Reformulation Letters in Cognitive Analytic Therapy: The practitioner's experience.

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Thesis abstract

Aims: This thesis aims to increase our understanding of therapeutic letters and how these are experienced by clients, but also therapists as part of their training. It contains a systematic review of the evidence base for the impact of therapeutic letters presented to clients at the end of therapy which is followed by an empirical exploration of Cognitive Analytic Therapy (CAT) therapists experience of receiving reformulation letters as part of their training.

Design: This thesis is structured as a portfolio comprised of a narrative systematic review of research on ending letters, a bridging chapter, a qualitative empirical paper on clinicians' experience of reformulation letters, an extended bridging chapter to introduce concepts used in the empirical paper, an extended methodology for the empirical paper, and an overall discussion of the thesis portfolio.

Findings: The systematic review provides a narrative synthesis of findings in the literature about goodbye letters. The synthesised findings suggests that goodbye letters may impact on how clients deal with endings and how they remember various aspects of the therapy after termination. The empirical paper identified four overarching themes in clinicians' experiences of receiving reformulation letters as part of their training: The power of the reformulation letter; Inhabiting the client's role; absorbing thinking as a CAT practitioner; and evolving the therapist's technique.

Value of this work: Despite the increasing use of therapist-written therapeutic letters in services, there is a lack of empirical research to support their use. This thesis contributes towards the evidence base for therapeutic letters by synthesising existing research on those used around the ending of therapies and exploring the use of reformulation letters with a group (clinicians) where this has not been explored previously.

Table of contents

Acknowledgments

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Chapter 1 – Extended Introduction

This chapter provides further information about topics introduced in the empirical paper and outlines a broader perspective on the literature, history and theory relating to them. The following will be reviewed in turn: Cognitive Analytic Therapy (CAT), CAT history and theory, evidence base for CAT, letters in CAT, Therapeutic letters in other therapies and how clients experience them, and personal therapy in other therapies. The chapter is then summarised at the end.

Cognitive Analytic Therapy

CAT is a structured therapy approach with clear guidelines for how to undertake the procedures involved (Ryle & Kerr, 2008). It has been used to treat a range of client presentations in a variety of settings (Denman, 2001). Currently, CAT is delivered as a therapy in the National Health Service (NHS). Whilst, it was initially used in secondary care mental health teams, it has more recently been used in primary care (Improving Access to Psychological Therapies (IAPT)), and physical health settings (Ryle & Kerr, 2020).

An essential component of CAT is to collaboratively be using the therapeutic relationship to obtain change in the therapy work (Ryle & Kerr, 2020). Theoretically, CAT is concerned with relationship patterns, referred to as "Reciprocal Roles" (RRs). These are understood as internalised templates of relating to oneself and others (Ryle, 1985). Some of these can be helpful, whilst others can be less helpful. For example, an experience of a caring parent is likely to leave a child feeling "cared for", and thus a helpful RR. Whereas an experience of a critical parent, might leave a child feeling criticised or crushed and thus a less helpful RR. The behaviours people engage in that maintain and move them between RRs are referred to as "Reciprocal Role Procedures" (RRPs). For example, an RRP could be to "bottle up" emotions in order to avoid conflict. It has been proposed that RRPs reflect early coping strategies that were useful at the time of their development (Ryle, 1985).

Unhelpful cognitions and behaviours included in RRs and RRPs are grouped into the three categories, traps snags and dilemmas (Ryle & Kerr, 2020). Traps are behaviours and thinking patterns that confirm negative beliefs about oneself in an attempt to feel better, snags are beliefs that something stands in the way of our goal ("I want to, but…"), and dilemmas are perceived choices between two undesirable outcomes which make us stay in painful situations. For example, one may be thinking thoughts that make one depressed (trap), want to get better but believe that nothing will ever change (snag), and feel like the only options are to bottle up the emotions to get through the day or to give up everything and stay in bed (dilemma). A central focus in CAT is to promote insight into RRs and RRPs in order to develop new, more helpful, ways of living.

In CAT, insight and change are obtained through three main processes: reformulation, recognition, and revision. The term reformulation is based on the notion that clients present with an initial understanding of their experience that can be "reformulated" and illustrated in terms of RRs and RRPs. In this sense it is similar to the concept of formulation as used in other psychological therapies. An important aim of the reformulation is to provide a form of extending clients' self-knowledge (Bruner, 1986; Ryle, 1994). In order to reach a reformulation, the client and therapist collaboratively draw out a sequential diagrammatic reformulation (SDR) map. This map is a conceptual representation of the identified problematic RRP's. The reformulation process is concluded when the therapist reads out a provisional written narrative reformulation letter in the fourth or fifth session of therapy. Ryle (1990) argued that the reformulation letter serves the following functions: cementing the therapeutic alliance, defining more accurately the processes that therapy seeks to modify, and providing the client with new understanding to be used for reference when exploring alternative patterns in the time following. Whilst the reformulation letter was historically

attached to CAT, it is now used in other psychological therapies including Cognitive Behavioural Therapy (Davidson, 2007).

In the recognition process, the therapist and client focus on increasing awareness of the client's RRs and RRPs by observing their occurrence in and outside the therapy context (Ryle & Kerr, 2020). It has been proposed that this increases the client's internal locus of control (Rotter, 1966) towards making changes to their situation (Corbridge et al., 2017).

The revision process is focused on identifying "exits" from maladaptive RRs and RRPs, and developing new, healthier patterns (Ryle & Kerr, 2020). Exits are typically explored and tested through the therapeutic relationship as well as through cognitive and behavioural strategies. The therapist reads out a goodbye letter at the end of therapy which is meant to summarise RRs, RRPs and exits, and provide clients with a tangible reminder of the therapy and the work that still remains for them to continue with after the therapy has ended (Corbridge et al., 2017; Ryle, Poynton, & Brockman, 1990).

Cognitive analytic therapy history and theory

CAT was formally proposed as a therapy model by Tony Ryle in 1984, integrating theory from the psychoanalytic schools and those of personal construct and cognitive psychology (Corbridge et al., 2017). Ryle's model of CAT was based on experience in GP practice, encountering clients who experienced psychological distress. Despite the original model being proposed in 1984, its development took place between the 1960s and 1980s. One of the main drivers for the development of the model was in response to high demand for psychological interventions in the NHS in London at the time and need for a short-term model of therapy.

A key observation Ryle noted was that clients often showed similar relational patterns that led to their psychological distress. During the 1970s Ryle conducted research on why

people continued carrying out patterns of feeling, thinking and behaving despite negative consequences (Ryle, 1975). Ryle had an interest in psychoanalytic ideas but found that the language used to articulate them lacked in accessibility. He thus explained his focus on relationships while offering a way of stating psychoanalytic concepts, particularly object relations theory, in cognitive terms consistent with personal construct theory (Ryle, 1985).

Ryle proposed terms for describing beliefs, emotions and behaviours that people engage in in relation to others, the world and themselves (Corbridge et al., 2017). Furthermore, Ryle pointed out how the way people relate to others can have much in common with how they relate to themselves. Ryle thus created language for psychoanalytic object relations theories (Ogden, 1983) that enabled research of them alongside concepts from cognitive personal construct theories (Kelly, 1955). This integration led to a model that allowed for research while a focus on processes such as transference and countertransference could be retained.

Following the introduction of the model in the 1980s, ideas about how social and psychological context impact on people's lives and development were integrated into the model (Ryle, 1991). This included Vygotsky's activity theory, which describes the influences social context has on development (Leiman, 1999). This took the CAT model beyond merely describing disorders and provided a framework for understanding how people meet social challenges in their lives.

This led to the central focuses in CAT on how mental health problems often arise from our relationships with ourselves and others, how our early relationships are internalised and shape our adult experiences, and how this makes the therapeutic relationship an essential tool for facilitating change (Corbridge et al., 2017). That is, the therapeutic relationship is used to notice and reflect on clients' relationship patterns as well as practicing new ones.

CAT was initially used to treat clients who were complex and resistant to change within the NHS. Although CAT used to be, and usually still is, a 16-session approach, an extension to the model, bringing the number of sessions up to 24, has been added for clients with eating or personality disorders (Ryle, Leighton & Pollock, 1997). CAT has also been developed to include group work, for work with professionals, for use across client croups, such as learning disabilities and older adults (Hepple & Sutton, 2004), and the evidence base for its usefulness is growing (Lloyd & Clayton, 2014; Ryle et al., 2014; Anthony Ryle & Kerr, 2020; Kellett & Lees, 2020).

Evidence base for cognitive analytic therapy

The "hourglass model", which is widely used to guide the development of evidence base for psychotherapy models (Salkovisks, 1995), has been used as a framework to evaluate the evidence base for CAT (Calvert & Kellett, 2014; Hallam et al., 2020). This model proposes three stages of evidence base-development; 1) a phase of gathering practice based evidence, 2) conducting more methodologically stringent clinical trials, 3) implementing evidence based psychotherapy in services with continued evaluation (Salkovisks, 1995).

A critique of CAT has been that it is vulnerable to be widely practiced despite lack of evidence base for its acceptability, efficacy, and effectiveness (Margison et al., 2000). This problem rose from the increasing popularity in practice, leaving it gaining practice based evidence (PBE) but lacking in evidence based practice (EBP) with accompanying evaluation research (Calvert & Kellett, 2014). Although EBP for CAT is growing, in order for CAT to be confidently accepted and integrated in public services there is still a need for growing EBP to support the model (Hallam et al., 2020).

Calvert and Kellett (2014) reviewed the quality of the outcome evidence for CAT at the time. They reviewed twenty-five outcome studies that met inclusion criteria, five of

which were randomised controlled trials (RCTs). The results indicated that 52% of the reviewed studies were of high quality (using the Downs and Black (1998) checklist) but that the evidence base lacked depth and breadth.

The 25 outcome studies that met Calvert and Kellett's (2014) inclusion criteria were often focused on complex presentations, with 44% focusing on treating personality disorders. The reviewed studies indicated that CAT is an effective treatment for personality disorders (Duignan & Mitzman, 1994; Ryle & Golynkina, 2000; Wildgoose, Clark, & Waller, 2001; Chanen et al., 2008; Clarke, Thomas & James, 2013; Kellett & Hardy, 2013; NICE, 2009), eating disorders (Treasure et al., 1995; Dare et al., 2001), anxiety and depression (Brookman et al., 1987), and long-term physical health problems (Fosbury et al., 1997).

Ryle, Kellett, Hepple and Calvert (2014) synthesised and reviewed the evidence base for effectiveness of CAT for treating various presentations. They included 12 effect sizes from outcome studies in their analyses, evaluating the overall efficacy and effectiveness of CAT. Their results suggested that people can improve across a range of presentations after receiving CAT that is carried out as routine clinical practice in clinical trial conditions. However, this study has been criticised for its methodological limitations.

Hallam et al. (2020) synthesised the evidence for, and reviewed, the effectiveness and durability of CAT for treating different types of presentations. They aimed to correct for five limitations identified in Ryle et al.'s (2014) review; 1) lack of clarity in which measures were used, 2) neither follow up comparisons nor moderators of CAT interventions were controlled for, 3) absence of within-group correlations which could have improved reliability, 4) no assessment of study quality was carried out, 5) lack of comparisons to control croups, making it impossible to attribute the outcomes to CAT. Hallam et al.'s (2020) review also had the advantage of having more recently published RCTs available to review, allowing for attribution of treatment effects to CAT in three domains of clinical outcomes; 1) global

functioning, 2) interpersonal problems, and 3) depression. Their review included twenty-five pre-post outcome studies that met inclusion criteria and results indicated that CAT produced pre-post improvements in global functioning, interpersonal problems, and symptoms of depression. They also showed that dropout-rates in CAT are low (15%), and that outcomes are durable for functioning and depression, and that interpersonal problems continues to improve within a follow-up period.

The current evidence base thus provides support for the underlying CAT theory around modification of interpersonal relationship patterns (Ryle & Kerr, 2020; Hallam et al., 2020). That is, although CAT has suffered from remaining in the first stage of Salkovisks' (1995) stages to developing an evidence base for some time, recent reviews that include a growing number of RCTs, indicate that durable clinical outcomes can be attributed to CAT treatment effects (Hallam et al., 2020). This would suggest that the evidence base for CAT is best described as emerging.

Letters in cognitive analytic therapy

Various forms of written communication can be used in CAT and these are meant to provide transparency and memorability while being open for discussion and modification (Ryle, 2004). Bruner's (1986) distinction between a narrative and a paradigmatic way of communicating knowledge has been incorporated in the theoretical rationale for using letters in CAT, and both ways of communication are focused on (Ryle, 2004). The narrative focus considers how people construct and make sense of their own experience while the paradigmatic focus is on consistency and verifiability which is more in line with scientific thought (Bruner, 1986). Through these focuses, writing can be used to help clients gain objective recognition and understanding of their dysfunctional patterns of thought, behaviour and emotion, and guide them through change (Ryle, 2004).

According to Ryle (1990), the reformulation letter serves a number of functions: cementing the therapeutic alliance, defining more accurately those processes that therapy seeks to modify, and providing clients with new understanding to be used for reference when exploring alternative patterns in the time following. It is also meant to provide an alternative way of communicating information to clients in a more digestible format that can be taken home and processed over time.

The therapist reads the reformulation letter to their client with a focus on presenting back to them a reformulated understanding of the clients' story, their difficulties, and what brought them to therapy (Corbridge et al., 2017). It is a provisional letter, and its accuracy is meant to be discussed with the client and modified according to the outcome of this discussion. The reformulation letter thus starts out as the therapists' account of the client's experience but is further worked on collaboratively with the clients to promote a shared understanding, which can have positive impact on the therapeutic relationship (Ryle & Kerr, 2020).

Each therapist will have a different style with regards to how they write their reformulation letters to clients. The contents of a reformulation letter will also depend largely on the unique story of each client. However, guidance of key topics a reformulation letter should cover is provided in CAT. These are: an introduction; an outline of the client's difficulties; past experiences and the therapist's reflections about these; links to survival strategies; descriptions of the client's RRs and RRPs; how these can potentially impact on the therapy; and aims and goals of the therapy (Corbridge et al., 2017; Ryle & Kerr, 2020).

The reformulation letter should be written in a warm and empathetic tone, and use a language that is shared with the client, for example by including phrases or words that the client has used in sessions (Corbridge et al., 2017). It includes information gathered from the psychotherapy file, from going through the client's past experiences, from therapist

observations in sessions, and from experiences of the therapy relationship. Because highly personal information and subjective understanding of experiences are included in the letter, it is not always shared with other clinicians or included in the client records (Corbridge et al., 2019). As the letter is meant to be a helpful tool, it is important that it does not include any information that has not been discussed, meaning it is less likely to be surprising for the client when they hear it.

Three published studies have investigated client experiences of the reformulation letter in CAT (Hamill et al., 2008; Rayner et al., 2011; Shine & Westacott, 2010). The findings of these studies generally indicate that clients find the reformulation letter to be a helpful part of the therapy. Common elements in themes emerging in these studies are those of enhancing client awareness, having positive impacts on the therapy relationship, and extending the therapy with a tangible object.

Rayner et al. (2011) also investigated how clients experienced the processes of change in CAT, using grounded theory to develop a theoretical model for their experiences. This resulted in a conceptual framework of ‘‘doing with’ the therapist’ at the centre of four interrelated themes: ‘being with the therapist’, keeping it real’, ‘understanding and feeling’, and ‘CAT tools’. Within this framework they described the reformulation letter as the initiator of the primary change process and promoting understanding. The reformulation letter was also attributed to the functions of providing a new perspective, enhancing self-empathy, helping the clients to take a new position in relation to their difficulties, and providing a tangible record of the therapy.

Thus, the emerging research on the impact of reformulation letters and their contribution to the therapy is in its early stages. However, the themes that emerge from qualitative research tends to be consistent with early theory and rationale for including the reformulation letter in CAT (Ryle, 1990).

Therapeutic letters in other therapies and how clients experience them

Therapy approaches such as narrative therapy (Rombach, 2003), nursing (Moules, 2009), family therapy (Marner, 1995), counselling (Kindsvatter, Nelson & Desmond, 2009) psychotherapy (Ingrassia, 2003), cognitive therapy (Schmidt et al., 2014; Tchanturia & Hambrook, 2010) and CAT (Ryle & Kerr, 2020) have used letter writing as a therapeutic tool (Woljcik & Iverson, 1989; France et al., 1995; Prasko et al., 2006, 2009). There is growing literature on client experiences of the therapeutic effects of using different forms of writing in clinical practices; for example, for the benefits of engaging clients in writing about their emotional difficulties, and its effect on their emotional wellbeing (Francis & Pennebaker, 1992; Pennebaker, 1997).

Other writing techniques used across different models include formal homework tasks, diary keeping, unstructured writing, and writing letters to others that may or may not be shared (Graham, 2003; Shilts & Ray, 1991; White & Epston, 1990). These techniques allegedly promote client awareness, sense of containment, providing a tangible record of the therapy and visual validation of client experiences.

The use of clinician authored letter writing in therapy has largely emerged from narrative therapy and its theoretical underpinnings. However, Ellis's (1965) discovery of the therapeutic effect "diagnostic-therapeutic letters" could have on clients, stating that his clients received "greater effect from my letters than from their face to face therapeutic contacts" (p. 27), is often referred to as the first description of the effect diagnostic, clinician authored letters can have on clients.

The multiple forms of letter writing used in narrative therapy (e.g. letter of invitation, letter of prediction, brief letter etc.) are used to work with and acknowledge the complexity of people's stories (Bjorøy & Nylund, 2016). For example, they can be used to identify

contradictions and lack context in the stories people tell themselves, which allows for alternative or parallel perspectives to be explored. Thus, therapeutic letters can help clients see their stories from different perspectives simultaneously and potentially realise that change is possible and act accordingly. However, the evidence for the effectiveness of therapeutic letters provided by the therapist is limited, and consists mostly of qualitative investigations of clients' experiences. The following are some examples from the limited research base on client experiences of therapeutic letters.

Howlet and Guthrie (2001) asked clients with irritable bowel syndrome to complete a questionnaire, a year after receiving brief psychodynamic-interpersonal therapy, about their perceived usefulness of a 'farewell letter' in the final session. The results indicated that clients who had benefitted from the therapy also perceived the letter as helpful, while there was less evidence for its helpfulness when therapy outcomes had been poor.

Moules (2009) investigated the impact therapy letters could have when used with families as part of a family systems nursing intervention. Findings indicated that the letters influenced the therapeutic relationship, helped balancing questions, facilitated memory, and worked as markers of change.

One study investigated patient perceptions of receiving therapeutic letters from nursing students (Freed et al., 2010). Findings indicated that the letters made patients feel known and valued, gave them a sense of reciprocity with the students, helped motivate them for self-care, and that the letters' tangibility was appreciated.

More recently, Fonseca et al. (2021) investigated how parents of children diagnosed with complex chronic conditions experienced the influence of receiving therapeutic letters from nurses. Their findings identified three themes: Trust in the future, strengthening hope, and moments of hope, all indicating that therapeutic letters had a positive impact of the parents' hope in relation to their child.

A Masters thesis included an investigation of clients' experiences of receiving therapeutic letters from their counsellor while in counselling therapy (Pyle, 2004; 2006). Four themes emerged from the clients' experiences: Curiosity and Connection, Consolidation, Relationships and Session Content, Facilitating and hindering, and In Perpetuity: The Tangible and Lasting Presence of Letters.

