whether they access therapy - has not been sufficiently studied yet.

Adolescence is a unique developmental phase; mental disorders in this phase may have particularly dire implications for the course of life. In this phase the course for academic, social, and occupational functioning in later life is set; plus, there is considerable persistence of mental disorders into adult life (Kessler et al., 2012; World Health Organization, 2003). Furthermore, adolescence is considered a phase with specific demands in the therapeutic context due to the developmental level, but has been largely neglected in psychotherapy research. There are unique attributes associated with the phase of adolescence, like having difficulties integrating the need for autonomy and needs for help (Bolton Oetzel & Scherer, 2003). Furthermore, the psychotherapy setting may feel too demanding, for it often requires "that clients have the ability to self-reflect, manipulate complex concepts mentally, bear in mind the future consequences of behaviour and consider the perspective of others,

while experiencing intense emotions" (Bolton Oetzel & Scherer, 2003, p. 220).

Recently, a measure of adolescent pre-treatment expectations was developed based on literature and consultations with child and adolescent therapists: the Psychotherapy Expectations and Perceptions Inventory (PEPI; Stewart, Steele, & Roberts, 2012) for use in quantitative studies. Although such a measure is potentially of great value, to our knowledge the perspective of the young people (YP) was not included in the development. Midgley and colleagues (Midgley, Ansaldo, & Target, 2014) conducted a first qualitative study on youth expectations of therapy. The study was part of a randomised-controlled trial to test the effectiveness of interventions for youth depression (Improving Mood with Psychoanalytic and Cognitive Therapies, IMPACT; Goodyer et al., 2011). They interviewed 77 participants (55 females) aged 11-17 years using a semi-structured interview schedule, the *Expectations of Therapy Interview* (Midgley et al., 2011). A consistent feature of almost all the interviews was how the young people struggled to imagine what therapy would be like, before it had actually started. Four further themes emerged from the interviews: in relation to role expectations, therapy as a "talking cure", "the therapist as a doctor" and "therapy as a relationship"; and in relation to outcome expectations, "regaining the old self or developing new capacities".

It is not clear whether these findings would translate to the German health care system or to a routine clinical setting compared with participants in a clinical trial. Influence of cultural discourses of psychotherapy like the portrayal of therapy

in the media might also impact on expectations differently in different countries. It remains to be seen, to what extent the expectations of the British sample (Midgley, Holmes, et al., 2014) translate to a German population of adolescents. To get a homogenous sample, we focus on adolescents with a diagnosis of depression, because depressive symptoms are widely prevalent in YP (Bettge et al., 2008) this group is of particular relevance for the mental health services.

Thus, to expand the database and to clarify the generalizability of the UK study, we looked at a different cultural background. The current study aimed to address the following research questions: How do adolescents with a diagnosis of depression, referred for therapy as part of routine clinical practice, experience their difficulties? And what expectations and hopes do these adolescents report about their upcoming psychodynamic therapy?

Methods

The current study is a small-scale, exploratory study, in which we carried out semi-structured interviews with six adolescents with depression entering outpatient psychotherapy. In addition to the expectations of therapy, we studied the experience of depression which will be published elsewhere (Weitkamp, Klein, & Midgley, 2016). The study was conducted in cooperation with psychodynamic therapists working in their own private practice as well as the outpatient treatment facilities at the MSH Medical School Hamburg, and the Michael Balint Institut, Hamburg, Germany. The YP were all entering psychodynamic therapy, although only one of the YP seemed

to have an understanding of different therapy approaches and wanted psychodynamic treatment specifically. Eligible patients, referred between Sept. and Dec. 2014 were approached by their therapist for participation after the first session. The adolescents as well as their parents (< 18 years) received written information about the study. Thirteen YP were approached for participation and six of them (and their legal guardian) gave their written informed consent to participate in the study. The ethical board of the Hamburg Chamber of Psychotherapists approved of the study (6/2014-PTK-HH).