Despite the widespread use of therapeutic letters in various therapies, little can be said for the impact these have on therapy outcomes. Although some research on client experiences has been undertaken, the type, context, and client group of the therapeutic letters are greatly varied. However, the findings indicate that the clients generally report positive experiences of receiving therapeutic letters. Some of the themes emerging may also have common elements, such as the recurring theme about the tangibility of the letters (this theme also occurred in two of the three papers on letters in CAT discussed earlier (Hamill, Raid & Reynolds, 2008; Shine & Westacott, 2010) studies on letters in CAT).

Personal therapy in other therapies

Although it might not be common practice amongst numerous psychological therapies, the practice of therapists receiving their own therapy/analysis for the purpose of enhancing their practice can be traced back approximately a hundred years. This is still a training requirement in Psychoanalytic schools (Eckhart, 2016), and more recently, in CAT (Ryle & Kerr, 2020). A distinction is typically made in the literature between personal psychoanalysis and personal therapy, the latter including psychological therapies that are not strictly psychoanalytical. For the purposes of the present section, both will be referred to as personal therapy here. The theoretical rationale for, and argued importance of, having personal therapy varies across different therapy schools, but there are common elements. That is, the suggestion that it promotes professional development by enhancing therapists'

self-awareness and personal characteristics that are helpful to the therapy process (Moe & Thimm, 2020).

In the psychoanalytic and psychodynamic traditions, although opinions differ between schools, it is generally argued that personal therapy increases therapist/psychoanalysts' self-awareness in a way that is seen as helpful for their clinical practice (Yalom, 2002; Fromm, 2013). Although Cognitive Behavioural Therapy (CBT) does not have the same emphasis on personal therapy, and favour other activities of professional development, it also focuses on the importance of therapist self-awareness (Bennett-Levy, 2019). In humanistic, gestalt and existential therapy, there is a general encouragement to engage in personal as well as professional development of therapists as this is thought to enhance clinical outcomes (Rogers, 1995; May, 1994). In systemic therapy, where the therapist's person is used as an essential tool, other activities, such as workshops, are favoured as methods of therapist's personal development (Whitaker & Bumberry, 1988).

In a recent review, Moe and Thimm (2020) summarised the theoretical and empirical literature on how personal therapy impacts on the professional development of therapists and on their clinical outcomes. Their findings indicated that therapists experience benefits relating to the "common factors" (e.g. empathy, genuineness and formation of working alliance) after receiving personal therapy. However, they also concluded that there was no objective evidence for a causal connection, or correlation, between therapists having had personal therapy and their clinical outcomes, while also pointing out methodological weaknesses in the current literature on this topic.

Summary

CAT is a therapy delivered in the NHS that was developed in the 1960s-80s and has grown in popularity since. It is now delivered for a range of conditions across primary and

secondary mental health care, and also in physical health care settings. One of the key features of CAT is the reformulation letter. This aims to present the client's narrative in a way that makes more psychological sense than the symptoms they report as well as considering the symptoms as parts of the client's problematic RRs and RRPs. There is limited research into letters in CAT, and this is also true for the use of letters in therapy more broadly. The research that exists has found they are well tolerated and seem to have value for the client, and people who have had letters might report positive outcomes, although the reason for this is less clear.

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Chapter 2 – Systematic Review

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The experience of goodbye-letters from therapists to their clients in psychological therapies: A systematic review of the literature

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Abstract

Purpose: Therapist-written letters delivered around the ending of Psychological therapies are regularly used across a range of modalities (Simmonds, 2020). Despite theoretical suggestions about their usefulness to augment and enhance therapies (Ryle et al., 2004a), the empirical support for their use has been limited. This review aimed to critically evaluate the current body of qualitative and quantitative research on how clients experience therapist-written therapeutic letters used at the end of a psychological therapy.

Methods: Six journal articles published prior to May 2021 in PsychINFO, MEDLINE, and CINAHL were identified from a systematic search and two additional journal articles were included from cross-referencing and follow-up searches. The identified research was primarily qualitative (n=7) with only one identified study using a quantitative methodology. The review used a narrative synthesis, informed by thematic analysis, to organise and present the findings.

Results: The findings indicated that overall, clients report finding ending/goodbye letters helpful for dealing with the ending of therapy and as a reminder of the therapy in the time after termination. However, findings also indicated that there are exceptions, which stresses the need for further research in this area.

Conclusions: While still in its infancy, there is an emerging literature for the use of therapist-written goodbye letters to clients.

Key words: Therapeutic letters, goodbye letters, ending letters, farewell letters, therapist-written, therapist authored, systematic review.

Introduction

The use of therapist-written therapeutic letters in Psychological therapies has often been associated with the various therapeutic writing techniques used in narrative therapy (White & Epston, 1990; Rombach, 2003). There has also been reported evidence of their use in psychodynamic therapies tracing back to the 1970s (Ryle & Kerr, 2008). However, the use of letters has increasingly been adopted by other therapy modalities such as cognitive analytic therapy (CAT) (Ryle & Kerr, 2020), cognitive behavioural therapy (CBT) (Schmidt et al., 2014; Tchanturia & Hambrook, 2010), family therapy (Marner, 1995), counselling (Kindsvatter, Nelson & Desmond, 2009), psychotherapy (Ingrassia, 2003), and nursing (Moules, 2009). Despite the use of therapeutic letters developing in popularity across a range of therapies, the actual evidence base for using therapist-written letters is limited, but has thus far indicated that clients experience them as helpful although the letters may not necessarily make a difference to scores on outcome measures (Kellett et al., 2018; see Stockton, 2012 for review).

The first accounts of the therapeutic effects of therapist-written letters are often traced back to Ellis' (1965) discovery that his clients had benefitted from receiving "diagnostic therapeutic letters". In narrative therapy, multiple forms of therapeutic letter writing have developed, such as relationship letters to couples, brief post session letters, and writing campaigns (Bjorøy & Nylund, 2016). Letters referred to as written case formulations and goodbye letters have also become increasingly viewed as an important tool in treatment of clients with eating disorders (Simmonds et al., 2020; Allen et al., 2016).

Letters can be delivered at different points in the therapy process, and the timing of the letter in the process dictates what is trying to be achieved. In CAT the reformulation letter given in the early stages of therapy is an attempt to summarise problematic procedures that have been identified between client and therapist which the therapy aims to address (Ryle &

Kerr, 2020), whilst summary letters in narrative therapy are sent at the end of each session to consolidate what was covered (White & Epston, 1990).

One such type of letter delivered at the end of therapy attempts to summarise the work completed. In the literature these are typically referred to as either goodbye, farewell, or ending letters, with these terms often being used interchangeably. For the purpose of this systematic review they will be referred to as 'goodbye letters' and represent a letter given at the end of any psychologically informed intervention and not specific to a single therapy. Goodbye letters are letters written and presented by a therapist to a client to summarise and/or conclude a Psychological therapy around it's ending (Denman, 2001; Ryle & Kerr, 2020). The goodbye letters are thought to help clients cope with the termination of the therapy as well as work as a transitional object (a reminder of the therapy, the therapist, or some aspect of the therapy that clients can keep between sessions or after termination of therapy). Although guidance has been provided on how the therapist should write a goodbye letter in certain psychological therapies (Corbridge et al., 2018; Ryle & Kerr, 2020), the way they are written depends on their author and the context in which they are written. One study investigated key components that were identified as important to be included in goodbye letters by gathering questionnaire responses from 18 trainee CAT practitioners (Turpin et al., 2013). As a result, Turpin et al. (2013) outlined 17 key components, regarding structure, style and content, that should be included in a therapist written goodbye letter.

The process of CAT includes two letters that are part of standard practice and it is therefore expected that therapists write a reformulation and goodbye letter to clients (Ryle & Kerr, 2020). Consequently, there is more literature from a theoretical basis for CAT letters which will be focused on in this review. Particularly, CAT offers a theoretical basis from which to view the use of goodbye letters. In CAT, the termination of therapy is emphasised, and the number of sessions is set, right from the beginning (Ryle & Kerr, 2020). One reason

for this is that having a set time for the ending can provide a sense of safety to clients who are aware, and scared of their potential unhelpful dependency on the therapist (Ryle, 2004a). Having a clear end point can also be a helpful tool in forcing change to happen, and not practicing this is often a critique of longer term psychodynamic therapy (Bhar et al., 2010). However, termination is still likely to provoke negative feelings in the client, which are validated in the goodbye letter from the therapist. With the goodbye letter as a transitional object, the client can also refer back to it later as a reminder of the therapy and the internalised therapist, which is thought to encourage continued reflection in the client after the termination of therapy (Ryle, 2004a, 1983).

There is currently only a small body of research on the impact goodbye letters have on the clients who receive these (Simmonds et al., 2020). This study reported that there were only three studies that aimed to investigate this. Most of the literature on the use of letters in Psychological therapies has focused on various forms of therapeutic letters given at earlier stages in the therapy process (Stockton, 2012; Tyrer & Masterson, 2019). This body of literature on therapeutic letters in general was reviewed by Stockton (2012). Their review contained few restrictions around study inclusion, and identified 19 studies investigating the impact of therapeutic letters on clients at the time, two of which were concerned with goodbye letters.

Interestingly, no reviews have yet examined the literature specifically on the impact therapist-written goodbye letters have on clients. Given the increasing popularity of using goodbye letters in various therapy modalities and the theoretical underpinnings of their use, it seems important to both review and synthesise the existing literature on how goodbye letters are experienced by the client. The present systematic review will build on Stockton's (2012) review on therapeutic letters in general, using a similar methodology, but while asking a more specific research question focused on therapist-written goodbye letters.

Research question

How do clients experience therapeutic ending letters presented to them by their therapists at the end of psychological therapies?

Aim

To conduct a systematic review that looks at the current body of qualitative and quantitative research on therapeutic letters from therapist to client at the end of a psychological therapy.

Method

Search strategy

The electronic databases MEDLINE, CINAHL, and PsychINFO were searched to identify relevant literature. The search terms used in the final search were: Therap* N8 letter*, Goodbye OR Farewell OR Ending N8 Letter*, Therap* N8 Writ*, Letter* N8 Writ*, Therap* N8 Document*, Combined with (AND), “Cognitive analytic therap*”, “Cognitive behavio* therap*", "Narrative* therap*", Counselling, Psychotherap*, "Systemic therap*" , Psychoanaly*, "Famil* therap*", "Solution focused therap*", "Couple* therap*" , Psychodynamic, “Cognitive therap*”, “Humanistic therap*”, “Interpersonal therap*” , “Trauma Focused”, (MM “Psychotherapy”), (MM “Behavioural Disciplines and Activities”), the latter two being MESH terms that ensured inclusion of a range of psychological therapy terms (see Appendix I).

These search terms were identified through repeated scoping searches and identification of interchangeable terms in the literature, such as “goodbye letter” and “farewell letter”. The electronic databases were searched with the parameters set for any title

or abstract that contained the search terms. No restrictions were made with regards to age groups, date, therapeutic approach, or methodology. Articles that were not peer reviewed, published, or not translated into the English language were also excluded. The identified records were screened by the lead author (ES) by title and abstract to exclude papers that were irrelevant to the aim of the review. Remaining records were then assessed for eligibility by reading them in full. The reference lists of identified articles were searched to identify additional records that the search had excluded. Furthermore, the key authors of relevant studies identified in reference lists (combined with therapy search terms) were used to conduct searches to identify any missed studies on the same topic.

Inclusion and exclusion criteria

This review included studies that considered the experience of a letter provided by the therapist to a client at the end of a Psychological therapy for therapeutic purposes. Studies that considered letters at other time points in the therapy were included as long as they also included letters at the end of therapy and some assessment of how they were experienced by the recipient. Studies that investigated a primary hypothesis but had a secondary assessment of the experience of receiving a goodbye letter were also included. This is because we were interested in identifying all available literature that made some attempt to explore the clients experience of receiving a goodbye letter.

Studies that only considered letters provided in other parts of the therapy but not at the end, that were presented as part of health interventions other than Psychological therapies, that had not been published in a peer reviewed journal, or that were used for formal documentation or communication purposes were excluded. Furthermore, unpublished thesis projects, studies that were not written in English, or translated to English were also excluded.

Study selection

ES examined 1821 titles and abstracts of the studies identified in the database search. The studies that were assessed for eligibility by reading the full text were discussed with the co-author (AL) to decide which ones met the criteria for inclusion. Studies that were identified through reference lists and following searches that had not been captured by the search, were also discussed against inclusion criteria to reach an agreement about which ones were eligible for inclusion. Had there been any disagreement between the authors about study selection, this would have been resolved by consulting a third party (PF). The search process has been illustrated using a PRISMA diagram (Moher et al., 2009) in Figure 1.

Quality assessment

Following identification of the eight papers that met the inclusion criteria a quality assessment of these papers took place. Qualitative studies were evaluated using the Critical Appraisal Skills Programme (CASP) (CASP, 2018) appraisal tool (Appendix C). The quantitative studies were evaluated using the appraisal step of the 'Graphical appraisal tool for epidemiological studies' (GATE) (NICE; 2012; Jackson et al., 2006) (Appendix D). The scores for studies were rated as "high", "medium" or "low" and notes were recorded in relation to each question on the checklist.

It was acknowledged that no gold standard quality appraisal/risk of bias tool exists for qualitative or correlational studies. However, the tools used were chosen for the following reasons. CASP was chosen because it has been reported to be frequently used for appraising the quality of health-related qualitative studies (Long et al., 2020). Furthermore, CASP was previously used in a systematic review on a similar topic (Stockton, 2012). The GATE tool was used because it has been suggested for assessing the quality of correlational studies in NICE guidelines (NICE, 2012).

Data analysis

Narrative synthesis. This review aimed to systematically appraise and summarise relevant qualitative and quantitative literature on the experience goodbye letters have on clients. The data were analysed using narrative synthesis and this was underpinned by relevant guidance (Popay et al., 2006). The process included considering pre-existing theory about how goodbye letters work, developing a preliminary synthesis of findings of included studies, exploring relationships in the data, and assessing the robustness of the synthesis. As there is already pre-existing theory about goodbye letters embedded in narrative therapy and CAT literature, the present review used this to guide the synthesis rather than building a new theoretical model. A preliminary synthesis of the data was used to gain a descriptive overview of findings and get an impression of which patterns might emerge in the data. This was used to explore relationships in the data and variability in outcomes while considering the quality and methodological variation between studies.

As reported by Dixon-Woods et al. (2005) themes identified in studies can be used to structure narrative syntheses in reviews. A thematic analysis of the extracted study findings (Appending L) was used to identify overarching themes (Dixon-Woods et al., 2005). Results were used to structure the narrative synthesis under subheadings that represent the identified themes. As studies used different methodologies and presentations of their findings, key findings were organised in a table (Appendix L). The lead author then coded the extracted study findings (Braun & Clarke, 2006) before merging codes into overarching themes. The themes were then listed and the narrative synthesis was used to outline the narrative for each theme.

Results

A total of 2087 records were identified in the database search. After duplicates were removed 1821 records remained. Of these 1714 records were excluded by title, and of the remaining 107 records, 77 were excluded after abstracts had been read. This left 30 records initially to be read in full and judged against inclusion and exclusion criteria. Only six of these met eligibility criteria to be included in the review. Consistent with an iterative approach, records identified in reference lists and following key author searches led to the screening of additional records. Of the records identified through this approach, nine were new and not previously known to the author. These were screened and two of them met criteria for inclusion in the review. This meant the final number of papers meeting inclusion criteria were eight (see Figure 1).

Study characteristics

Across all the studies there was a total of 101 participants. The pooled reported gender and age can only be estimated roughly as some of the included studies were either vague or did not report this at all. From what has been reported, ages seem to have ranged from 18 to 85years. For gender, this has not been reported for the majority of the pooled participant sample, however, the pooled genders from studies where this has been reported indicates that the majority of participants have been female. It will not be useful to make an estimate here about participants' ethnicity as this has not been accounted for in the majority of the studies (see Appendix L for extracted demographic information from individual studies).

The majority (n = 7/8) of the included studies were using qualitative methodologies whilst the remaining other utilised a quantitative methodology. The qualitative studies all considered client experiences of therapeutic letters presented at the end of a psychological

therapy. However, half of these studies focused on therapeutic letters in general (including goodbye letters) while at least one of the letters presented to clients was presented around the time of the therapy ending (n = 4). The other half focused exclusively on goodbye letters as an intervention (n = 4).

Each of the studies had a focus on using therapeutic letters within a particular therapeutic approach for a specified client group. These were Psychodynamic-Interpersonal Therapy (PIT) (Howlett & Guthrie, 2001; Walker et al., 2017), Dialectical Co-therapy (Laub & Hoffmann, 2002), Cognitive Analytic Therapy (CAT) (Hamill et al., 2008), family systems nursing (Moules, 2002;2009), Psychiatric nursing therapy (Freed et al., 2010), and The Maudsley Model of Anorexia Treatment for Adults (MANTRA) (Simmonds, 2020). Some of the studies also focused on particular client groups, such as clients with Irritable Bowel Syndrome (IBS) (Howlett & Guthrie, 2001), Anorexia Nervosa (AN) (Simmonds, 2020), women in prison (Walker et al., 2017), families living with illness (Moules, 2002; 2009), and persons with long-standing psychiatric and social disabilities (Freed et al, 2010). Other details about the studies can be found in Appendix L.

Quality ratings

Two of the included reports were quality appraised by two independent researchers (ES and AL) to control for interrater agreement. The agreement between ES and AL was calculated using Cohen's Kappa (Cohen, 1960; McHugh, 2012). According to the guidance for interpreting the magnitude of Kappa provided by McHugh, (2012), the agreement between the two researchers was considered to be moderate, $\kappa = .61$, $p < .001$, with a percentage agreement of 78%. It should be acknowledged that Cohen's Kappa is sometimes interpreted differently while the range .60-.80 is commonly considered 'moderate' within health research (Howitt & Cramer, 2007; McHugh, 2012).

The CASP quality appraisals of qualitative studies have been summarised in Appendix J and the GATE quality appraisal of the quantitative study can be found in Appendix K. Given the limited number of existing studies on the topic and that inclusion criteria stated publication in a peer reviewed journal, no studies were excluded based on their quality ratings. Rather, the questions from the CASP and GATE quality appraisals were seen as useful to evaluate the quality of the existing literature and individual studies.

Four studies were rated as *high* quality (Hamill et al., 2008; Walker et al., 2017; Freed et al., 2010; Simmonds, 2020), one of which was quantitative (Simmonds, 2020). These studies had clear aims, justified methodologies, and included transparent discussions about limitations. Only two of the studies (Walker et al., 2017; Sommonds, 2020) focused exclusively on goodbye letters, while the remaining two (Freed et al., 2010; Hamill et al., 2008) focused on therapy letters presented at different points in the therapy with at least one letter being presented around the ending.

Three studies were rated as *medium* quality (Moules, 2003; 2009; Howett & Guthrie, 2001). These studies had some limitations when assessed for quality, including lacking clear, explicit aims and critical justifications of their methodologies. These studies were particularly lacked in terms of acknowledging their limitations of analyses and the impact of the researcher on the results. It was also unclear exactly how well ethical issues had been considered and addressed. However, given that these studies were among the first to specifically address the impact therapeutic letters can have on clients, they are considered valuable initial explorations that have guided future research.