Inclusion criteria were youth (14 to 19 years) entering psychotherapy with a maximum of two sessions with the therapist, suffering currently of a depressive disorder and having sufficient command of the German language. Exclusion criteria were pathology or cognitive impairment too severe as rated by therapist or interviewer appraisal. The therapist made a clinical judgement about whether it was appropriate to invite the young person to take part in the study (e. g. state of crisis, or mental health felt too precarious at this point to ask them to participate in research interviews).

Participants

Six young people entering psychotherapy participated in this study. They were between 15 and 19 years, five of them female. As rated on the *Kiddie-Schedule for Affective Disorders and Schizophrenia* (K-SADS; Delmo, Weiffenbach, Gabriel, Stadler, & Poustka, 2001; Kaufman et al., 1997), a semi-structured diagnostic

interview, they all met ICD-10 diagnostic criteria for mild to moderate depressive episodes. All of them were diagnosed with comorbid disorders: Four fulfilled criteria for a comorbid posttraumatic stress disorder and the other two for a comorbid anxiety disorder. The YP reported difficult familial situations where either a parent had died or the parents were divorced. Four described having a difficult relationship with a parent due to parental mental health problems or parental abusive behaviours.

Data collection

The semi-structured interviews were carried out by V using a semi-structured interview schedule, the *Expectations of Therapy Interview* (Midgley et al., 2011). The interview covers, 1) the individual's experience of their depression and the effects on their daily lives, 2) how they understand their difficulties, 3) the way leading up to seeking treatment, and 4) expectations and hopes on what will happen in therapy. The interviews were carried out at the MSH Medical School Hamburg. The complete interview took about 1.5 hours and consisted of the above mentioned interview as well as the semi-structured diagnostic interview with the K-SADS (Delmo et al., 2001; Kaufman et al., 1997) to offer a diagnostic assessment and confirm the presence of a depressive disorder. Participants received 20€ as compensation.

The interview data were professionally transcribed in full, omitting any potentially identifying data like names, professions, or places. Participants were able to choose a pseudonym. In cases where they did not choose their own pseudonym, participants were assigned a name.

Data analysis

For data analysis we used Interpretative Phenomenological Analysis (IPA) developed by Smith and colleagues (1997). IPA is an appropriate approach when the aim is to explore how people make sense of specific experiences; it allows for a focus on the lived experiences of the individual and is an inductive approach, which allows for topics to emerge from the data that were not anticipated by the researchers. IPA may be used for small homogenous sample sizes, with the authors recommending a sample size of 4-8 as appropriate (Smith, Flowers, & Larkin, 2009).

Data analysis was carried out by KW and EK and audited by NM. For each interview, KW and EK carried out the first steps of IPA, the case analyses, and developing of emerging themes separately. Subsequently, we discussed and challenged these emerging themes mutually and enriched our individual notes based on this discussion. In cases of disagreement, we discussed the relevant themes with a focus on the interviewee's account to ensure grounding. Generally, there was agreement on the meaningful parts for the research question with similarly phrased emerging themes between the two researchers. On the level of emerging themes each researcher kept their own phrasings of the themes and created superordinate themes independently based on these themes for each case. At the stage of cross-case analysis, the superordinate themes of both, KW and EK, were combined and formed the basis of the search for cross-case themes. This step was again carried out first separately and then discussed to reach conclusion. Each step of the qualitative analysis process was independently audited by NM as suggested (Smith et al., 2009).

Results

The analysis of the interview data led to four main themes, each of which came up in all six of the interviews: *Not knowing but being cautiously hopeful; therapy as a long and difficult process; therapy as a place to understand oneself and to develop; and the central role of professional and interpersonal skills of the therapist.* We describe each of these themes in detail and include extracts from the interviews with the YP for illustration of convergent and divergent views.