One paper was rated as *low* quality (Laub & Hoffmann, 2002). This met inclusion criteria because the impact of ending letters (a new version which they coined "dialectic letters") sent to two clients and the impact this had had on them was considered. However, this part was only meant to be used as a case demonstration in the paper. The main purpose of

the paper was to introduce and describe the use of letters in dialectical therapy. The resulting quality rating reflects this. However, the paper was considered valuable as it is one out of four identified papers that exclusively considers letters presented at the end of a psychological therapy, including statements about client reports about their impact on them.

Given that the reviewed topic is highly under-researched, it can be expected that the existing studies chose to use exploratory approaches given an evidence base is not established. It could also be expected that there could be great heterogeneity in their findings in relation to type of psychological therapy and characteristics of recipient of the therapy. However, after the data from included studies had been extracted and summarised in a table (see Appendix L), the themes outlined below were identified (Dixon-Woods et al., 2005). These have been used to draw on common elements of the existing literature while evaluating its quality. These themes were extracted by taking a top-down approach while remaining guided by the research question.

Impact of keeping something tangible after the therapy

One theme that emerged from reported client experiences of the letters was how they experienced having something tangible after the therapy had ended. This was the most frequently appearing theme in the qualitative literature and was reported by five studies (Moules, 2009; Howlett & Guthrie, 2001; Hamill et al., 2008; Freed et al, 2010; Walker et al., 2017). Moules (2009) reported that all their participants (N=4) had spoken about the letter's capacity to conserve memories from the therapy and interpreted this in light of theory from narrative therapy about how the written word expands the limitations of memory in therapy (White & Epston, 1990). Similar reports from participants were presented by Howlett and

Guthrie (2001), although they further stated that these memories had only been experienced as helpful by clients if the clients had also benefitted from the therapy they received.

Hamill et al. (2008) reported that "all their participants had commented on the importance of having a lasting document of the therapy to re-read". They suggested that the letters appeared as being part of a process that helped clients separate from their therapists by representing a tangible and visible representation of the client. Reportedly clients had talked about how the letters appeared "just as crucial as the therapist's own words" and that they had used the letters to re-experience messages from their therapists (Hamill et al., 2008). Similarly, letters have been reported to have been shared with others, apparently for the purpose of sharing understanding of self with others (Hamill et al., 2008; Freed et al., 2010; Walker et al., 2017; Howlett & Guthrie, 2001).

The opposite response, of not sharing the letter with others, has also been reported (Walker et al., 2017). This study took place in a women's prison, identified a theme that they called "Connecting to Others: Sharing the goodbye letter" which included both reports of sharing the goodbye letter for the above purpose, but also those of the letter being private and that clients had kept their letters to themselves (Walker et al., 2017). For this particular study, this might have been affected by the prison circumstances.

Freed et al. (2010) also reported that their participants had found the letter to be a cherished object that would be used to re-live the relationship with the therapist long after the therapy had ended. A quote from Freed et al. (2010) illustrates this, and also the overlapping theme reviewed here:

"This letter is special. It is my treasure. You see I've kept it white and clean in its own envelope. I've read it several times, over and over. It inspires me. It lifts me up to know I've

touched a young person and that young person has touched me." (quote extracted from: Freed et al. 2010).

Impact on how the ending of therapy is dealt with

While participants have reported an experience relating to the tangibility of the letters, several studies also suggest that getting a letter can help deal with the ending of the therapy while it takes place (Howlett & Guthrie, 2001; Hamill et al., 2008). In the Hamill et al. (2008) study the authors found that clients experienced the goodbye letter as an emotional process but that it helped them engage in a healthier way to end a relationship. Howlett and Guthrie (2001) showed that while some of their participants reported that the 'farewell letter' had helped them deal with the loss of the therapist, this had not been the case for all of them. For example, one of their participants had reported never looking back at his letter because his therapy had been too brief and the ending had bought up previous difficult experiences for him (Howlett & Guthrie, 2001).

The goodbye letter was reported as a distressing but validating experience by women in prison (Walker et al., 2017). Here the authors reflected that while the women would previously have dealt with the distress of an ending by self-harming, the letter gave them a way of checking in with thoughts and feelings, gaining a sense of validation, and continuing the recognition and awareness they had learned in therapy. A quote from one of their participants illustrates how the goodbye letter had helped them deal with the ending:

"It's good because they weren't just like dropping you and leaving you… you do all that work with her and you open up like … it wasn't many sessions and then all of a sudden she's

like saying bye after she opened a can of worms. But she ain't really leaving you, because she knows you can read the letter." (quote extracted from: Walker et al., 2017).

Impact on maintaining mental health improvements

The experience of therapeutic letters on maintaining mental health improvements after the therapy has ended has been discussed to some extent in all the included studies, and it is reflected in the themes already presented. However, some studies have more explicitly focused on how clients experienced letters having an impact on mental health symptoms. For example, Laub and Hoffman (2002) reported that following unsuccessful dialectical therapy for encopresis a client stopped soiling himself after having received a dialectical letter, although it was not clear what part the letter had played in this and the study design did not allow for conclusions to be drawn.

One high quality quantitative study has demonstrated the lasting impact of farewell letters in a way that no other study on therapeutic letters has previously done (Simmonds et al., 2020). In this study the authors investigated the relationship the quality of goodbye letters had with Body Mass Index (BMI) and eating disorder symptomology in clients with AN who had received MANTRA. Their results indicated that higher quality letters were associated with improvement in BMI at 12 months follow-up but not at 24 moths follow-up. However, no association between the quality of the letters and eating disorder symptomology had been found at 12 or 24 months follow-up.

Occasional reports of negative experiences of the goodbye letter highlighted the importance of considering how letters may sometimes be experienced as unhelpful. For example, Hamill et al. (2008) discussed how the goodbye letter could be a trigger for negative affect in some clients. Furthermore, some of Howlett and Guthrie's (2001) clients had experienced difficult memories of abandonment being triggered when receiving the

goodbye letter. Although there are few mentions of negative experiences being provoked by the goodbye letter the synthesis highlighted that this has been reported across some of the studies reviewed.

Discussion

Summary of results

This systematic review built on and refined Stockton's, 2012 previous review, which considered therapeutic letters in general. The systematic review conducted here focused specifically on the current literature on therapist-written goodbye letters, rather than therapeutic letters more broadly. In doing this, it examined the experiences clients have of goodbye letters as a component of psychological therapies by reviewing the published literature in this area. A synthesis of the papers included in the review identified a number of themes within the papers. These were that: clients have experienced benefits from being able to re-read letters after the ending of therapy: letters helped clients deal with the difficult emotions arising from ending the relationship with the therapist: clients have reported that letters alleviate symptoms after therapy has ended. Another theme that can be tentatively considered as there was not enough data in all studies was that there may be a relationship between quality of goodbye letters and certain symptoms at 12-month follow-up.

Discussion of findings

This review has highlighted there is a limited evidence base underlying the use of goodbye letters as a tool in psychological therapies. All studies published in a peer reviewed journal were included in the review. Quality rating tools highlighted there was variance in quality of the papers included in the review. Taking a thematic analysis – informed approach (Dixon-Woods et al., 2005) to grouping overlapping results, an account of the current

narrative emerging in research on goodbye letters emerged. This was done to provide an organised and structured way of outlining the narrative summary of the results.

The theme suggesting that there can be value in the tangibility of the goodbye letters highlights how client experiences may support CAT and narrative therapy (Ryle & Kerr, 2020; White & Epston, 1990) theory about their use. In CAT, goodbye letters have been used as transitional objects that clients can refer back to after the termination of therapy (Ryle, 1983). The client experiences reported in the literature reflects the rationale in CAT that goodbye letters can help clients have a reminder of the therapy as well as maintain the connection with an internalised therapist (Hamill et al., 2008; Howlett & Guthrie, 2001). Furthermore, client experiences and themes in the literature indicated that continued reflection about what is learned in therapy takes place through the goodbye letters after therapy (Moules, 2002; 2009; Freed et al., 2010), which is also supporting suggestions in CAT theory (Ryle, 2004a, 2004b).

The theme about how goodbye letters can impact on clients' ability to cope with the ending of therapy is consistent with CAT theory related to how endings are experienced and enacted. That is, CAT theory suggests that acknowledging the ending throughout the therapy and providing the client with a goodbye letter helps prepare them for termination and conclude the therapy with a transitional object (Ryle, 2004a, 2004b; Ryle & Kerr, 2020). Client experiences, and the interpretations of these, reported by some included studies (Howlett & Guthrie, 2001; Hamill et al., 2008; Walker et al., 2017) also support the argument that goodbye letters can validate clients' negative feelings that are provoked by the ending (Ryle, 2004a, 2004b). A clinical implication from this indicates that there might be a role for using goodbye letters particularly in client groups that are known to struggle with endings (Howlett & Guthrie, 2001; Hamill et al., 2008).

Goodbye letters have also been thought to promote the durability of mental health improvements resulting from a therapy as they can be used as reminders of what was learned in therapy once memory fades (Ryle, 2004a, 2004b). Only one of the included studies had explicitly investigated the relationship between the quality of goodbye letters and the durability of symptom relief. However, except for an association between quality and BMI in clients with AN at 12 months, no significant associations were found. This may indicate that it is less likely to find quantifiable differences in symptom reduction than finding impacts in the form of reported experiences in research, which could also leave qualitative research vulnerable to positive bias. This would be consistent with a past finding from a dismantling trial for reformulation letters where clients were found to have positive experiences of the reformulation letter while leaving the letter out of the therapy made no significant difference to outcome measures (Kellett et al., 2018). It is possible that similarly to what was found by Kellett et al. (2018) for reformulation letters, goodbye letters may not target symptom reduction although they may target other important aspects of the client's experience.

The results also highlight that clients' experiences of goodbye letters can differ between individuals. In Howlett and Guthries's (2001) study, some clients had reported that the letter could bring back adverse memories about abandonment. It was further reported that the experienced benefit of goodbye letters depended on whether the therapy had been beneficial to the clients. The opposite was found reported in Laub and Hoffmann's (2002) article about dialectical letters sent to clients after the ending of unsuccessful therapy, where clients had reported symptom relief after having received the letter.

The goodbye letter's potential to provoke negative affect was also discussed in relation to findings in Hamill et al.'s (2008) study. Furthermore, given that Simmonds et al. (2020) found that the quality of goodbye letters was associated with the BMI of clients with AN after 12 months it is possible that lower quality letters were less helpful to the therapy.

Given the lack of current knowledge about how clients experience goodbye letters, it will be important to carefully consider potential negative impacts as well as benefits. That is, from a clinical perspective letters in therapy may not be straightforward to write and people can experience them in a variety of ways. The synthesis of the research seems to indicate that when they are well-written, they are experienced as helpful, but at times they can lead to a different experience. This suggests that when delivering a goodbye letter there are many considerations that might need to be made related to how it is experienced, and this is something that is not explored or understood in the literature.

Limitations

Several limitations need to be considered in the present review. Only three of the reviewed studies had their main focus on goodbye letters (Howlett & Guthrie, 2001; Walker et al., 2017; Simmonds, 2020). Strict inclusion criteria about only having studies that specifically focused on the goodbye letter would have meant the review was too narrow. However, as other studies included information about goodbye letters, or letters presented around the end of a therapy, it was decided this would bring more benefits to the study such as broader literature to review, but it would introduce more heterogeneity to the review which is a limitation. Some of these (Hamill et al., 2008; Moules, 2002; 2009) reflected explicitly about how at least one of the letters had been presented around the end of therapy. One (Freed et al., 2010) was far less clear about this which led to a brief correspondence with the lead author to clarify that at least one of their letters had been an ending letter. Three other studies were also considered (Evans et al., 2017; Curling et al., 2018a; Curling et al., 2018b). These were studies that had not attempted to examine the experience of the goodbye letter but there was some reference to it in the study. However, a correspondence with one of the authors indicated that these were not suitable to include in the present review. This was

because there was not enough information in these studies related to how the client experienced the goodbye letter.

The reviewed studies often used different methodologies, meaning that the synthesised findings were not necessarily comparable. For example, while some of the studies used methodologies with thematic analyses (Hamill et al., 2008; Walker & Turpin; Freed et al.,2010), others interpreted data using a "Hermeneutic philosophy and interpretative tradition" (Moules, 2002; 2009). One paper that was considered low quality without a clearly defined method was also included and discussed in relation to these (Laub & Hoffmann, 2002). A similar limitation can be considered when the only identified quantitative study on the topic (Simmonds et al., 2020) was included and discussed in relation to qualitative results. However, this may also have been useful as it identified how the goodbye letter may not lead to durable symptom reductions as one may be led to believe by only considering the qualitative literature.

One limitation of qualitative research generally is that it lacks generalisability as it is often specific to a particular context (Thomas & Harden, 2008). While reviewing qualitative research, it can be argued that the research has been "de-contextualised" which leaves it vulnerable to flawed assumptions about the commensurability of the results (Sandelowski & Barroso, 2006). In the present review, the reviewed studies were rooted in different contexts and methodologies. Whilst this is a limitation that was acknowledged from the start, one benefit is that despite the heterogeneity of study methodologies it has represented an attempt to synthesise all published information that exists in this field which would have been underpowered if it had just focused on a specific methodology.

Furthermore, narrative synthesis in systematic reviews does not rest on an authoritative body of knowledge which leaves reviews applying it vulnerable to lack clarity about their approach to synthesise findings (Popay et al., 2006). However, Popay et al.

provide guidance for how to apply narrative synthesis while encouraging transparency about the processes undertaken. Some of the principles provided by Popay et al. were used to guide the present synthesis to increase robustness and being transparent about the procedures undertaken to obtain the results.

Although thematic analysis is commonly used in reviews, it is not always clearly defined what this entails (Braun & Clarke, 2006). Identifying themes can be particularly difficult when the key findings of qualitative studies are complicated by different methodologies and reporting styles (Sandelowski & Barroso, 2006; Thomas & Harden, 2008), which was the case in the present review. Therefore, what was considered key findings in each study were not used as conclusive findings alone. Rather, they were used as headings to organise the narrative resulting from the synthesis while considering context, quality and reporting style, and seemingly contradicting findings (Dixon-Woods at al., 2005).

Theoretical implications

The literature on the use of letters in Psychological therapies in general is lacking in support from empirical research. This review provides an overview of findings that can be compared towards theory about the use of letters as a therapeutic tool. Much of the theory about letter writing in therapy comes from narrative therapy (White & Epston, 1990) which stresses the value of retelling stories and has inspired other therapy modalities such as CAT to build upon this (Ryle et al., 2004). The use of goodbye letters in particular is now more often associated with CAT (Ryle et al., 2004).

In CAT it has been argued that the goodbye letter holds a number of functions: acknowledging and permitting both positive and negative feelings about the ending, reminding the client of areas they still need to continue working on, encouraging continued reflection and an ongoing conversation with the internalised therapist (Ryle, 2004).

The present findings indicate that there is an emerging literature that supports these theoretical functions of goodbye letters. That is, for example, a theme was identified suggesting that clients have experienced goodbye letters as a reminder of the therapy (Moules, 2009; Howlett and Guthrie, 2001), which included accounts of the therapeutic relationship continuing through the letter (Hamill et al., 2008). Another supported the suggestion that the letter can help acknowledging positive and negative feelings about the ending. That is, "impact on how the therapy is dealt with", which included clients describing it as emotional but helpful for dealing with the loss of the therapist (Howlett & Guthrie, 2001) and as distressing but validating (Walker et al., 2017). However, Findings of negative experiences of letters (Howlett & Guthrie, 2001; Hamill et al., 2008) highlight a need for theory building about why such experiences can occur in some cases and not in others.

Clinical implications

The limitations of the current evidence base need to be carefully considered when interpreting the clinical utility of using goodbye letters in clinical practice. The recommendations made should therefore be seen as tentative and developing in relation to a growing evidence base whose typical findings might change in future, more robust studies. However, the current review has illuminated some initial trends in the emerging literature on goodbye letters that can be useful to guide their use in clinical practice. With regards to the quality of letters, there is some indication in the literature that this can predict the durability of outcomes to some extent (Simmonds, 2020). It may thus be useful to utilise and further develop guidance (see Turpin et al., 2013 and Allen et al., 2016 for case formulation letters) on how to write high quality goodbye letters to clients.

In relation to using goodbye letters to help clients deal with the ending of therapy, the current literature suggests that including content that is validating clients' feelings about

endings can be beneficial (Walker et al., 2017; Howlett & Guthrie, 2001). It can further be useful to acknowledge that the difficult emotions experienced when ending the therapeutic relationship are normal, point out the clients' new ways of coping, and that one is thus practicing a healthy way of ending a relationship (Hamill et al., 2008; Walker et al., 2017).

As the reviewed studies have reported that clients often use letters to remind them of the therapy, share understanding of self with others, and re-live the relationship with the therapist (Hamill et al., 2008; Freed et al., 2010; Walker et al., 2017; Howlett & Guthrie, 2001), it may be useful to consider including important learning from the therapy and to give the letters a personal tone, while also considering that some clients may want to be able to share them with others.

Whilst on the whole the literature indicates that clients have a positive experience of the letter, this is not universally the case and in a few cases clients find the letter difficult. This suggests that on the whole the letter is beneficial and there is a home for it in psychological therapy, but it needs some more thought about a) the content of the letter and b) the person receiving it, in order to reduce the number of people or likelihood of people finding it unhelpful.

Implications for future research

Goodbye letters could potentially be powerful therapeutic tools for various client groups and in a range of therapy modalities. Future research should consider further exploration of client experiences of goodbye letters in different settings while continuing to improve their methodologies for this purpose. Conducting qualitative studies with robust analytical procedures will have the potential to reduce some of the limitations of the current literature. For example, controlling for positive bias would balance findings about the usefulness of goodbye letters and potentially lead to a better understanding of the occasional

negative experiences reported by clients in some of the reviewed studies (Howlett & Guthrie, 2001; Hamill et al., 2008).

There is also a need for quantitative research into how goodbye letters affect durability of therapy outcomes. Such research would benefit from including control groups in order to enable firmer conclusions about causality. This could for example be addressed in dismantling trials where one group receives the goodbye letter at the end of a therapy and one group receiving the same therapy without the goodbye letter, which has previously been done for reformulation letters in CAT (Kellett, 2018).