Theme One: 'I don't have a clear image of it, I just believe, if it helps me, it's good' - Not knowing but being cautiously hopeful

Overall, the YP expressed very few clear images of what would happen in their upcoming therapy. Even those who had quite extensive experience with both inpatient and outpatient therapy, did not report more concrete ideas beyond the notion that there would be a lot of talking:

I don't know anything specific, I just, erm, understand that a lot will be done verbally, well that you talk a lot.

(Shadow)

For some of the YP the opportunity to talk already meant a certain degree of relief:

I don't think that I will feel better right away, but I know that in any case it helps, erm, (.) at least for now to just talk about it. (Anna)

Only two of the YP, Katrin and Shadow, mentioned an image influenced directly by media portrayals of psychotherapy. Katrin described the setting of an adult analytical setting which is in her view the common way of therapy in the USA which seemed not appealing to her:

Not like in America. I don't want to lie down on a couch.

Shadow described an image from the media which seemed appealing to him. He described an anti-aggression training in a group setting. He liked the idea of strengthening your self-esteem and meeting other affected YP who he can speak openly to about his difficulties without the fear of ostracism.

The YP reported a variety of expectations on the outcome of their therapy, ranging from very little to detailed wishes for alleviation of current problems. Lara seemed to be very cautious about formulating any expectations about her upcoming therapy:

I very much like to take things as they come. Well, I don't have any expectations.

Lara's story and her demeanour lead to the impression that she tried hard to protect herself. In this sense her statement might be interpreted in a way that Lara was afraid of further disappointments and would rather not formulate any expectations. Katrin, on the other hand, named a number of outcome expectations.

She was ambivalent, wishing for relief while at the same time dreading to be overly hopeful ("maybe finally"):

Maybe I would finally be able to sleep, without having these weird recurrent nightmares. (...) Maybe I could sleep in the dark again and would not be afraid constantly that me (.) my own shadow is attacking me. (Laughs) That sounds weird. At the end of the day I think that maybe finally I would be, well, not happy, but maybe more content with myself and my life (...) to be viable so to say.

Katrin had met a number of therapists already and reported some negative experiences where therapy felt threatening, because of the therapist overstepping her boundaries. She described an episode in therapy where the male therapist set the task to step into a circle on the floor and defend this circle as her own space while he would try to intrude. In that situation she failed to defend her space and subsequently collapsed in tears, because the therapist was too demanding of her. She did not return to this therapist after this incident. However, for some there was a sense of hopefulness and openness to the upcoming sessions:

I don't have a clear image of it, I just believe, if it helps me, it will be good. (Shadow)

To illustrate the range of outcome expectations inherent in the different views, Samantha was also quite hopeful about the outcome of therapy:

I wish for that afterwards that you are just at peace with everything. So that it// that you can wake up happy so to say and that you feel inwardly stable as well.

In summary, this theme highlighted that the YP did not seem to have clear ideas of the therapeutic process beyond the notion that there will be a lot of talking. In spite of this potential uncertainty they spoke about their hopes of alleviation of current problems, even though for some these expectations were formulated very cautiously, seemingly to protect themselves from further disappointments.

Theme Two: 'This won't be easy of course, but it is the right way, so to speak' - Therapy as a long and difficult process

This theme addresses the apprehensions the YP had about therapy which was viewed as a long and difficult process they would have to face. The YP shared the view that in therapy they had to face difficult emotions and would have to deal with the troubling memories they tried to avoid in their day-to-day life. For some this idea was threatening and frightening. Shadow, who seemed to have an overall positive attitude towards getting therapeutic help, was afraid that he would have to work through memories which he had tried to "suppress":

But I think that for me probably it will be quite difficult at the beginning [...] to open up completely again and to tell everything again to another person and also to myself, well to look into the past again, this will probably be very, very difficult for me.