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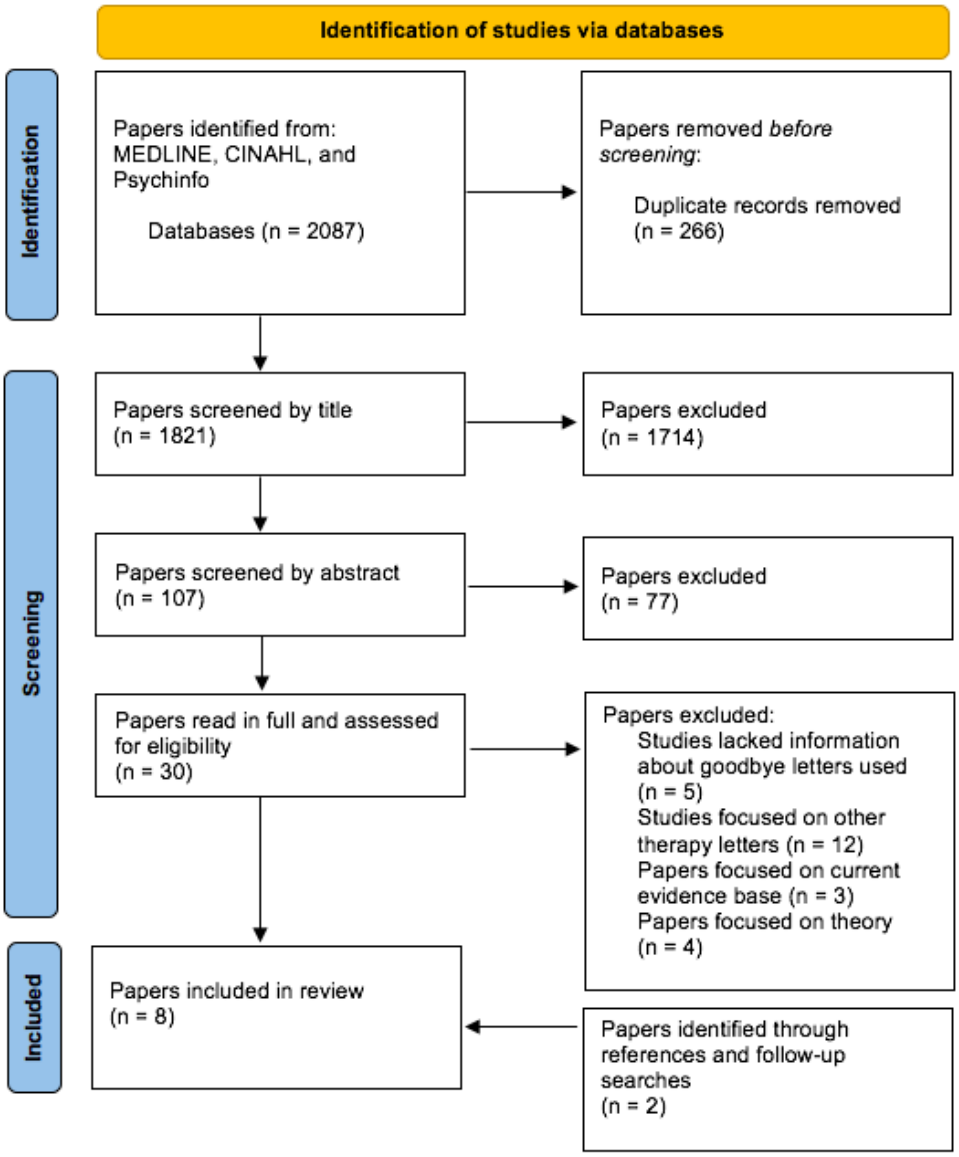

Figure 1. PRISMA flowchart illustrating search, screening, and inclusion process resulting in the included papers.

Chapter 3 – Bridging Chapter

Bridging Chapter

The systematic review explored all published research on the experience of therapeutic letters regardless of therapeutic modality delivered at the end of therapy. One of the main conclusions from the review was that despite goodbye/ending letters becoming more popular in clinical practice there is very little empirical evidence investigating their efficacy. This suggests that the research on goodbye letters is still in its infancy. This is somewhat surprising given goodbye letters have increasingly been used in various therapies, and are a key component of one type of therapy (Cognitive Analytic Therapy (CAT)). However, despite a paucity of research there is a clear theme across the studies that recipients of goodbye letters tend to find them helpful. It is hoped that this emerging evidence will encourage much needed further research on their impact as well as their continued use in practice.

Some of the reviewed studies (Hamill et al., 2008; Moules, 2002; 2009; Freed et al., 2010; Laub & Hoffmann, 2002) met inclusion criteria because they captured client responses to letters presented around the end of a Psychological therapy. Although these did not provide in depth information about the topic of interest, they serve as useful initiators of research about the various components considered in the course of an intervention. There are a number of studies (Curling et al., 2018a; Curling et al., 2018b; Evans et al., 2017) enmeshed in the CAT literature that have some reference to the goodbye letter and the participant's experience of it. However, after corresponding with one of the authors it was clear there was not enough information provided or captured that would allow it to be included in the study. However, it did raise important questions.

In CAT, there is a unique research opportunity in that each qualified CAT practitioner will have received their own personal CAT during their training and thus have experienced

receiving CAT letters. As CAT trainees are likely to have a unique experience of the letters, studying their experiences of them could potentially give insights into aspects of using therapeutic letters that one cannot get from client experiences.

Whilst the literature has focused on the client's experience of letters, and this being under researched, it does raise a question about how therapists receive letters, and to the authors knowledge there has been no study published that has specifically investigated therapist-experiences of receiving letters as part of their training and professional development. Chapter 3 consists of an empirical paper that explores how CAT practitioners experience receiving reformulation letters as part of their personal therapy during their training.

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Chapter 4 – Empirical Paper

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Reformulation Letters in Cognitive Analytic Therapy: The practitioner's experience

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Abstract

Objectives. To explore (1) CAT practitioners' experience of receiving their own reformulation letter as part of their training, and (2) CAT practitioners' perceptions about how receiving their own reformulation letter alters their clinical practice.

Design. Semi-structured interviews were used to elicit participants' (N = 9) experiences of having received their personal CAT, with particular focus on the reformulation letter, and their perceptions of its impact on them as clinicians and their clinical practice.

Methods. Inductive "bottom up" Thematic Analysis was used to analyse the interview transcripts and extract overarching themes and subthemes across all participants.

Results. Four overarching themes emerged from the data: The power of the reformulation letter; inhabiting the client's role; absorbing thinking as a CAT practitioner; and evolving the therapist's technique.

Conclusions. CAT practitioners report experiences of the reformulation letter that indicate a positive impact on their self-awareness, learning about CAT, and consciousness about how their own clients experience therapy.

Keywords: Cognitive analytic therapy, CAT, therapeutic letters, reformulation, practitioner training, personal therapy.

Background

Cognitive Analytic Therapy (CAT) is a time limited therapy approach, typically 16 or 24 sessions, based on principles from psychoanalytic and cognitive theories, and more recently Vygotskian theory (Corbridge et al., 2017). It is delivered in healthcare settings for a range of psychological and some physical presentations. There is suggestion within the literature that the reformulation letter, a narrative letter outlining of a "reformulated" understanding of the client's history and presentation, holds particular importance in CAT (Ryle & Kerr, 2020). However, research on the significance of the reformulation letter for facilitating change is less clear.

Research on the reformulation letter is mostly limited to case studies investigating change in clients with different presentations at different stages in the therapy process. For example, case studies have demonstrated the effectiveness of CAT in reducing jealousy intensity, compulsive observation, and anxiety in clients with obsessive morbid jealousy (Curling et al., 2018); reducing dissociative symptoms in a client with dissociative identity disorder (Kellett, 2005); extinction of five out of six key paranoid symptoms in a client with paranoid personality disorder (Kellett & Hardy, 2014); and extinction of cruising and pornography consumption in a client with hypersexuality (Kellett et al., 2017). It has been noted in these studies that change, either in terms of symptom reduction or experience, had occurred following the reformulation letter. However, the role of the reformulation letter in facilitating this change was less clear.

A dismantling study found that excluding the reformulation letter made no difference to treatment outcomes for depression (Kellett et al., 2018). Similarly, a case study found that improvement occurred gradually over the course of therapy for histrionic personality disorder, rather than as a spontaneous reaction to the reformulation letter (Kellett, 2007). Furthermore, in Evans and Parry's (1996) case series, they found that there were no short-

term impact on measures of perceived helpfulness of the sessions, the therapeutic alliance or individual problems following the reformulation letter. However, their clients reported in interviews that the reformulation letter had significantly impacted on them.

In some studies, qualitative data has been collected alongside outcome measures. Shine and Westacott (2010), in a case series, investigated client reports of the impact of the reformulation letter. They found no impact of the reformulation letter on measures of therapeutic alliance. However, thematic analysis of their semi-structured interviews identified seven themes: feeling heard, understanding patterns, space to talk, having something tangible, working together, and feeling accepted, highlighting the importance of the reformulation letter for the client's experience of the therapy.

Furthermore, Hamill, Raid and Reynolds (2008) investigated clients' experiences of CAT letters in general, using semi-structured interviews and grounded thematic analysis. They identified four general processes in the clients' reported experiences of the letters: Letters offered a tangible, lasting framework for the assimilation of a new perspective about themselves and their relationships and facilitated coping with a complex range of emotions and risks. Second, they demonstrated therapists' commitment to patients' growth. Third, they helped teach clients about the therapy process as an example of interpersonal exchange. Fourth, they helped clients consider how they wished to share personal information.

These results demonstrate how, although outcome measures do not always indicate a significant change in the client, the reformulation letter is experienced as helpful and the collaborative nature of the process is perceived as important. Furthermore, it has been demonstrated that the impact of the reformulation process largely depends on the therapeutic alliance for making a difference (Tyrer & Masterson, 2019).

This suggests that there is limited research into reformulation letters and the small evidence base that exists does not show that the letter reduces symptoms. However, there is

some indication that clients experience them as important. Therefore, the benefits of the letter might be understood in a way that is outside of symptom reduction and may be an important vehicle to promote factors such as facilitating rapport, helping clients feel heard, and promoting understanding.

The present study

In CAT, practitioners are required to receive personal CAT as part of their training. This is mandated by the governing body for CAT, the Association for Cognitive Analytic Therapy (ACAT) (Association of Cognitive Analytic Therapy, 2020), as part of the set requirements, standards and competencies that need to be achieved in order to practice CAT. The rationale for this is based on a recognition in CAT that all therapists have their own relationship patterns and therefore, as therapists, these can be enacted in the therapy environment (Corbridge et al., 2017).

As the therapeutic relationship is seen as an important tool in CAT, it is essential that therapists have an understanding of how their own relationship patterns may influence it. It has been argued that such an understanding will assist therapists in being aware of their blind spots and how to prevent these from interfering with the therapy (Ryle & Kerr, 2020). Furthermore, it is hoped that experiencing CAT from the client's perspective will help them develop an empathic understanding of what it feels like to be in the client's chair.

The limited research that exists on reformulation letters has focused on trying to understand more about how the client experienced it. This has resulted in a limited literature around themes that have come out of reformulation letters that clients identify with. However, given that all practicing CAT practitioners have to complete their own personal CAT therapy and receive their own reformulation letter, it seems that these are an under researched cohort when it comes to the experience of receiving reformulation letters, and

how this might influence clinical practice in the therapist. When looking at the themes in the literature for how clients experience reformulation letters (where they are receiving therapy for a difficulty) it cannot be assumed that therapists (who are also receiving it to understand their therapeutic style/bind spots) will experience it in the same way. Therefore, trying to understand this further will explore an area of the CAT literature that has not previously been investigated, but could also have important clinical implications as it might identify important processes that take place as a result of the reformulation letter for CAT therapists that improve or enhance their clinical practice.

Research Question

How does the experience of receiving reformulation letters, as part of Cognitive Analytic Therapy (CAT) training, impact the way CAT practitioners conduct their clinical practice?

Research Aims

1. To explore CAT practitioners' experience of receiving their own reformulation letter as part of their training.
2. To explore CAT practitioners' perceptions about how receiving their own reformulation letter alters their clinical practice.

Method

Qualitative methodology was used to elicit participants' experiences and perspectives in depth. The main author holds a critical realist ontology, thus assuming that there exists a reality but that subjective perception influences its meaning (Archer et.al., 2013; Bhaskar, 1998). This enables the author to reflect on how his own perceptions may influence the

research process and their interpretations of the findings in this study. This ontology is compatible with a contextualist epistemology, which proposes that people's perceptions are influenced by their social circumstances and contexts (Braun & Clarke, 2006; Tebes, 2005). It is thus reflected that the understanding reached in this study is a result of both interviewee and interviewer (author) experiences, views and perspectives, and the wider social circumstances and context. To help reflect on this, the main author kept a reflective log throughout data collection and analyses. Research supervision was also regularly used for reflection on experiences as well as for guidance about method and interpretations throughout, which in turn also will have had an impact on outcomes.

Ethical approval

Ethical approval was sought and granted by the Faculty of Medicine and Health Research Ethics Committee at the University of East Anglia (reference 2019/20-057) (Appendix F).

Design

Semi-structured interviews were used to elicit participants' (N = 9) experiences of having received their personal CAT, with particular focus on the reformulation letter, and their perceptions of its impact on them as clinicians and their clinical practice. Inductive "bottom up" Thematic Analysis was used to analyse the interview transcripts (Braun & Clarke, 2006).

Interviewe Schedule

As CAT recipients' experiences of the reformulation letter can be diverse (Ryle & Kerr, 2008) a semi-structured interview guide was developed to elicit each participant's

subjective experience. The interview guide was developed using a CAT practitioner focus group and Mason's (2018) guide to developing a semi-structured interview. Three CAT practitioners took part in the focus group to discuss main topics that would be of interest in the interviews. These CAT practitioners were not used as participants in the study. When main topics of interest had been agreed, Mason's (2018) guide was used to inform the completion of the interview schedule (Appendix E).

Participants

The participants were ACAT-trained CAT practitioners, recruited through ACAT from across England and a regional specialist interest group in the East of England. In order to be included in the study, participants needed to be at least six months post qualification, subjectively able to recall the experience of receiving their own reformulation letter, and English speaking. There were eight female and one male participants, and their background professions included Nursing, Clinical Psychology, and Psychiatry. Because the CAT network remains relatively small, and too much information about the participants could leave them identifiable, the information provided about each participant has been limited here. However, their gender, background profession and approximate time since qualification is shown in Table 1.

Analysis

The interviews and the analytic procedure were completed by the lead researcher (ES). A thematic analysis following the guidance and principles of Braun and Clarke (2006) was used to analyse each transcript.

Procedure

Participants were recruited through the ACAT network, or a regional specialist interest group, via email. An email with a participant information form (PIS) (Appendix G) attached was sent out to an email list for practitioners within ACAT. Anyone interested in participating was given contact details to discuss further, and following this, if interested in participating, were then sent a consent form (Appendix H) to be completed prior to their interview, ensuring that each participant had provided their informed consent to take part in the study. Due to the COVID-19 pandemic, the interviews were carried out remotely via the video meeting platforms Microsoft Teams or Zoom. Interviews were carried out from May 2020 – August 2020 and interview data were transcribed in October – December 2020 and analysed in December 2020 – March 2021. Throughout, the lead researcher kept a reflective log in which experiences relating to the interviews and the analytical process were reflected upon.

Analytic Procedure

Approximately five hours of interview data were transcribed. The duration of the interviews ranged from 30-90 minutes. The Thematic Analysis of the transcripts was informed by Braun and Clarke's (2006) six phases of this process.

In the *first phase*, the focus was to become familiar with the data. ES familiarised himself with the data by collecting, transcribing, and re-reading the interviews. As part of this, he also noted initial impressions and reflections on the data in his reflective log.

The *second phase* consisted of coding the transcripts. The initial codes were generated in each transcript through the NVIVO software. Codes were created at different levels e.g. ranging from a few words to a paragraph and thus occasionally overlapped considerably. The

result was a total of 6723 codes across the transcripts that worked as labels marking what was said.

The *third phase*, where codes are merged to form subthemes and overarching themes, was carried out in three stages: grouping, subtheme formation, and theme formation. The grouping was completed by organising codes according to which interview topic was discussed before grouping together codes that were closely related within each category, and discarding codes that were unrelated to the research question. This resulted in a total of 67 code groups. The code groups were then merged into 9 subthemes that differed but were not mutually exclusive. Finally, the subthemes that related to each other were organised under four overarching themes, each communicating a separate message towards the research question.

Phase four is where themes are reviewed and refined. At this stage, data were looked through at code and group levels to reconsider previously discarded code, as well as reorganisation of code, in light of the identified themes. Although this did not change the number of themes and subthemes, it changed the organisation of groups and subthemes within one overarching theme. All data deemed irrelevant were then excluded.

The fifth phase is where themes are defined and named. In addition to names being formulated, this was where the 'story' of each theme was outlined and interpreted in relation to the research question.

The sixth phase was where the report was produced. In this case the themes were written up in a systematic way and example quotes were provided to demonstrate each theme (see results section).

Quality control

A reflective log was kept by the lead author from the beginning of the interviewing process into the final stages of data analysis to establish quality and rigour (Koch, 1994, 1996; Smith, 1999; Jasper, 2005). This allowed the lead author to keep track of his thoughts and reflections throughout the analytic process to ensure the experiences of the lead author were kept in mind. These reflections were also discussed with co-authors (AL (an experienced CAT practitioner and supervisor) and PF (an experienced qualitative researcher)) to inform the collaborative parts of the analyses.

In each stage of the thematic analysis, co-authors analysed parts of the data separately before meeting to compare results. This helped calibrate the lead author's subsequent analyses, being informed by, but not copying the approaches of the more experienced co-authors. Furthermore, it was a way of acknowledging and reflecting on personal biases that could influence the analyses and thus improve the 'trustworthiness' of the results (Lincoln & Guba, 1985; Guba, 1981; Daniel, 2018).

Results

From the analysis four overarching themes and nine subthemes were identified. These themes aimed to capture the participants' experiences of receiving a reformulation letter in the context of personal cognitive analytic therapy (CAT) during their training and the perceived impact this had on them as practitioners. The subthemes are not mutually exclusive as they contain common elements. Subthemes that communicated related points from the data have therefore been merged into the overarching themes (see table 2 for an overview).

The power of the reformulation letter

Participants reported similar experiences of having gained an increased awareness of how powerful the reformulation letter can be to a client after receiving their own. Although

they reported individual emotional experiences of receiving the reformulation letter, they had a shared theme of describing their experiences as powerful in some way. Participants also talked about how this gave them an increased sense of the letter's importance in CAT, leading them to think more carefully about how they produce reformulation letters for their own clients. This theme was composed of the following two subthemes.

The emotional experience of the reformulation letter. The first subtheme represents the sense that the reformulation letter had led participants to experience a powerful emotional reaction. Most participants talked about how this experience had been helpful to them and led to useful reflections about their reactions. Overall this communicated that the reformulation letters led participants to gain an increased awareness of their own emotional responses to different aspects of what the letter contained or how it was presented. This awareness also seemed linked to an increased sense of the letter's importance in CAT.

> Blue: "That (the experience of the reformulation letter) was, yea, that was very powerful, I remember being quite, um, tearful hearing, hearing that read to me, um, and again, she'd sort of captured and named things, um, really, really pungently…"

> Lily: "Um, target problems in there… Um, yea, I think that, she wasn't.. not afraid to use, oh what did she say? Something very pers – you know, like how hard the – the envy, how hard it must have been for you or quite boldly stating some things that actually felt quite powerful to have down, I think I'd skirted over and she'd – she wouldn't – she didn't let them go… She named them and that felt containing and powerful but also very – um… uuum, what's the word? Validating."

The reformulation letter's importance. This subtheme represents a sense that experiencing the reformulation letter led to an increased sense of its importance practically or symbolically as a tool to bring about change within CAT. Having experienced the letter's "power" seemed to have led participants to be more conscious about how they produce them and present them to their own clients.

> Snow: "It's a really moving experience and it is really powerful, and I think for me in my practice, it's really helped me think about, you know, that when I'm reading my letter. And actually the way my therapist read my letter, which was very slow, she paused, she looked at me, that, you know, that really stayed with me.."

> Angel: "Um, yea, I mean I write a letter I am quite perfectionist about it in some ways because I think it is a really important thing. I know with my own letter, I kind of, I looked at it a few times, I may not have looked at it loads of times, but it's still a really important object to me."

Inhabiting the client's role

The experience of inhabiting the client's role had led to experiences of what various aspects of the therapy, including the reformulation letter, can be like for clients. This had enabled participants to learn what aspects of their therapist's technique can be helpful to use in their own practice. This also seemed to have increased the participants' awareness of what it feels like to be on the receiving end of CAT and thus enabled them to reflect more on how their own clients might experience them and their methods. The participants also talked about how, while receiving CAT as trainees, the client role was also accompanied by a learner role.

That is, being conscious about which aspects of their therapist's ways they wanted to adopt in their own practice. This theme is composed of the two following subthemes.

Knowing what it's like to be in the client's chair. The first subtheme represents participants' experiences that having received a reformulation letter it has increased their awareness of how clients experience it. They talked about how this awareness helped them become more able to empathise and attune with them in various ways. Some talked about how they became more conscious about how different types of content might be perceived and thus becoming more confident in what type of content to use in the letters they write. Others had become more aware of how clients may experience the way the letter is presented.

> Prim: "I attune myself to how someone, um, the words that they use, the way that they interact with me, how they work their way around their map, um, and I try to stay attuned to that for when I deliver the letter, in the way that I think it would make sense and connect with them. And I don't feel that she (Prim's therapist) did that with me, but I – I make sure that that's a priority for me, to try to understand what, how someone wants to experience that."

> Snow: "Um, I think I have greater insight and knowledge actually. And-um, a greater awareness of maybe what another might be going through, and the ability, because I've been through it, the ability to sometimes share my experience is appropriate, to disclose is appropriate, or kind of be more confident in naming what might be going on or, you know, some hypotheses about how someone might be feeling about it, um, having been there myself. And sometimes, you know, patients will say, 'have you had this therapy?' and of course I'll say yes, you know."

Learning techniques while being in the client's chair. The second subtheme represents how being a CAT trainee while receiving therapy impacted on the participants' experiences of the therapy. While receiving therapy as a client they were also learning as trainees about how to deliver therapy. They talked about how they were learning through their experience of the therapy by paying attention to the therapist's techniques and adopting those that were found helpful.

> Sky: "I think for me in the letter what made it more meaningful was hearing my therapist's feelings towards me and what I take from that in my practice as I always try and put something in for the client about how I feel in relation to their story because I think people often feel alone with their suffering."

> Angel: "And, and I also do try and phrase things in a slightly reserved way, in the same way that [name of therapist] did, like not rushing in to placate, like she didn't really placate, she was kind, but not in a kind of rescuing way. Um, yea so I think like maybe I do sometimes try and borrow from her slightly more reserved style, because I think I would kind of be a little bit melodramatic sometimes."

Absorbing thinking as a CAT practitioner

The reformulation letter seems to have helped the participants become more aware of how they relate to others and which patterns they may fall into with people in their lives, including their clients. Using such awareness in clinical practice is part of thinking and becoming competent as a CAT practitioner. Participants talked about how they saw it as useful to learn about oneself and what one brings to the therapy relationship in order to

develop and think as a CAT practitioner. This theme is composed of the three following subthemes.

Increased awareness of oneself. The first subtheme represents participants' experiences that receiving their reformulation letter made them more aware of their own personalities, and how others perceive them, through the eyes of another. The theme suggested that this awareness was useful to the participants personally, and for their clinical practice, as it enhanced their ability to reflect on how they are experienced in the world and by their clients.

> Sky: "I felt that it took lots of information that I knew but drew it together in a narrative that was helpful in terms of making meaning."

> Angel: "Well, I suppose you are learning about yourself, but through the eyes of another, aren't you? So how you are experienced in the world and, you know, that's really useful to know for any therapist. How they're being experienced by the other."

> Dave: "And I think having the letter, um, things, it resonated, you know, it wasn't, so it was all in attune to what my experiences were. Um, so broadly speaking, it was therapeutic, um and then advancement on where I was as a person."

Internalising CAT concepts. This subtheme represents participants' experiences of relating CAT concepts such as reciprocal roles (RRs) and reciprocal role procedures (RRPs), and the patterns they formed in the reformulation, to themselves, helping them think about how these might be enacted in their clinical practice. While some of the participants

experienced becoming aware of their patterns after receiving the letter or subsequently in the therapy, it had taken others longer to recognise them. For example, some reflected in hindsight about how their responses to the letter were part of their pattern at the time. This was also talked about in terms of being aware of how their own patterns enabled trainees and practitioners to continuously reflect on when they might get caught into these with others over time and develop this ability.

> Blue: "I think just learning where you get caught in, you know, naming the reciprocal roles, and seeing where you get pulled into, within relationships and stuff"

> Dave: "I think I've fallen back into those reciprocal roles, you know, but it does help, I'm able to understand myself, you know. Also, where I can fall into trouble in my life as well (smiling)"

> Daisy: "It pointed to all of my, you know, the assumption that she hadn't bothered was absolutely at the heart of my sense of why I am so conditional with myself and why I've got to be such a good girl (RRP). Because otherwise no one will be bothered. So it was right there. It was there! That's me in hindsight as a much more experienced clinician now."

A tangible object. This subtheme represents participants' experience of having the letter as a tangible reminder of their new understanding of themselves. One participant talked about how one will inevitably forget parts of the therapy while the way the therapy made them feel is often remembered. She continued with talking about how the reformulation letter serves as a reminder of the therapy while also having the power to bring back the emotional

experiences from the therapy. Some participants talked about how the letter worked as a transitional object or a gift in that it somehow made sure the therapist's voice was held after the therapy had finished. The reformulation letter was usually kept for the purpose of being a reminder of what was learned about oneself and one's patterns in therapy that they could use according to need. However, it varied greatly how often they looked at their letters, and even whether they could remember where they had stored it.

> Snow: "Um, so, you know, it's useful to look at it and think, 'oh god, you know, I need it back there again' or 'I'm really stressed and' (…) I read it when I feel like I need to. Um, and I feel a bit insecure or a bit kind of confused about myself or some of my relationships. Um, so it helps put things in perspective, um, for me as well."

> Lily: "All that I think is really, that tangibility of it is really nice. Powerful and supportive and helps you think about the work and remember it afterwards. And it is a direct communication. It's something, yea, handing over an object from one person to another, there's something really nice about that. 'This is something I've made for you', it felt like a gift I guess."

Evolving the therapist's technique

Having had unsatisfactory or imperfect experiences of the therapy and reformulation letter seems to have helped the participants evolve the techniques used with them by trying to improve them in their own practice. The level of dissatisfaction with the therapist's technique varied greatly. One participant said she hated her therapy and did not understand what her therapist was trying to do. Others talked and expressed great respect for their therapists and their methods. However, all participants reported dissatisfaction with at least part of their

therapy experience, and often the reformulation letter. This led them to learn about what they did not want their own clients to experience and thus enabled them to evolve their own therapeutic technique by doing it differently or adding to it. This theme also extended beyond the reformulation letter to the therapy experience in general and is composed of the two following subthemes.

Correcting for dissatisfaction. The first subtheme represents participants' wishes to give their own clients an improved experience of the reformulation letter compared to their own. Some participants talked about being dissatisfied with contents of the letter while others were more concerned about its presentation. In either case there was a sense of gaining an awareness of elements of the reformulation letter provided that could be improved.

> Daisy: "I tend to write a long and wordy letter, and every supervisor have said 'make it less'. But I think I felt I was a bit disappointed in the letter I received, and it hadn't been worked through. I didn't, it wasn't about the length of it, but I could feel that it was quite quick and dirty, and I do work really hard. I'm very cosier in my CAT practice with everyone."

Building on own therapist's imperfections. The second subtheme represents a tendency in the participants to talk about how they want to be different from their own therapist in some way. Even when participants were pleased with the therapy they received, they often talked about parts of their therapist's approach to the therapy, or their personality that they hoped to improve or do differently in their own practice.

Prim: “Um, I – I, hope that I’m a little bit more organised and a bit, slightly warmer. Um, she (Prim’s therapist) was warm, but, um, yea I hope that I do do it different, and I certainly do my letters different. I didn’t find her letters great.”

Moon: “I don’t think she was very warm. I don’t think she was very warm as a therapist. I’m not saying she had to be like full of jokes, laughter and, but maybe I just didn’t feel, maybe I just didn’t feel the empathy from her. I just didn’t feel that telling her anything would have made her help me, I don’t know. Um, I just would not like to be like her. I didn’t like her style.”

Discussion

This study aimed to expand on the existing research on how reformulation letters are perceived (Hamill et al., 2008; Shine & Westacott, 2010) by extending the investigation to how they were experienced by CAT practitioners as part of their training. An additional aim was to explore CAT practitioners’ perceptions of how this experience may have altered their clinical practice. Four main themes emerged from the data; the power of the reformulation letter, inhabiting the client’s role, absorbing thinking as a CAT practitioner, and evolving the therapist’s technique. These results indicate that the reformulation letters give CAT trainees powerful experiences that impact on them personally as well as professionally. This serves as support for the rationale for including a personal experience of a reformulation letter in CAT practitioner training (Ryle & Kerr, 2020) as the themes indicate their perceived usefulness to the practitioner’s development of CAT skills in a durable way.

The translation of experience into language may distance the evidence for the experience from the experience itself (Polkinghorne, 2005). To reduce this distance, the participants’ and the interviewer’s use of language as well as contextual factors were

considered in the process (Braun & Clarke, 2006). With participants, lead researcher and one co-author (AL) all having experience with CAT and the interview being focused specifically on aspects of this model, the language used in interviews and analyses was influenced by CAT specific terminology. This was seen as a likely and natural occurrence from the planning stages of the research project and is reflected in the formulation of the results. After discussions among co-authors about how this was to be dealt with, it was decided that no attempts were to be made to exclude CAT terminology at any stage as this could potentially made the process seem artificial to participants and researchers.

When CAT language was used, this allowed the lead researcher to enquire about the meaning of various terms with the participant during the interviews. For example, if the participant reported having learned about their RRs, the lead researcher explored the participant's appraisal this through open questions (see Appendix E). Thus, the resulting interview data consisted of in-depth descriptions beyond the CAT terminology which allowed for formulation of the themes in accessible terms where possible (Braun & Clarke, 2006), such as "relationship patterns" rather than "reciprocal roles". However, with themes where CAT terminology was specifically focused on, such as "internalising CAT concepts", it was deemed beneficial to keep some of the CAT terminology to capture the participant's voice (Rabionet, 2011).

Some of the themes that emerged supported the rationale for having personal therapy as a mandatory part of training as well as having elements in common with those identified in the experiences of clients in past research. "Absorbing thinking as a CAT practitioner" included subthemes "awareness of oneself" and "internalising CAT concepts" and "a tangible object". These tell the story of how an increased awareness of one's own patterns in CAT terms increases self-awareness in a way that was helpful to clinical practice, as well as this

awareness being kept alive over time by the tangibility of the letter. These experiences are in line with the rationale for having personal therapy as part of training (Corbridge et al., 2017).

They also share common elements with Hamill et al's (2008) theme "Connecting to Self: Understanding and Awareness of self over time" in clients' experiences of CAT letters in general. The same similarity can be seem in Shine and Westacott's (2010) theme "Understanding patterns" and "Having something tangible", in that this too tells the story of how clients' self-awareness was enhanced through the reformulation letter, and how the physical nature of the letter gave them something to look at as a reminder later on. However, it seems that for the CAT-trainees, this increased self-awareness had a practical element too as it was perceived as improving their ability to think as CAT-practitioners subsequently. For example, by paying attention to what the therapist was doing practically which other clients in CAT may not have the same interest in doing as they are not training.

Using personal therapy to enhance one's self-awareness is also consistent with the theoretical rationale for "training analysis" in Psychoanalytic schools, which also sees it as an essential part of acquiring the therapeutic skills necessary to practice (Moe & Thimm, 2020), similar to that in CAT (Ryle & Kerr, 2020). The overarching theme in the present study "inhabiting the client's role" included a subtheme indicating that the participants experienced that skill acquisition had occurred from receiving their reformulation letter, as well as the therapy in general, "learning techniques while being in the client's chair". Furthermore, this overarching theme's second subtheme, "knowing what it's like to be in the client's chair", indicates that the participants developed a sense of empathy for clients. This may be useful as empathy has been shown to be one of the "common factors" of different therapy approaches that impact positively on clinical outcomes (Wampold, 2010). Thus, inhabiting the client's role seems to be experienced in a way that is helpful and in line with psychoanalytic and CAT theory about why personal therapy is a useful part of training.

The overarching theme “The power of the reformulation letter”, telling a story of how participants had an emotional experience of the reformulation letter which also led to an increased sense of its importance, had common elements with Shine and Westacott's (2010) theme “Feeling heard”. Whilst both indicate that recipients had powerful experiences of receiving a reformulation letter, this also seemed to have a practical function for CAT trainees. That is, gaining an increased sense of how much importance should be placed on the letter in their own practice, such as by setting aside more time for writing them and having them reviewed by someone else before presenting them. In this sense, the emotional and relational parts of having a personal reformulation letter during training seem to go hand in hand with practical elements of the CAT practitioner’s clinical practice.

One theme that can be considered unique to CAT trainees was “Evolving the therapist’s technique”. This overarching theme tells a story of how the participants had experienced having expectations about their therapy and reformulation letter that their therapists did not always live up to and how they therefore wanted to evolve their technique. This relational connotation may link to Hamill et al.'s (2008) themes about perceiving the therapeutic relationship and the structure of therapy. The difference may come from the CAT trainees’ expectations that come as a natural consequence of their training. It is possible that scrutiny of one’s own therapist and their technique can be an important part of developing one’s own style as a CAT practitioner, as well as seeing that the therapist and their technique is not perfect, and does not need to be.

Strengths and limitations

While the study included participants of different ethnicities and varying level of post-qualification experience, the sample only included one male participant. The results may thus not be as generalisable across genders as they might have been with more equal sample.

However, it is possible that there are more female than male practitioners in the workforce and that this has caused the higher number of female participants in the present sample. Although the sample size is similar to that of similar studies (Hamill et al., 2008; Shine & Westacott, 2010) and the duration of the interviews was flexible, the present interviews were shorter in duration. However, as the present participants were primed about the topic of the interview they may have provided their answers in a more focused and effective manner than they otherwise would.

Limitations of qualitative methodology have been argued to include lack of generalisability and bias resulting from the researcher's own influence on the results (Cope, 2014; Hayashi, Abib & Hoppen, 2019). To counter this, measures informed by Lincoln and Guba's (1985) evaluative criteria for qualitative research were taken to establish 'trustworthiness' of the undertaken procedures. The reflective log was used particularly with the intention of establishing confirmability by considering the influences of context and the researcher undertaking the analyses. For example, the reflective log allowed for reflection on the lead author's developing experience while carrying out interviews and analyses. Furthermore, it allowed for consideration of how the lead author's interests were reflected in the language used in interviews and results, such as the use of CAT terminology and concepts. Such biases were further considered through peer-debriefing and member-checking to establish credibility in the emerging results (Lincoln & Guba, 1985). That is, to probe the analytic process by using different perspectives on the data and uncover existing biases of the lead researcher such as expectation about what would emerge from the data.

It needs to be acknowledged that the participants were interviewed during a national lockdown due to the Covid-19 pandemic. This will have had an impact on the participants and researchers that is impossible to fully account for in the present findings. Lockdown and isolation has impacted on people's mental health, wellbeing and social and physical

circumstances in multiple ways and people's ability to deal with the situation has varied between individuals (Killgore et al., 2020; Groarke et al., 2020; Dawson & Golijani-Moghaddam, 2020; Collin & Whitehead, 2021). The present results will therefore need to be considered in light of these unprecedented circumstances.

There were benefits to the changing situation too. When the study changed the interviewing method to video conference, limitations around distance travel were no longer relevant. This made it possible to interview participants country wide as opposed to just from the East Anglian region.

Clinical Implications

Despite the lack of clarity around their impact on clinical outcomes (Curling et al., 2018; Kellett et al., 2018; Shine & Westacott, 2010) there has been indication in past research that clients experience reformulation letters as helpful in their therapy (Hamill et al., 2008; Shine & Westacott, 2010). The present findings indicate that to CAT practitioners the reformulation letter is perceived as helpful both in ways that can be considered personal and professional. This provides support for the theoretical understanding in CAT that personal therapy is a useful part of training that leads development of characteristics and skills that are central to practicing CAT. It also indicates that having personal therapy can lead to experiences and learning that are not gained through other aspects of training.

Future research

Future research should investigate how CAT practitioners experienced other aspects of their therapy during training while also considering how this may have impacted on them as professionals and their clinical practice. For example, one part of CAT that has been largely overlooked in previous CAT research is the goodbye letter (one exception is Hamill et

al., 2008 who asked clients about both letters). As goodbye letters are presented in the ending stages of CAT, it could be argued that these hold a more updated summary of the therapy undertaken, the reformulated understanding, and the identified "exits". Given the recurring theme about the tangibility of letters across studies and approaches (Shine & Westacott, 2010; Pyle, 2004, 2009; Freed et al., 2010) it is possible that clients and CAT-trainees/practitioners experience great value in a more updated goodbye letter.

It would also be useful to investigate how the experiences and the learning gained from receiving personal therapy impact on therapists' performance in their own clinical practice. Although there is a growing evidence base suggesting that personal therapy leads to therapist characteristics that are associated with positive therapy outcomes, there is a lack in evidence to suggest that there is a causal link between personal therapy and therapy outcomes (see Moe & Thimm, 2020 for review). However, given the perceived helpfulness of receiving personal therapy, and the therapies' individual components, such as therapeutic letters, it will be important to investigate this further, and to correct for past methodological limitations as pointed out by Moe and Thimm (2020).

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Participant Pseudonym* (gender)	Background profession	Approximate time since ACAT qualification
Blue (female)	Nurse	27years
Sky (female)	Clinical Psychologist	10years
Moon (female)	Psychiatric Nurse	3years
Angel (female)	Mental Health Nurse	11years
Prim (female)	Nurse	6years
Daisy (female)	Clinical Psychologist	26years
Lily (female)	Clinical Psychologist	4years
Snow (female)	Nurse	6years
Dave (male)	Psychiatrist	10years

Table 1: *Overview of participants: Shows the gender, background profession and years since ACAT qualification of the interview participants. Pseudonyms have been used to preserve identity.*

Overarching theme	*Subthemes*
The power of the reformulation letter	• *The emotional experience of the reformulation letter* • *The reformulation letter's importance*
Inhabiting the client's role	• *Knowing what it's like to be in the client's chair* • *Learning techniques while being in the client's chair*
Absorbing thinking as a CAT practitioner	• *Increased awareness of oneself* • *Internalising CAT concepts* • *A tangible object*
Evolving the therapist's technique	• *Correcting for dissatisfaction* • *Building on own therapist's imperfections*

Table 2: Overview of themes: *Provides an overview of overarching themes and their underlying subthemes.*

Chapter 5 – Extended Methodology for Empirical Paper

This chapter outlines further descriptions of concepts and procedures presented in the method section of the empirical paper. That is, the lead researcher's (ES) philosophical standing and how this related to the research undertaken, rationale for the choice of methodology and design, and a walk thorough of the analytical process.