In spite of these apprehensions, all the YP were at the time of the interview at a point in their lives where they were ready to

start therapy, possibly because they were aware that their own attempts at "suppressing" the difficult emotions and thoughts were not leading to a good enough improvement. The YP seemed to have quite a realistic view that the therapist would not be able to offer a "panacea", as Anna put it. On the other hand some of the YP seemed to be rather intertwined with their depressive pathology and thus hardly able to imagine a way out of there symptoms. This was particularly visible in Katrin who had struggled with her depressive and anxiety symptoms for years, being in and out of therapy:

Because I know that my therapy will never ever be over in one year.

As stated above, the YP shared the view that therapy would involve facing difficult feelings and experiences, with the exception of Melissa, who had dropped out of a number of therapies before. She expressed the expectation that therapy is there to make her feel better. In her view it would not be acceptable if therapy would make her feel worse:

*Well, that again afterwards I will feel worse than before.
(.) Yes, that is just not the purpose of it.*

Melissa seemed to refer to previous experiences ("again"), indicating that she had experienced a deterioration of her symptoms before. Indeed she described how the therapist in her inpatient treatment touched on a range of different topics leading to her being emotionally overwhelmed:

In the hospital it was just always like, a lot of topics were raised, like the separation and school and friends and

this and that, and that just got far too much for me. Somehow, I could not deal with it at all. Because it was just too much that came up and I would just wish that we could rather take it step by step.

In addition to the fear of being overwhelmed, others expressed worries as well. For example, Shadow was worried about being forced to disclose:

And that it's not like: 'Well, you have to say this now, otherwise there won't be any progress' Erm, that is just my horror vision that they would practically force me to say something that I don't want to tell.

Shadow described at a later point that in his relationship with his social worker he needed time as well to build up trust before he could "open up". Both narratives relate to the fear of lacking control over the pace and the topics of the therapeutic process.

Theme Three: 'To be more reflective, well, that I can react differently in the future' - Therapy as a place to understand oneself and to develop

A recurrent theme within the interviews was the wish to understand oneself better and to learn new skills and develop. The YP were grappling to understand what was happening to them and even if there were clear causes for their depressive mood, this seemed to be not sufficient. For instance Lara, who was coping with the on-going impact of intrafamilial abuse, still expressed the wish to understand:

That I may understand myself better in general.

In some interviews the wish to understand oneself seemed to be related to the developmental task of identity formation in the sense of finding out who you are. Anna draws our attention to this search for identity when she expressed that she would like to know what kind of person she is:

Well, em, for example about erm (.) the arguments and well the conflicts that I had with my ex-boyfriend or with my father, about that, well what part do I play in that or how do I react that our arguments escalate like that. (..) Or why I just react the way I do. (.) Well, that I find out, what kind of person I am.

Interestingly, only Melissa mentioned an explicit wish for psychodynamic treatment which she thought would be more focused on understanding than other approaches. Melissa had tried different therapists with a CBT background which she did not experience as helpful. Now she would explicitly like to understand where her difficulties came from:

...that [the psychodynamic therapy] deals (.) with the source too. (.) And that behavioural therapy only deals with how you can tackle it. And I have done this now a thousand times. And it just does not help me. (..) and that's why I just want to try the other one now.

Related to this longing to understand was the wish for an outside perspective as a source to learn something about oneself and the relationships:

*They let me, well, see things that I have not seen before.
[...] These are probably things which an outsider who takes a
look at them might see differently and (..) who maybe
sometimes knows, how things could be better done
differently. (Katrin)*

Several of the YP also talked about their wish to find ways of better dealing with their overwhelming emotions:

*Well, that, if I feel bad and I just can't concentrate or I
am totally emotional at the moment, that I somehow find a
way to (.) calm myself down. (Anna)*

For Lara this wish for effective coping strategies was also related to a wish for empowerment when facing the perpetrator of her abuse in court. She wished for inner strength and peace:

*I would have (.) a certain inner peace, I think. Well, just,
em, the certainty that I can deal with it better.*