Philosophical position

Acknowledging the philosophical position of the researcher adds to the understanding of the research methodology, data interpretation, overall understanding and presentation of findings. The researcher's ontological and epistemological standpoint will be described to capture this on a broad level, before demonstrating and reflecting on how this impacted the undertaking of the study's procedures.

Ontology. Ontology has been defined as a branch of philosophy that is "the science of what is, of the kinds and structures of objects, properties, events, processes, and relations in every area of reality" (Smith, 2003). One's ontological position can be seen on a continuum that ranges between the extremes of realism and relativism (Braun & Clarke, 2006). The realist view is that absolute, objective truth can be described by science regardless of the observer's interpretation. In contrast, the relativist believes that truth and reality can only be described through the lens of the observer, and is thus dependent on subjective interpretation (Arrington, 2019). The researcher identifying with a "middle way" between the two, can be described as a critical realist, believing that there exists an objective reality, but that this can only be interpreted by the observer whose subjective interpretations influence its meaning (Archer et al., 2013).

Epistemology. Epistemology can be defined as 'the theory of knowledge', and focuses on how knowledge and meaning are generated (Rodrigues, 2019). Epistemology can be seen as a spectrum of viewpoints, ranging between the extremes of positivism and constructivism. Positivism is the state of being certain that true, objective knowledge can be gained from scientifically studying the natural world. In contrast, the constructivist assumes that any knowledge about the world and reality is constructed subjectively, and thus influenced by individual beliefs, experiences, and contexts (Detel, 2015). The researcher taking on a "middle way" on this spectrum, holds a contextualist position, which assumes that knowledge emerges from the context within which it was generated and the researcher's views, and is thus always provisional while retaining an interest in understanding truth (Braun & Clarke, 2006; Tebes, 2005).

Ontology and epistemology are related concepts, and the researcher identifying with a position on the continuum on one, is likely to also identify with a corresponding position on the other (Braun & Clarke, 2006). This is true for me, as a ontological critical realist position can be seen as corresponding with an epistemological contextualist position.

Own philosophical framework

My personal philosophical approach in research has been influenced by various aspects of my academic career. An immediate influence to be accounted for is my choice of conducting qualitative research (Smith J.A., 2015). This could indicate that I was more inclined to show interest in how individuals experience reality than how experiences can be cumulated to numerical averages that can be generalised. However, having had a recent background in quantitative research, it feels important to be transparent that my choice of methodology initially came from a place of curiosity about an under researched domain which made a qualitative approach seem appropriate at the time (Hammarberg et al., 2016).

This contributes towards why I still hesitate to take a fully constructivist position. In the early stages of developing this project, I reflected on my philosophical standing and although my articulation of this has developed since, the essence remains the same.

My ontological position is that of a critical realist. I make the assumption that there exists an objective reality which we can only interpret through our own subjective perceptions (Archer et al., 2013). I further hold a contextualist epistemological position, and thus assume that knowledge should be seen as arising from the context in which it is generated and the interpretations of the researcher's views and experiences. Therefore, I have found it important to consider how my own perspective, experiences and the context of the research have inevitably influenced my research process, findings and interpretations (Tebes, 2005).

It is important to reflect on how my past experience may have influenced my philosophical stance and how this in turn has impacted on this research (Elliott et al., 1999). My previous research experience is largely within the field of sexual orientation, with particular focus on its physiology. In this work, there was little focus of people's subjective experiences. Rather, we were working on finding quantifiable evidence for sexual orientation that could be measured physiologically in a reliable manner. As much of the criticism of this part of my research took the form of arguments about people's individual experiences and identities, I may have been predisposed to a position of defending a realist-leaning view of research.

However, my views are also influenced by my clinical experience, both from working in Forensic services in Norway prior to my clinical training and from working with different client groups and individuals while training. Most of my clinical work in Norway was undertaken during summer and Christmas holidays having travelled home from the UK to work. Although I have now lived in the UK for over six years, there are some cultural

differences that will still have had an impact on me. For example, Norway is among the most egalitarian countries in the world (Høgblad & Lien, 2018), meaning that I have not grown up thinking much about how my gender is impacting on my job roles. I may therefore have a different perspective on social constructs around power dynamics in professional and research settings than others.

I feel increasingly critical about truth claims in work settings as well as in the literature. My clinical training has also encouraged me to take a critical stance in relation to research and to assess its quality as well as the philosophical underpinnings of the authors or organisations producing the research. To give an example of this; while looking at the literature for treating a client presenting with anxiety, the research seems clear about which procedures will be effective for treating clients with this presentation. However, one may find out, while looking closer at the context, that the client indeed had good reason to be anxious as they were being stalked by an ex-partner or abused by a parent. Furthermore, one can see how the experience of the truth about this case started out as different from the clinician's point of view to that of the client's point of view, both experiences potentially flawed, but feeling equally real to each of them at the time.

As I am fond of reading, my philosophical position is also likely to be influenced by what I read. My reading journey has taken me from a rationalist, determinist view starting some years ago while taking a particular interest in authors such as Sam Harris (Harris, 2012), who argues for deterministic thinking, and Richard Dawkins (Dawkins, 2016) who argues that empirical research evidence should guide how we see the world, to a direction more in line with relativism, and constructivism while taking a particular interest in the works of Carl Jung (Jung, 1956) around the time when I started this project. While I can't claim to have any deep understanding of the ontological or epistemological views of authors I have read, I believe they have left me in the philosophical position I currently hold.

Reflecting on this, I have aimed in my thesis to see interviewees as holding knowledge that they have gained from individual experiences within different contexts. I have also, through the thematic analysis, attempted to focus on common themes in experiences with the assumption that these can be seen to some extent as generalisable within the group investigated. Furthermore, the context in which the interviews in the present research were carried out was largely influenced by the Covid-19 pandemic. Although the interviews were focused on experiences that took place prior to the pandemic, interviewees were in lockdown while being interviewed via video-platforms. At the time of writing, little is known about the impact this would have had on what interviewees reported about their past experiences, but it has been found that it was a time that caused people stress that they showed different resilience towards (Killgore et al., 2020; Collin & Whitehead, 2021).

These experiences, interests, and circumstances have left me with the view that there is an objective reality that exists that can be interpreted subjectively. However, I keep in mind that the model and techniques investigated are social constructs that have also been developed in certain contexts. Further, the means through which the present study attempts to gain knowledge are subjective experiences of these constructs which will have been influenced by each individual interviewee's experiences, views, and context. In line with my ontological and epistemological position, I have kept a reflective log to keep a record of my own experiences.

Qualitative Methodology

With my philosophical view described, I will move on to explain my choice of methodology. Although there is flexibility in which methodology one will use within different ontological and epistemological positions, some may sit within each other more naturally than others. Common within qualitative research is the focus on exploring the 'inside perspective': individual, subjective experiences and how meaning emerges from these

and is interpreted (Moen & Middelthon, 2015; Tuffour, 2017). However, different methodologies can differ in their suitability to address different research questions. It is therefore worth repeating here that the research question in the present study read as follows: "How does the experience of receiving reformulation letters, as part of Cognitive Analytic Therapy (CAT) training, impact the way CAT practitioners conduct their clinical practice?" I will outline some of the considered analysis methods for addressing this before explaining the resulting choice.

Interpretative phenomenological analysis. Interpretative phenomenological analysis (IPA) is used to conduct detailed examinations of personal lived experiences, while considering processes in both researcher and participant (Eatough & Smith, 2008), and enables collection of rich data from fewer participants. It is used for in-depth analysis of each individual case before considering commonalities across cases (Smith & Osborn, 2008). The present study was interested in the shared experiences participants reported in the interviews rather than getting a deeper understanding of each individual participant's experience. Therefore, IPA was not deemed the most suitable methodology for the present study.

Narrative analysis. Narrative analysis (NA) is used to analyse the stories people tell, focusing on identifying narratives in qualitative data, while considering contextual influences (Earthy & Cronin, 2008). This approach to data analysis mainly takes a social constructionist standpoint and can be used by psychologists to investigate the influence social life and identity can have on people's issues, such as their gender identity or experiences of their family (Stephens & Breheny, 2013). NA could, for example, have been useful in the present study if the focus had been on the participants' experiences of their identity as CAT practitioners within the NHS, and/or relevant power dynamics involved. However, the

present study did not focus on social identity or power issues, nor did it take a purely social constructionist standpoint, and NA was thus not used.

Grounded theory. Grounded theory (GT) has a clear procedure and includes construction of theory that is grounded in the data **(**Charmaz & Belgrave, 2007). It is used to synthesise, explain, and identify patterned relationships within data, before building theory about what is found to be relevant to the area of study (Oktay, 2012). GT could have been useful in the present study if we were aiming to, for example, build theory about a particular phenomenon studied in the data. However, the present study did not aim to build theory and it took an inductive approach to explore what emerged from the data rather than focusing on a particular phenomenon.

Discourse analysis. Discourse analysis is essentially used to study language within, and in relations to, a social context (Johnstone, 2018). This could have been used as a method for analysing the transcribed interviews in the present study if we were interested in whether the interviewees used language in a certain way within the clinical, personal therapy or training setting. However, the present study was not focused on how language was used, but rather common themes in different practitioners' reported experiences.

Thematic analysis. Although thematic analysis was first developed in the 1970s, by physicist and historian of science, Gerald Holton, it lacked a well-defined methodological process until 2006 (Braun & Clarke, 2013). In their 2006 book Braun and Clarke clearly outlined a set of procedures for undertaking TA, encouraging consistency in its use and thus increasing its value as a research method. These procedures were followed in the present study as it will be shown in more detail below. TA is unique in that it is "just a method",

without underlying guidance for data collection, predefined theoretical positions, or ontological and epistemological frameworks, which allows for flexibility in these regards and applicability towards a wide range of research questions (Braun & Clarke, 2013). Thus, TA allows the researcher to apply their own theoretical and philosophical framework in their research.

TA also enables the researcher to identify patterns across a data set rather than being limited to each individual participant's experience (Braun & Clarke, 2006). That is, the researcher can conduct an in-depth analysis of the entire data-set to extract themes that participants have in common. It can be used in a data driven, 'bottom-up', way, observing what emerges from the data, or in a theory driven, 'top-down', way, using data to explore particular ideas, or these can be combined (Braun & Clarke, 2013). This allowed for the inductive, 'bottom-up', approach to analyse the data in the present study in a way that served to address the research question and meet our aims.

Thematic analysis in the present study: Identifying Themes and their 'stories'

Familiarisation with the data started with the undertaking of the interviews and listening back to them while making notes about ideas around what seemed relevant to the research question. The transcription style was kept mostly orthographic, aiming for an accurate presentation of the interviews (Braun & Clarke, 2013). There were occasional modifications to the verbatim sounding of speech to promote clarity. For example, extensive stuttering/staggering was modified to "(stuttering/staggering)". Notes were also made during the transcription phase, and quotes that seemed to be of importance were highlighted for future reference. If participants expressed non-verbal gestures these were represented in parentheses, such as "(pausing/thinking)". In order to ensure that the meaning of what the

participants conveyed was accurately captured, parts of the recordings were re-played, occasionally several times, and the use of punctuation was carefully considered.

Prior to commencement of coding, the coding technique and process was carefully discussed and planned in supervision, with both the primary and secondary supervisor present. As part of this, all three of us coded a paragraph from a transcript before comparing our resulting codes and approach to identifying them. As every researcher will have their own "style" when coding (Braun & Clarke, 2013), I took inspiration from both supervisors but did not attempt to copy their approaches directly.

In order to utilise the 'richness' of the data, and allowing for themes to emerge bottom-up, all text within the transcripts was coded, with the exception of text that was not related to the interview questions, such as "good luck with the rest of your training". The NVivo software was used throughout coding process, and only notes were made by hand. That is, noting down thoughts and reflections for the reflective log or to be returned or referred back to. The transcripts were coded semantically and thus made no assumptions about unspoken meaning (Braun & Clarke, 2006).

At a broad level, grouping of code was considered while giving the codes names. For example, if the conversation was about the reformulation letter, "reformulation letter" would be added to the code name, and if the conversation was about the therapy as a whole, "personal therapy" was added. The code names were rooted in the participant's own words but summarised or shortened as an interpretation of what had been communicated. Codes often overlapped in the text, and occasionally, the same line of text could give rise to several codes. Furthermore, while a code could be given to a whole paragraph, the sentences and sentence components within the paragraph could receive their own codes as well. The resulting number of codes was 6723. Some examples of the initial codes have been illustrated in Table 3. For the purpose of further illustrations below, the codes used here all fall within

the same group of codes ("Having experienced the reformulation letter naming one's own patterns").

Participant	Text extract	Code name
Blue	*"she named some of the struggles I had in terms of like finding my voice, um and my identity about myself, um, which have always been sort of a struggle for me…"*	Reformulation letter – noticing exits in relationship with therapist
Sky	*"it's that whole kind of, um, thing that therapist takes in the story, digests what is difficult and feeds it back to you in a way that is much more digestible for you to absorb and learn from."*	Reformulation letter – therapist making story absorbable
Moon	*"she captured everything"*	Reformulation letter – therapist captured everything
Angel	*"Was very realistic about things"*	Reformulation letter-experienced as being realistic
Prim	*"and I think having the letter, um, things, it resonated"*	Reformulation letter – resonated
Daisy	*"Because it absolutely pointed to all of my (patterns), you know, the assumption that she hadn't bothered was absolutely…"*	Reformulation letter – patterns were there
Lily	*"so the words that she's used are factually accurate"*	Reformulation letter – factually accurate
Snow	*"But certainly a key dilemma for me she had in there"*	Reformulation letter – therapist caught key dilemma

Dave	*"helps put things in perspective, um, for me as well."*	Reformulation letter – putting things in perspective

Table 3. Coding raw data: Illustrates examples of how text data was coded.

Once the coding process had been completed, codes were organised into code groups. The adding of topic to each code name made this process easier to organise as groups could be made within topics of conversation (e.g. reformulation letter, personal therapy, CAT training etc.). An extract of codes was brought to supervision with both supervisors present, and it was discussed how various codes could be grouped together and how to discard irrelevant codes. Although codes were discarded, they were kept in a separate folder, enabling for going back to review later. Continuing with the illustration above, Table 4 shows an example of how the codes exemplified were placed under the same group heading (parent node to group of child nodes in NVivo).

Group	Codes
Having experienced the reformulation letter naming one's own patterns	• Personal therapy – noticing exits in relationship with therapist • Reformulation letter – therapist making story absorbable • Reformulation letter – therapist captured everything • Reformulation letter - experienced as being realistic • Reformulation letter – resonated • Reformulation letter – factually accurate • Reformulation letter – patterns were there • Reformulation letter – therapist caught key dilemma • Reformulation letter – putting things in perspective

Table 4. Grouping of codes: Illustrating how codes were grouped together.

The groups, and later subthemes and themes, were revisited and sometimes modified. For example, if a new group emerged in which some codes fit better than where they were, these codes were moved into the new group. A general focus while moving from one level of analysis to another was to reduce the level of overlap between groupings. As TA is an iterative process (Braun & Clarke, 2013), it involved going back and forth between groupings and levels of analysis to modify and regroup while the knowledge about the data evolved.

Once the initial groups had been formed, these were organised into subthemes. Initially the subtheme names were loosely defined to enable a rough initial grouping of groups before refining them. Once groups had been organised roughly into subthemes, the subthemes were discussed in supervision with both supervisors present. The main focuses were to decide which groups belonged under each identified subtheme and the wording of the subthemes. Following the example above, Table 5 illustrates how this code group was merged together with other emerging code groups to form a subtheme.

Subtheme	Groups
Increased awareness of oneself	• Having experienced the reformulation letter naming one's own patterns • Experience of the reformulation letter leading to an enhanced understanding of oneself • Experience of the reformulation letter leading to an increased awareness of how one relates to clients • The reformulation letter improving one's awareness of how one is perceived

Table 5. From groups to subthemes: Illustrating how code groups were merged together to form a subtheme.

At the level of analysis where the subthemes emerged, discussion with supervisors was used to formulate the heading and 'story' behind each subtheme. The supervisors scaffolded (Van Der Stuyf, 2002) my reflection about each subtheme while also offering advice and guidance. This helped me organise my thoughts and utilise my knowledge of the data in a way that enabled the formulation of short accounts summarising the story behind each subtheme and hence finalising the naming of them. When we had an overview of the subthemes, time was spent on looking for links and commonalities between them. A part of this process was to revisit the raw data, codes and code groups, and the folder with discarded code. This process led to identification of more codes in support of each subtheme and the emergence of broader overarching themes. The overarching themes have been outlined in the main paper (see the main paper's results section and Table 2).

The reflective log was kept from the start of the interviewing process to the later stages of the analyses. This was mainly done to document my thinking while interacting with participants and transcribing and analysing the data. As the reflective log was mainly used as a tool, this has not been written in a formal way and has sometimes included emotional expression on my part. An example extract from the reflective log is shown in Figure 2.

Transcribing interview 2: Sky

I felt like I managed to keep the interview very focused. I hesitated less than in the past. I also felt a bit like I might have had an agenda based on the experiences thus far, which will be important to stay aware of in the future interviews. I feel afterwar that I may have been "fishing a bit for certain experiences"

This interviewee seems to have an understanding of the purpose of having personal therapy and receiving a reformulation letter that is consistent with the theory. For example, she talks about how the experience has led her to become more self-aware in various ways, how she has learned about her own RRs and how these may play out in her own practice, and stresses the importance of practitioners having their own therapy.

Coding:

The participant seems have found the therapy to be the most important part of training and stresses the learning from being in the client's chair. This branches out into the various experiences the therapist has had and the learning from these, and how they are aware of the client's experience in their own practice.

Transcribing interview 3: Moon

I notice as I transcribe this interview that I started by inviting the participant to talk about herself and found it difficult to bring the interview on to talk about how her experience had impacted on the way she practiced. She seemed stuck in a loop of explaining to me how displeased she was with the therapy she had received. I continuously felt invited to validate her feelings and agree with her during the interview, which resulted in comments from me that we could have done without, such as 'it sounds tricky'.

I notice how she seemed quite resistant to direction in the interview, and wanted to talk about how bad her experience had been. I did not feel like she understood what I meant about "how her experience of receiving a reformulation letter has impacted on her practice". toward the end I felt so tired of 'wrestling' with her that I just let her talk and asked her to tell me more about the stuff she seemed to love letting me about. She really seems to be fixated on the 'black and white scenario of how bad her therapist was and how good she herself is, without seeming to have any reflections to offer on how she might have learned something from her own therapy experience or her reformulation letter. She also gives me the impression that she enjoys being the hero, repeating experiences where her clients have told her it is the first time someone has listened to and understood them. At times I felt like she was someone who has been scrutinised a lot, who needs to justify everything she does, while this is not what the interview tried to do.

Coding:

This participant seemed determined to degrade her therapist for every questions she was asked. The wanted to get across how much she hated the experience of receiving therapy and how she did not need therapy at the time because there was nothing wrong with her. Her insistence on talking about this led her to answer different questions in the same way. While coding, I feel like I'm creating codes that are inconsistent with the intended topic of the interview.

In the interview the theme about not wanting to be like their own therapist and wanting to do things differently from the therapist continues.

Figure 2 Reflective log extract: Showing an extract from the reflective log.