Katrin and Shadow, who both described having very low self-esteem and talked about self-hatred, formulated an explicit wish to strengthen their self-esteem. Katrin:

*Maybe I would have finally learned to accept myself as a
human being, maybe even to like myself or, well, just like
normal people, how they relate to themselves.*

In Shadow's opinion boosting his self-esteem would lead to an alleviation of all other problems as well and seemed to be a central element of what he is looking for from therapy. Some of the participants addressed the wish to get support for their pending developmental tasks. There was a range of aspects

mentioned, depending on the developmental level of the YP. For Katrin (15y), the therapist was seen as someone who could give her a sense of direction. For Samantha (18y), on the other hand, gaining independence from her mother who she experienced as intruding, was a prime concern. She was hoping for support on her way to an independent life:

It is slowly getting serious, life is. And I just want to change something in this sense and start anew. [...] And I would also like to go the way, just being independent, to go my own way, that I am strong, that (.) I, well, can go my way.

Theme Four: "That I will find the perfect therapist for me" - The importance of the professional and interpersonal skills of the therapist

The wish to understand oneself and to develop new skills was closely related to the question how this could be achieved in therapy. Across the narratives of the YP, they all stressed in one way or another the central role of the professional and interpersonal skills of the therapist to help them in their struggle and to be vital for a successful therapy. Firstly, several YP expressed their apprehension of getting a therapist who was not competent, as well as giving a range of views on what they considered to be 'incompetent'. Samantha was dreading to get a therapist that just listens but does not give any advice:

And I have the worry, that she [the therapist] is not that good [...] And [...] that, erm, she might only be listening, for example, and that's it. That I am leaving, and, well, she listened to me, okay, which is good, but how should I continue? That you might not get any suggestions or solutions.

Half of the YP stressed the importance of the therapist being capable to deal with their difficult stories in a professional and factual way. Especially for Melissa this seemed important, since she experienced a psychologist before who welled up when she was speaking about her difficult situation:

If I even make my psychologist cry, then it has to be really hard [...]. Well, for one he [the therapist] should bear this, that// And then deal with it in a factual way.

This statement illustrates how for Melissa the therapist's stability and strength to bear these difficulties signify hope that her emotions are bearable and manageable. Another important aspect of this wish for professionalism was the YP's concern not to burden others. They have experienced, like Shadow and Katrin, how their parents had suffered by their traumatic experiences and their recurrent suicidal thoughts, respectively; so they were concerned to meet an outsider who is not burdened by their feelings and stories.

At different points in the interviews it seemed like the YP were longing not only for a competent therapist but also for a substitute for an absent parental figure. To different degrees, this wish for a parental figure was noticeable for most of the YP:

Samantha with her wish for support on her way to autonomy from her mother; Shadow who stated that his mother had “fallen away” and his father could not manage on his own anymore; Anna and Lara who were left on their own without any parental support at all. The strongest account, however, came from Katrin, who explicitly wished for someone to be there for her, who would be responsible and give her a direction in life. Katrin felt abandoned by her father after the separation of her parents. She used the same expressions talking about what she wanted from her father as well as when she was describing her expectations towards the therapist (“to be there for me”). Katrin expressed throughout the interview her wish to be cared for and to be important to the therapist, and hoped that the therapist would be available around the clock in case she felt suicidal:

I would just ask my therapist, whether I can, if, if, if I notice that I am feeling far too bad, that I just call him [...] He should be able to understand me [...] He should be interested in me by all means.

Another aspect that came up in the interviews was the wish for a fit between the YP and the therapist that the therapist would be trustworthy, and they would be able to build a viable relationship. Samantha succinctly expressed this as a wish for the “perfect therapist”. Shadow, who needed about a year to fully open up to his social worker, was also apprehensive about the fit with his therapist. He explained that he could not dismiss specific characteristics of a therapist that he would not be able to work with, but the fit between him and the therapist seemed important:

And maybe that is something that I am a little afraid of, that this person just (.) does not fit.