Ethical issues

As all participants were from a non-clinical group and recruited through the Association of Cognitive Analytic Therapy (ACAT), ethical approval was sought and granted from the UEA Faculty of Medicine and Health (FMH); ref. 2019/20-057 (Appendix F), in order to meet the principles of legislative requirements necessary.

Due to the Covid-19 pandemic, the initial ethics application had to be amended after initial submission in order to change interviews from being face-to-face to video-platform (see appendix M for the amendment request). This amendment requested was sent during the process of making amendments to the initial application after a request from FMH for further clarification (Appendix N). While the move to a video platform resulted in delays, it also opened up for a breath of participants that would have been out of reach for face to face interviews. For example, from the West Country which had been too far to travel for a face to face interview for the present study.

The guidelines provided by the British Psychological Society (BPS) Code of Ethics and Conduct (British Psychological Society, 2018) and the Code of Human Research Ethics (British Psychological Society, 2014) informed the ethical considerations for the present study. These guidelines highlight four domains for consideration with regards to ethical issues: respect, competence, responsibility, and integrity.

Respect. Respect for participants was upheld by ensuring their privacy, and confidentiality. Participants were informed that data obtained from their interviews would be anonymised, and any that content that might lead to their identification would be changed. They were also informed in a Participant Information Sheet (PIS) (Appendix G) that their opportunity to withdraw from the study would last for up to two weeks after their interview.

Competence. Competence was mainly ensured through supervision. As the lead researcher has been in training throughout the course of the study, expert knowledge and competence with regards to CAT and qualitative research was supplemented through supervision from an experienced, accredited CAT practitioner and supervisor working on the UEA course programme, and an experienced qualitative researcher, also working on the UEA course programme, respectively. This was aimed at ensuring that the study was contemporary in regards to advances in the evidence base, that it maintained necessary technical and practical skills, that professional and ethical decisions were made, and that it remained cautious about knowledge claims.

Responsibility. Responsibility for participants' right to autonomy, privacy and dignity was held by the lead researcher, ES. ES was responsible for ensuring minimal harm and maximal good for participants and the general public. He also held the responsibility for ensuring respect and integrity.

Integrity. Integrity was ensured by being honest, truthful, accurate, clear, and fair towards participants. As there was no need for applying deception in the study ES freely informed participants about whatever they needed or wished to know about the study, before and after their interviews.

It was acknowledged that sensitive topics could emerge in the interviews as participants were asked about experiences of their own personal therapy, which had the potential to cause them to experience distress. Therefore, participants were informed about organisations that could help in the event that they would need it following their participation. However, although sensitive topics sometimes were discussed in the interviews, no participants reported a need for follow-up help after their participation. However, as this is something they would have discussed in their own CAT therapy as part of training it was less likely to be raw or distressing for them in their interview.

Informed consent

Participants were provided with the PIS (Appendix G) and a consent form (Appendix H) for completion prior to their participation. The PIS included information about the opportunity to withdraw from the study, the main topics covered in the interview, and the risk of experiencing distress in the process of, or after, being interviewed. There was also a protocol that they could chose to follow if they were dissatisfied and wished to complain about any aspect of the study. The consent form outlined statements about the participant's understanding of the information given in the PIS. Signing the consent form thus signified that the information about the study had been received and understood, and that the participant consented to take part. As the participants were practicing, English speaking, CAT-practitioners there were few concerns with regards to their ability to understand and have capacity to provide consent to participate in the study.

Data storage and confidentiality. Data were stored in accordance with the General Data Protection Regulation (Information Commissioner's Office, 2018). The interviews were recorded using secure video conference platforms and deleted after transcription had been completed. Anonymisation was ensured while transcribing the interviews by excluding or changing any identifiable information. The anonymised transcripts, data analyses, and write up documents have been stored on a personal, password protected computer.

Reflection and reflexivity

The reflective log was kept and considered in accordance with my philosophical framework. Research supervision served as a further opportunity to reflect on my own impact on the various parts of the research process. In particular, I found that reflection in supervision and the scaffolding (Van Der Stuyf, 2002) of my own thought processes led to a more in-depth and organised analysis than I can otherwise imagine having carried out. For

example, by directing me to think and look back to earlier stages of the analysis to look for potential new patterns that could be perceived differently after having learned more about the data.

Furthermore, it has been experienced as useful to reflect on my own position in relation to the interviewees. Especially because I hold a leading position as an interviewer, while my interviewees had deeper knowledge and experience with the topic I was studying. This led to dynamics in the interviews in which I sometimes would hesitate to embrace the leading role and find myself pulled towards letting the participant take the lead while this could lead onto tangents. An example of when such a dynamic took place is illustrated in the extract below (Figure 3):

Moon: Yea, maybe. Maybe. Like I said, I just thought that she was going to find something. I kept thinking, 'oh she isn't going to find something and she's looking for something that's not really going to be there', so whether, like I say, I was just feeling a bit.. I don't know. Wh – I don't know, we just didn't get on at all.

Interviewer: Yea. You mentioned earlier about awareness, about the contents of the letter, and, in the context of your own practice. Could you elaborate a bit on that?

Moon: wh – awareness for the letters I do now?

Interviewer: Um, awareness of the contents of your own letter in relation to the way you practice now…

P: … I don't really think there was any awareness in my letter, I really don't (laughing).

Figure 3. Interview extract: Showing an extract from the interview with Moon.

In this extract, Moon and I had just been talking about how she had been displeased with her own reformulation letter which had made her more aware about how she wanted to

write letters to her own clients, although not necessarily in those exact words. When I attempt, hesitantly, to bring the conversation back to the previous topic, asking Moon to elaborate, she misunderstands the question and turns the conversation back to talking about her dissatisfaction with her own letter and hence her therapist. This was also followed by Moon laughing, and it all triggered a sense of frustration in me at the time, as can be seen in my reflective log (Figure 2) where I reflect on my own experience of this interview. This particular experience was early in the interviewing process and because of the logging of my experience I was able to reflect on it in research supervision to increase my self-awareness and learn from the experience, and it represents one example of several experiences that were brought up for reflection. This, and reflection on the data and decisions in the research process, promoted a deeper understanding of the emerging findings and how my personal experience and context influenced them (Sullivan et al., 2014).

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Chapter 6 – Thesis Discussion and Critical Reflection

Thesis discussion and critical reflection

This chapter contains a discussion of the entire work undertaken in completing this thesis portfolio. This will include the lead researcher's own reflections on the research process with particular focus on conducting research during the Covid-19 pandemic. It will further consider strengths and weaknesses of the research undertaken as well as discussing clinical implications and future research.

Undertaking research during a pandemic

Personal experience of the pandemic: During the planning phase of the empirical paper there was no indication of a global pandemic was on the horizon that would significantly impact on our research and clinical work, as well as so many other aspects of our lives. Completing a doctorate thesis is a challenging process in itself, having this sudden change in circumstances has impacted on the work in ways that could be seen as obvious, as well as ways that would have been impossible to predict. On reflection, my own experience as a trainee clinical psychologist was that much felt uncertain and unknown at the time. However, after taking some time to process and make sense of it, I became better able to proceed experiences and move forward. Whilst there have been a number of challenges and threats to the research project, looking back it, I feel it would be inaccurate to say the experience of the pandemic has only been bad as there were solutions to difficulties and a use of creativity to solve difficulties in a way that might not have been present pre pandemic.

The timing of the when Covid-19 hit the UK meant that many thesis projects had to be changed last minute. This was to ensure that they were compliant with new guidelines and enforced restrictions on socialising and travel. For me, this meant that I needed to change my empirical research to use video-conference interviews rather than carrying interviews out face to face. My initial thoughts at the time were that this would save me time and thus make the

process “easier”. However, there were several challenges involved with this change, such as delays in ethical approvals, organising technical aspects of the interviews (i.e. not everyone had access to the same video technology, and technical literacy and comfort using this new technology was still varied). This meant there was also a need to consider how this change in procedure, alongside the change in circumstances might have impacted on the clients (see section on the pandemic’s impact on clients below).

The interviews: I was thus surprised to experience how the interviewing process took more time than initially planned, despite having “more time” from not having to travel for face to face meetings. The interviews will also have been affected by my experience at the time, given the stresses involved with change and delay, as well as significant impacts on my personal life (which I will not discuss here). This meant I was juggling lots of things in my own mind such as using the new technology, making sure it recorded okay, that I was still able to ask the questions I wanted, whilst also living through the pandemic and personal consequences this was having for me. At this point, I can reflect on how the pandemic possibly impacted on me as an interviewer and the interviewees. It is also worth mentioning that research on the impact of the pandemic has rapidly been produced since the start, and I have discussed some of this in the empirical paper.

One key feeling I made note of at the time of the interviewing process was the sense of “not knowing” and the accompanying uncertainty, confusion, and limited “thinking space”. I remember this as always feeling like there was a lot on my mind, feeling easily distracted and restless. These feelings may have had an impact on my attention span during the interviews or led me to respond to participants in ways that were specific to the pandemic circumstances. For example, if a participant had been talking about their recent clinical practice, my mind would likely have made a range of assumptions about their experiences with regards to how they would have been affected by the current circumstances. Thus, it

may be useful to consider that these factors have played an indirect part in the interviewing process, whether this was conscious or unconscious. It is also possible that not being in the room with the person has impacted on process in the interviews. Although it did not feel, at the time, like it made a difference to how connected I felt with the interviewees, or to the rapport between us, it may still have felt different if we were in the same room.

The analyses: With my research being qualitative, the process of transcribing and analysing data was repetitive and time consuming. I remember initially thinking that being in a lockdown at the time would be beneficial for this process by giving me more time. However, it turned out not to be that simple, and I, like several of my colleagues, found that while we expected that more time on our hands while being isolated at home would enable us to be more productive, it sometimes had a paradoxical effect. I noticed how, in the circumstances, my productivity started to decrease while the time spent working increased. Thus, I soon found myself in danger of "always working while getting nowhere". This led me to feel lower in energy and mood, which became perpetuating factors for the lack of productivity.

A key helping factor was to take one's own advice as a Psychologist and remain physically active, make an effort to separate work and free time, and maintain contact with friends and family thorough whatever means circumstances allowed. It also became important to consider how this new lifestyle would impact on my interpretations of the data while carrying out analyses. For example, with analyses being carried out over longer amounts of time within stressful circumstances, it is possible that my memory of the beginning stages of the analyses was weaker than it might have been normally. However, thorough log keeping and planning helped minimise the impact of the circumstances.

Write up: While I have heard about others enjoying "finally having time to write", I have found that writing while being in a lockdown has been challenging. I would describe the

experience as feeling like “I’m always writing, and there is always writing to catch up on”, not just with regards to this thesis but also other writing commitments one has as a trainee. There have been times when I spend most of the day in the same room doing nothing but write that day. Yet, on such a day I would still usually feel like not enough writing had been completed. It still remains a partial puzzle to me how it felt like I had less time to write while I was bound to home.

This could of course be a usual experience for a trainee, and that I have merely experienced a common challenge when it comes to writing up a thesis as a trainee, but I would imagine that the lockdown has played a significant role that is difficult to understand. It is also possible that it felt this way because lockdown required extra paperwork to be completed, gave rise to more work in relation to aspects of facilitating remote working, and taking away natural breaks, such as driving to work, catching someone for a conversation by the coffee machine, a chat with a colleague before a lecture, etc. Without these natural breaks it can feel like everything blends together, and you become gradually drained while not understanding why you can never get ahead of the work.

While feeling behind on writing in the circumstances, I suspect that this could have impacted on the tone of the writings I produced in the past year. It is possible that it has affected my capacity for reflection and that this shows in my writing. However, I have attempted to minimise this by having various parts of the thesis read by a supervisor and having subsequent discussions about the contents and thought processes presented.

It has taken some time to even recognise some of these impacts of the lockdowns. At the beginning of the first lockdown I remember thinking of all the advantages it could potentially have for the written parts of our work. I thought it would mean that the time otherwise lost travelling, having to park, walk to the office, and organising room bookings,

would then be freed up to get ahead of things. It was therefore sometimes surprising to experience the above reflected impacts instead.

Strengths and limitations of the thesis

The main strength of both the systematic review and the empirical paper is that they investigate an area of clinical practice where research is lacking. Only one published systematic review had previously evaluated the literature on therapeutic letters (Stockton, 2012) with one additional unpublished one. The review in this thesis built on this with a more specific research question, only considering research on therapeutic letters presented at the end of a Psychological therapy. This seemed an important focus as letters given at the start of therapy tend to have an entirely different focus, i.e. drawing the assessment together and further developing rapport. Whilst letters at the end of therapy are meant to have functions such as summarising and reflecting on the work and trying to facilitate feelings that might exist around endings. This means that in conducting a review regarding letters at the end therapy reduced heterogeneity in the sample of papers reviewed. Whilst there were fewer overall papers than the 2012 review, there is this trade off with increased homogeneity in this systematic review. Several important finding came out of this, such as highlighting the need for more research to examine the evidence for the efficacy of using goodbye letters in therapy, and giving an overview of what the current research indicates, i.e. that goodbye letters can be perceived by clients as helpful. This highlights an interesting phenomenon where it appears that clinical practice around goodbye letters is developing at a much faster pace than evidence to support this, and that an important gap in the literature is to develop evidence to understand this better.

The empirical paper studied experiences of reformulation letters in a population where this had not been considered in research before. This built on previous research that

considered such experiences in clients (Hamill et al., 2008; Shine & Westacott, 2010) and started an exploration of the potential helpfulness of therapists having a personal reformulation and receiving a narrative account of this. It thus brings together the research on therapeutic letters and that on therapists receiving personal therapy, which can lead to future implications for clinical practice (see section below).

A limitation of the thesis overall is that it evaluated limited amounts of data, both in the systematic review and the empirical paper. In the systematic review, this was the result of the current evidence base for goodbye letters being highly limited, and with the existing studies using different methodologies. However, this has led to a more focused review. In the empirical paper, the amount of data gathered was considered sufficient for the purposes of the study but still ended up being in the lower end of the estimated range (6-17). However, in both studies this limitation was minimised by making the most of the data to hand, such as by thorough discussion of each paper in the review and in-depth analysis of the interviews in the empirical paper. For example, much time was spent on making sure the coding of interview transcripts in detail, which led to a high number of codes to build the rest of the analyses upon. We felt confident we achieved saturation by looking at the last interview and when it was initially coded and grouped at the first level we could see that it was not adding any new information that we did not already know, but rather reinforced and sat with other things that we had already identified.

Another limitation is that the research will inevitably have been affected by the Covid-19 pandemic. This circumstance makes it less appropriate to generalise the results of the empirical paper. It is possible that the experiences reported by participants would not have been the same if the interviews took place prior to the pandemic in face to face interviews. As discussed above, it is also possible that the interviewer could have acted differently in the interviews than he would under normal circumstances, and that the effects

of the pandemic may have impacted on his interpretations of the data. However, reflection on the pandemic became a regular occurrence in supervision and logging of experiences throughout the process of writing this thesis to minimise its impact on the research. Whilst there were these clear limitations from the research being undertaken during the covid pandemic, one advantage of this process is that it allowed people to take part in the study that it would have been hard to justify including them in initially. For example, participants took part who were based in the south-west of England, which would have involved a nine hour round trip to interview them face to face, and which would have been unlikely to happen if the study was in person.

Clinical implications

Although the therapeutic effects of clinician authored letters was pointed out by Ellis (1965) more than half a century ago, there has been surprisingly little research on their impact on clients. Despite this, therapists from various schools of therapy are increasingly using them with their clients, and therapeutic letters have even become a key part of therapies like narrative therapy and CAT (White & Epston 1990; Ryle & Kerr, 2020). Whilst this is not an unusual phenomenon where clinical practice evolves before research, it is however, important that an evidence base to guide their use is developed. The present thesis serves as part of an emerging evidence base on the use of therapeutic letters in psychological therapies. However, despite the present attempts to improve and synthesise knowledge about the impact therapeutic letters can have on clinicians and clients, the projects are dealing with phenomena that will need more investigation before robust conclusions can be drawn about the practices using letter writing as a therapeutic tool.

It is hoped that the empirical paper has highlighted some of the experienced usefulness of therapists receiving their own reformulation letters as a part of their training (as

well as some of the perceived difficulties) and that this will encourage continued investigation into their use. Not only with regards to the use of letters for this purpose but also generally about the potential benefits of therapists learning about what they themselves bring to the therapy and the therapeutic relationship. The empirical paper suggests that the reformulation letter can lead trainees and practitioners to develop characteristics and skills that are associated with therapy outcomes in their own practice, such as empathy for their own clients, self-awareness, and genuineness (Bennett-Levy, 2019; Wampold, 2010). Although this is not sufficient to draw firm conclusions about the usefulness of reformulation letters as a training component, it indicates that their continued use in clinical practice may lead to development of characteristics in the practitioners that are useful for their practice. Furthermore, as it was found that trainee CAT practitioners also experienced learning practical therapy skills from their personal reformulation letter, this provides further support for their continued use as a training component.

The systematic review has identified a lack of research on the impact of goodbye letters in therapy. It showed that the limited number of existing studies have started to illuminate the benefits of using goodbye letters in various settings, although far more research is needed to support them being used routinely. It is hoped that this will encourage further research on the topic that can further inform the application of goodbye letters in different psychological therapies services. The review can be referred to guide letter writing practice by looking at what it indicates is helpful about the letters. It can illuminate potential aspects of the goodbye letters that the current evidence base indicates may require particular attention while using them with clients. For example, if clients feel their therapy has been too short and they have not benefitted from in, there is some indication that a goodbye letter will be experienced as less useful to the client (Howlett & Guthrie, 2001). Overall, practitioners using goodbye letters should pay attention to how each individual client may experience and

benefit from the goodbye letter while being sensitive to potential signs that it could be perceived as unhelpful.

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Appendices

Appendix A: submission guidelines for the journal.

PAPTRAP AUTHOR GUIDELINES

Sections

1. SUBMISSION

Authors should kindly note that submission implies that the content has not been published or submitted for publication elsewhere except as a brief abstract in the proceedings of a scientific meeting or symposium.

Once the submission materials have been prepared in accordance with the Author Guidelines, manuscripts should be submitted online at http://www.editorialmanager.com/paptrap

Click here for more details on how to use Editorial Manager.

All papers published in the *Psychology and Psychotherapy: Theory Research and Practice* are eligible for Panel A: Psychology, Psychiatry and Neuroscience in the Research Excellence Framework (REF).

Data protection:

By submitting a manuscript to or reviewing for this publication, your name, email address, and affiliation, and other contact details the publication might require, will be used for the regular operations of the publication, including, when necessary, sharing with the publisher (Wiley) and partners for production and publication. The publication and the publisher recognize the importance of protecting the personal information collected from users in the operation of these services, and have practices in place to ensure that steps are taken to maintain the security, integrity, and privacy of the personal data collected and processed. You can learn more at https://authorservices.wiley.com/statements/data-protection-policy.html.

Preprint policy:

This journal will consider for review articles previously available as preprints. Authors may also post the submitted version of a manuscript to a preprint server at any time. Authors are requested to

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This journal will consider for review articles previously available as preprints. Authors may also post the submitted version of a manuscript to a preprint server at any time. Authors are requested to update any pre-publication versions with a link to the final published article.