Overall, the YP conveyed the idea of therapy as a collaborative process in which they hoped to have a say in terms of the pace and topics. Lara expressed this in her understanding of taking turns in selecting the topics within the sessions:

If there is anything that is burdening me mentally, that I address this. Or if she [the therapist] has just got a topic, erm that she is interested in that, she addresses that.

But through the YP's accounts it was also noticeable that the image was that of a collaborative process guided by the therapist, who is supposed to be actively trying to understand the situation of the YP, asking the right questions, making suggestions, and giving tips. Samantha:

And maybe that I get tips which way I may go, how I can deal with things.

The understanding of a collaborative process was not so pronounced in the interview with Katrin who seemed rather passively awaiting the therapist to ask the right questions. Half jokingly, she even talked about her wish for therapy to be like a simple cure that is administered by the therapist:

He should be a physician and treat me and heal my illness.

Overall, the YP expressed high expectations towards the therapist. Based on their accounts, the therapist should have a lot of intuition and sensitivity about leading the process without being

overly demanding, offering a sense of parental guidance without undermining the developing need for autonomy. The therapist should be someone they could trust and build a personal relationship with. The age and gender of the therapist didn't seem so important, although some referred to their (imagined) therapist continuously as "he" (for instance Katrin) or "she" (for instance Samantha), indicating some internal preconceived picture. Lara, who had met her therapist before, referred to the person in the according gender.

Discussion

This study aimed to investigate the expectations and hopes that YP with depression have about their upcoming psychotherapy. Overall, the YP were quite hesitant about the outcome of their therapy. These cautious formulations might be due to the depressive pathology itself, given that a sense of hopelessness and negativity are typical features of depression. The prospect of therapy as a difficult process seemed to be quite daunting to the YP, and might be perceived as overwhelming, leading some to avoid or postpone the necessary treatment.

Therapy was also seen by the participants in this study as a place where they would face their difficult emotions which they had tried to deal with so far by suppression and distraction. The YP seemed to be apprehensive about their degree of control over the topics and pace of therapy. They spoke about collaborative aspects

to some extent, but for instance collaborative goals were not mentioned. They expressed role expectations with a strong focus on the therapist, not talking a lot about their own efforts. Related to this were high expectations of the therapist as someone who should be there for them, and to some extent fulfil the role of a parental figure. Most of the YP lived in situations where either one or both parents were not able to fulfil their parental role, due to a number of reasons like a parent having passed away, parental mental health problems, or parental abuse. These difficult conditions might partly explain this wish for a substitute parental figure.

In our analysis, the presented themes were formulated as closely as possible to the YP's accounts and in an atheoretical language. However, the YP's wish for support in understanding and dealing with their difficult and overwhelming emotions could be thought of using the concept of containment by Bion (1963). Containment originally was understood as the task of the parent/carer to take in the infant's unmanageable feelings and in turn reflect them back such that they become more tolerable for the infant. It seemed that this was a key aspect of what the YP were implicitly seeking from therapy.

To embed the findings into the current state of research on YP's expectations of therapy, we might draw some parallels to the few studies in the field. Davidson (2012) carried out a study in which 15 adolescents (13 to 19 years) with extensive experience of therapy were asked about their experiences. In that qualitative study four therapist attributes or qualities were identified: respect, responsiveness, genuine caring, and authenticity. Most of

these aspects seemed to be important to the YP in our study as well. They wished for respect in terms of having a say in the pace of therapy and level of disclosure. The concept of responsiveness, for instance, was touched on by Anna that therapy is not a panacea but an individually tailored process. Finally the wish for genuine caring was very pronounced in Katrin's wish for the therapist to care about her and be interested in her.

Looking at the British sample of YP with depression from the IMPACT-ME study (Midgley, Holmes, et al., 2014), there were some similarities as well as differences. Similar to the YP in our study, the YP in IMPACT-ME conveyed a sense of not knowing what would happen in therapy, which appeared to be more pronounced in the British sample than in our sample. In relation to the contents of their ideas, the YP in both studies viewed the therapist as an expert who would come to an understanding of the YP's situation through questions and who would derive suggestions for solutions based on the gained insights. This image of a medical model, however, again seemed to be more pronounced in the IMPACT-ME sample. In our study only Katrin explicitly touched on this and then only half jokingly, as if she knew that it would not be a simple healing treatment although she would have wished for it. Another difference between both samples was the wish for self-development in our study compared to a wish to regain the old self in some of the IMPACT-ME participants. This difference might have been due to the prolonged suffering of the YP in our study, in so far as they might not have a clear memory of unburdened times in their life. Another explanation might be the different average

age, with the current sample being older, which could be related a greater focus on pending developmental tasks.

Comparing these findings with the adult literature, there seems to be quite considerable accord, as can be seen in a study published as early as 1963 by Garfield and Wolpin, on patients' expectations towards therapy. They wrote: "patients appear to be seeking a sincere, understanding, sympathetic, interested, and competent person who would be unlikely to engage in criticism, anger, or ridicule. They also want someone who will not be pessimistic about them, nor turn them away, but who will at the same time not deny that the patient has difficulties" (Garfield & Wolpin, 1963; p. 360). Most of these aspects came up in the interviews with the YP as well. However, for this particular sample we need to add to this list the strong focus on the professional and interpersonal expertise of the therapist and the implicit wish for some kind of parental guidance on their way to autonomy.

It may also be informative to look at what the YP did *not* talk about. In line with an interview study of young adults' ideas of cure (Philips, Werbart, Wennberg, & Schubert, 2007), the YP in our study failed to speak about the more cognitive aspects of the therapeutic relationship like the consensus about and active commitment to the goals and the means to reach these goals as defined by Horvath (2001). However, the YP did speak about the affective bond between client and therapist insofar as they wished for mutual trust, liking, respect, and caring (cf. Horvath, 2001). Furthermore, the YP did not mention any apprehensions about breaches of confidentiality towards their parents or others. They

did not express worry that the therapist might not take their side. This might be interpreted as a certain amount of trust in the therapist whom some of the YP had not yet met. Further topics that did not come up, but which are covered in the questionnaire on therapy expectations by Stewart et al. (2012), were ideas about the setting, whether they might be able to bring friends, or views on the level of therapist abstinence or disclosure.

Interestingly, the YP talked little about process expectations and when they did these mainly were focused on the importance of understanding and the high expectations towards the expertise of the therapist. Since this was a sample entering psychodynamic therapy, it would be interesting to interview YP entering CBT to see whether they are grappling to understand themselves in a similar way and have similar expectations about therapy. Some of the YP expressed an understanding of their own engagement in the process, but more predominant was the image of the therapist asking the right questions to understand the YP and from this insight deriving appropriate tips and support. The YP's initiative and willingness to work themselves was missing almost completely from the YP's accounts. This might be an important point leading to friction in the process and potentially to premature termination. Thus, it might be worthwhile for therapists working with adolescents to pay particular attention to the YP's role expectation.

Another aspect missing from the outcome expectations was the awareness and foresight that a certain degree of vulnerability might persist even after a successful course of therapy. The YP seemed to share the view that once they would learn how to deal

with their difficult emotions and memories, and once they accomplished the next developmental step, they might be finished with the difficulties that life presented them. This lack of a realistic outcome expectation might be worth careful attention during the course of therapy.

There are some strengths and limitations to this study which need to be kept in mind when interpreting the results. The study reported here is one of the first to focus on the expectations of YP on their upcoming therapy. The young people were recruited from routine outpatient health-care in Germany and had the opportunity to identify their own priorities and speak about what they considered to be most significant, which adds to the external validity of the study and warrants to consider what might be learned from these YP.

Nevertheless, it needs to be kept in mind that this study only interviewed those that agreed to be interviewed in an unfamiliar setting and being audio-recorded. Thus, we might have missed the more anxious spectrum of depressive patients; although some of the YP reported significant social anxieties in the diagnostic interview. Moreover, we interviewed only YP who sought professional help. We cannot generalize to YP who keep away from mental health services. Although the research focus was on expectations of therapy, all of the young people had already met with a therapist at least once at the outpatient clinic or at a private practice. This initial meeting might have coloured what expectations they might have had, although in all but one case the therapist in the first diagnostic assessment would have been a different person to the treating therapist. In addition, the

assessing therapists at the outpatient clinic were given a role in deciding which YP were invited to participate in the study, which might have excluded those who the therapists thought were too vulnerable or who might have expressed more negative views. The sample was entering psychodynamic therapy; however, not all were aware of the different therapeutic approaches. We expected comorbidities as is often the case in routine care in Germany. However, the high rate of traumatization was striking. Whether these YP were specifically advised to enter psychodynamic therapy to take a look at the difficult childhood experiences cannot be answered here. Similarly, we cannot be sure whether YP with depression but without further comorbidities would have offered similar expectations.

We chose a semi-structured interview to collect the data which required the YP to be able to disclose their personal situation and experiences to an unfamiliar adult. The YP seemed to be able to deal with this unfamiliar situation and some even remarked after the interview that they were surprised about their level of disclosure. The specific setting of a once-off meeting with a genuinely interested adult seemed to have facilitated the process. However, in some moments during the interview it was clear that some of the YP struggled to find a language for their burdening experiences. Although the interview seemed to be a viable method for this particular developmental level, it would be worth considering for future studies whether more creative techniques could be incorporated to facilitate the access to the YP's experiences on a more non-verbal level as well, as has been shown in a younger sample (Woolford, Patterson, Macleod, Hobbs, & Hayne,

2015). Finally, the sample size was quite small, but may be deemed appropriate for the in-depth nature of the IPA (Smith et al., 2009).

A number of future plans may be derived from this study, although of course formulated with caution in view of the small sample size and the specific sample of voluntary participants with high levels of comorbidity. It would be very interesting to look at congruencies and divergences with other groups of YP entering therapy, for instance in terms of different therapy approaches, like CBT or systemic family therapy; different psychiatric disorders, like eating disorders, disruptive, or anxiety disorders; different countries, as the first cautious cross-cultural comparisons with the IMPACT-ME study suggest.

Conclusions

The findings lead to the question whether we should be doing more to inform the YP before therapy to target common misconceptions with education programs on a national level (Stewart et al., 2012) when at the same time the task remains for the therapist to work on an individual level with the expectations each YP brings into therapy. Some suggestions for therapists based on these YP's accounts might be:

- To emphasize the collaborative nature of therapy and strengthen the YP's sense of control over the process, particularly if the YP has previous negative therapy experiences

- To address the fear of things getting worse when focusing on overwhelming emotions. In the process of therapy it might be advisable to talk to the YP about realistic goals and that a certain vulnerability might remain to develop symptoms again under stress
- Keeping in mind that the YP might not have an idea of the relevance of the therapeutic relationship but have high expectations towards the therapist's expertise and it might be advisable to check on the common role expectations
- Entering psychodynamic treatments, the YP still seemed to want tips, structure and being guided by questions.

To conclude, it is important to take into consideration the view of the young service users to tailor the mental health services to the specific needs of each group. The YP in this study were able to express their expectations and apprehensions about their therapy, and some valuable lessons for therapists working with adolescents could be derived, which could potentially improve the therapeutic process and reduce drop-out rates. However, the findings of the study also raise other questions, such as how to deal effectively with fear of stigmatisation, how to evaluate the relation of expectations to outcome in YP, and the need to interview YP with other mental disorders than depression.

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Declaration of Conflicting Interests

The authors declare that there is no conflict of interest.

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