2. AIMS AND SCOPE

Psychology and Psychotherapy: Theory Research and Practice is an international scientific journal with a focus on the psychological aspects of mental health difficulties and well-being; and psychological problems and their psychological treatments. We welcome submissions from mental health professionals and researchers from all relevant professional backgrounds. The Journal welcomes submissions of original high quality empirical research and rigorous theoretical papers of any theoretical provenance provided they have a bearing upon vulnerability to, adjustment to, assessment of, and recovery (assisted or otherwise) from psychological disorders. Submission of systematic reviews and other research reports which support evidence-based practice are also welcomed, as are relevant high quality analogue studies and Registered Reports. The Journal thus aims to promote theoretical and research developments in the understanding of cognitive and emotional factors in psychological disorders, interpersonal attitudes, behaviour and relationships, and psychological therapies (including both process and outcome research) where mental health is concerned. Clinical or case studies will not normally be considered except where they illustrate particularly unusual forms of psychopathology or innovative forms of therapy and meet scientific criteria through appropriate use of single case experimental designs.

All papers published in *Psychology and Psychotherapy: Theory, Research and Practice* are eligible for Panel A: Psychology, Psychiatry and Neuroscience in the Research Excellence Framework (REF).

3. MANUSCRIPT CATEGORIES AND REQUIREMENTS

- Articles should adhere to the stated word limit for the particular article type. The word limit excludes the abstract, reference list, tables and figures, but includes appendices.

Word limits for specific article types are as follows:

- Research articles: 5000 words
- Qualitative papers: 6000 words
- Review papers: 6000 words
- Special Issue papers: 5000 words

In exceptional cases the Editor retains discretion to publish papers beyond this length where the clear and concise expression of the scientific content requires greater length (e.g., explanation of a new

theory or a substantially new method). Authors must contact the Editor prior to submission in such a case.

Please refer to the separate guidelines for Registered Reports.

All systematic reviews must be pre-registered.

Brief-Report COVID-19

For a limited time, the *Psychology and Psychotherapy: Theory, Research and Practice* are accepting brief-reports on the topic of Novel Coronavirus (COVID-19) in line with the journal's main aims and scope (outlined above). Brief reports should not exceed 2000 words and should have no more than two tables or figures. Abstracts can be either structured (according to standard journal guidance) or unstructured but should not exceed 200 words. Any papers that are over the word limits will be returned to the authors. Appendices are included in the word limit; however online supporting information is not included.

4. PREPARING THE SUBMISSION

Free Format Submission

Psychology and Psychotherapy: Theory, Research and Practice now offers free format submission for a simplified and streamlined submission process.

Before you submit, you will need:

- Your manuscript: this can be a single file including text, figures, and tables, or separate files – whichever you prefer. All required sections should be contained in your manuscript, including abstract, introduction, methods, results, and conclusions. Figures and tables should have legends. References may be submitted in any style or format, as long as it is consistent throughout the manuscript. If the manuscript, figures or tables are difficult for you to read, they will also be difficult for the editors and reviewers. If your manuscript is difficult to read, the editorial office may send it back to you for revision.
- The title page of the manuscript, including a data availability statement and your co-author details with affiliations. *(Why is this important? We need to keep all co-authors informed of the outcome of the peer review process.)* You may like to use this template for your title page.

Important: the journal operates a double-blind peer review policy. Please anonymise your manuscript and prepare a separate title page containing author details. *(Why is this important? We need to uphold rigorous ethical standards for the research we consider for publication.)*

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To submit, login at https://www.editorialmanager.com/paptrap/default.aspx and create a new submission. Follow the submission steps as required and submit the manuscript.

If you are invited to revise your manuscript after peer review, the journal will also request the revised manuscript to be formatted according to journal requirements as described below.

Revised Manuscript Submission

Contributions must be typed in double spacing. All sheets must be numbered.

Cover letters are not mandatory; however, they may be supplied at the author's discretion. They should be pasted into the 'Comments' box in Editorial Manager.

Parts of the Manuscript

The manuscript should be submitted in separate files: title page; main text file; figures/tables; supporting information.

Title Page

You may like to use this template for your title page. The title page should contain:

- A short informative title containing the major key words. The title should not contain abbreviations (see Wiley's best practice SEO tips);
- A short running title of less than 40 characters;
- The full names of the authors;
- The author's institutional affiliations where the work was conducted, with a footnote for the author's present address if different from where the work was conducted;
- Abstract;
- Keywords;
- Data availability statement (see Data Sharing and Data Accessibility Policy);
- Acknowledgments.

Authorship

Please refer to the journal's Authorship policy in the Editorial Policies and Ethical Considerations section for details on author listing eligibility. When entering the author names into Editorial Manager, the corresponding author will be asked to provide a CRediT contributor role to classify the role that each author played in creating the manuscript. Please see the Project CRediT website for a list of roles.

Abstract

Please provide an abstract of up to 250 words. Articles containing original scientific research should include the headings: Objectives, Design, Methods, Results, Conclusions. Review articles should use the headings: Purpose, Methods, Results, Conclusions.

Keywords

Please provide appropriate keywords.

Acknowledgments

Contributions from anyone who does not meet the criteria for authorship should be listed, with permission from the contributor, in an Acknowledgments section. Financial and material support should also be mentioned. Thanks to anonymous reviewers are not appropriate.

Practitioner Points

All articles must include Practitioner Points – these are 2-4 bullet point with the heading 'Practitioner Points'. They should briefly and clearly outline the relevance of your research to professional practice. (The Practitioner Points should be submitted in a separate file.)

Main Text File

As papers are double-blind peer reviewed, the main text file should not include any information that might identify the authors.

The main text file should be presented in the following order:

- Title
- Main text
- References
- Tables and figures (each complete with title and footnotes)
- Appendices (if relevant)

Supporting information should be supplied as separate files. Tables and figures can be included at the end of the main document or attached as separate files but they must be mentioned in the text.

- As papers are double-blind peer reviewed, the main text file should not include any information that might identify the authors. Please do not mention the authors' names or affiliations and always refer to any previous work in the third person.
- The journal uses British/US spelling; however, authors may submit using either option, as spelling of accepted papers is converted during the production process.

References

References in published papers are formatted according to the Publication Manual of the American Psychological Association (6th edition). However, references may be submitted in any style or format, as long as it is consistent throughout the manuscript.

Tables

Tables should be self-contained and complement, not duplicate, information contained in the text. They should be supplied as editable files, not pasted as images. Legends should be concise but comprehensive – the table, legend, and footnotes must be understandable without reference to the text. All abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings.

Figures

Although authors are encouraged to send the highest-quality figures possible, for peer-review purposes, a wide variety of formats, sizes, and resolutions are accepted.

Click here for the basic figure requirements for figures submitted with manuscripts for initial peer review, as well as the more detailed post-acceptance figure requirements.

Legends should be concise but comprehensive – the figure and its legend must be understandable without reference to the text. Include definitions of any symbols used and define/explain all abbreviations and units of measurement.

Colour figures. Figures submitted in colour may be reproduced in colour online free of charge. Please note, however, that it is preferable that line figures (e.g. graphs and charts) are supplied in black and white so that they are legible if printed by a reader in black and white. If an author would prefer to have figures printed in colour in hard copies of the journal, a fee will be charged by the Publisher.

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Supporting information is information that is not essential to the article, but provides greater depth and background. It is hosted online and appears without editing or typesetting. It may include tables, figures, videos, datasets, etc.

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Note: if data, scripts, or other artefacts used to generate the analyses presented in the paper are available via a publicly available data repository, authors should include a reference to the location of the material within their paper.

General Style Points

For guidelines on editorial style, please consult the APA Publication Manual published by the American Psychological Association. The following points provide general advice on formatting and style.

- **Language:** Authors must avoid the use of sexist or any other discriminatory language.
- **Abbreviations:** In general, terms should not be abbreviated unless they are used repeatedly and the abbreviation is helpful to the reader. Initially, use the word in full, followed by the

and the abbreviation is helpful to the reader. Initially, use the word in full, followed by the abbreviation in parentheses. Thereafter use the abbreviation only.

- **Units of measurement:** Measurements should be given in SI or SI-derived units. Visit the Bureau International des Poids et Mesures (BIPM) website for more information about SI units.
- **Effect size:** In normal circumstances, effect size should be incorporated.
- **Numbers:** numbers under 10 are spelt out, except for: measurements with a unit (8mmol/l); age (6 weeks old), or lists with other numbers (11 dogs, 9 cats, 4 gerbils).

Wiley Author Resources

Manuscript Preparation Tips: Wiley has a range of resources for authors preparing manuscripts for submission available here. In particular, we encourage authors to consult Wiley's best practice tips on Writing for Search Engine Optimization.

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5. EDITORIAL POLICIES AND ETHICAL CONSIDERATIONS

Peer Review and Acceptance

Except where otherwise stated, the journal operates a policy of anonymous (double blind) peer review. Please ensure that any information which may reveal author identity is blinded in your submission, such as institutional affiliations, geographical location or references to unpublished research. We also operate a triage process in which submissions that are out of scope or otherwise inappropriate will be rejected by the editors without external peer review. Before submitting, please read the terms and conditions of submission and the declaration of competing interests.

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The journal requires that clinical trials are prospectively registered in a publicly accessible database and clinical trial registration numbers should be included in all papers that report their results. Authors are asked to include the name of the trial register and the clinical trial registration number at

Authors are asked to include the name of the trial register and the clinical trial registration number at the end of the abstract. If the trial is not registered, or was registered retrospectively, the reasons for this should be explained.

Research Reporting Guidelines

Accurate and complete reporting enables readers to fully appraise research, replicate it, and use it. Authors are encouraged to adhere to recognised research reporting standards.

We also encourage authors to refer to and follow guidelines from:

- Future of Research Communications and e-Scholarship (FORCE11)
- The Gold Standard Publication Checklist from Hooijmans and colleagues
- FAIRsharing website

Conflict of Interest

The journal requires that all authors disclose any potential sources of conflict of interest. Any interest or relationship, financial or otherwise that might be perceived as influencing an author's objectivity is considered a potential source of conflict of interest. These must be disclosed when directly relevant or directly related to the work that the authors describe in their manuscript. Potential sources of conflict of interest include, but are not limited to: patent or stock ownership, membership of a company board of directors, membership of an advisory board or committee for a company, and consultancy for or receipt of speaker's fees from a company. The existence of a conflict of interest does not preclude publication. If the authors have no conflict of interest to declare, they must also state this at submission. It is the responsibility of the corresponding author to review this policy with all authors and collectively to disclose with the submission ALL pertinent commercial and other relationships.

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Authors should list all funding sources in the Acknowledgments section. Authors are responsible for the accuracy of their funder designation. If in doubt, please check the Open Funder Registry for the correct nomenclature: https://www.crossref.org/services/funder-registry/

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All listed authors should have contributed to the manuscript substantially and have agreed to the final submitted version. Authorship is defined by the criteria set out in the APA Publication Manual:

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contributions to a study. Substantial professional contributions may include formulating the problem or hypothesis, structuring the experimental design, organizing and conducting the statistical analysis, interpreting the results, or writing a major portion of the paper. Those who so contribute are listed in the byline." (p.18)

Data Sharing and Data Accessibility Policy

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All papers need to be supported by a data archiving statement and the data set must be cited in the Methods section. The paper must include a link to the repository in order that the statement can be published.

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If the authors cannot or do not intend to make the data publicly available, a statement to this effect, along with the reasons that the data is not shared, must be included in the manuscript.

Finally, if submitting authors have any questions about the data sharing policy, please access the FAQs for additional detail.

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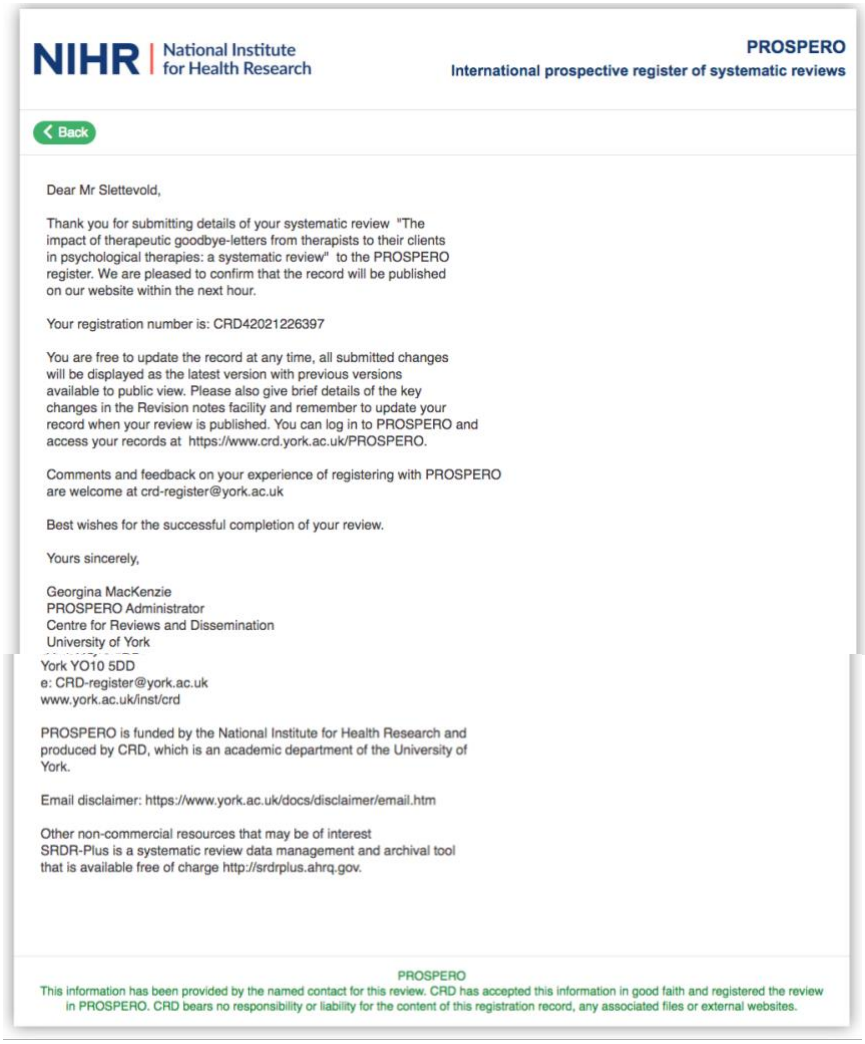
9. EDITORIAL OFFICE CONTACT DETAILS

For help with submissions, please contact: Hannah Wakley, Associate Managing Editor (papt@wiley.com) or phone +44 (0) 116 252 9504.

Author Guidelines updated 28th August 2019

the british
psychological society

Appendix B: PROSPERO submission



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PROSPERO
International prospective register of systematic reviews

Back

Dear Mr Slettevold,

Thank you for submitting details of your systematic review "The impact of therapeutic goodbye-letters from therapists to their clients in psychological therapies: a systematic review" to the PROSPERO register. We are pleased to confirm that the record will be published on our website within the next hour.

Your registration number is: CRD42021226397

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Best wishes for the successful completion of your review.

Yours sincerely,

Georgina MacKenzie
PROSPERO Administrator
Centre for Reviews and Dissemination
University of York
York YO10 5DD
e: CRD-register@york.ac.uk
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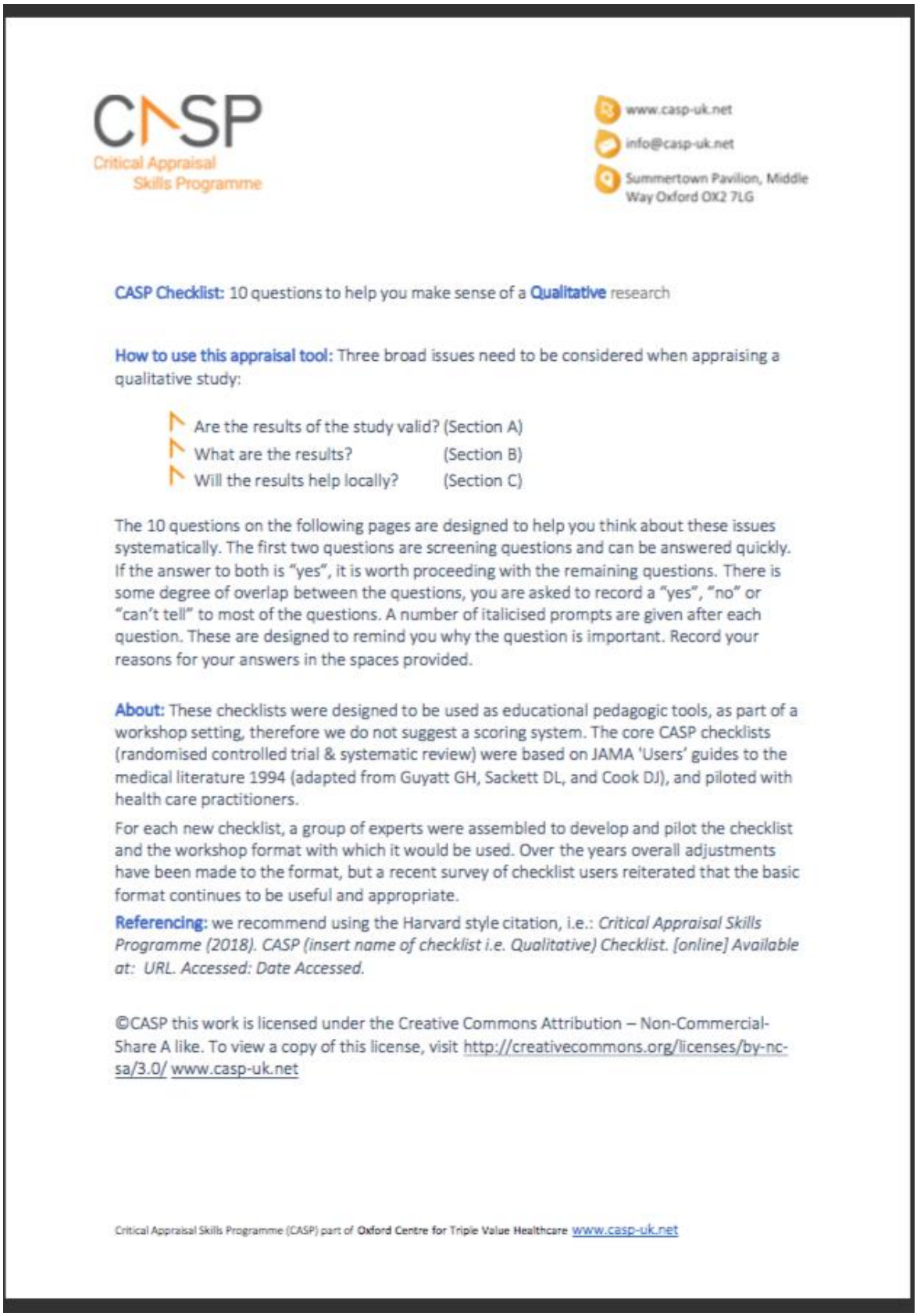
Appendix C: Quality assessment tool for qualitative papers



CASP
Critical Appraisal Skills Programme

www.casp-uk.net
info@casp-uk.net
Summertown Pavilion, Middle Way Oxford OX2 7LG

CASP Checklist: 10 questions to help you make sense of a **Qualitative** research

How to use this appraisal tool: Three broad issues need to be considered when appraising a qualitative study:

- Are the results of the study valid? (Section A)
- What are the results? (Section B)
- Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is "yes", it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a "yes", "no" or "can't tell" to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

About: These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

Referencing: we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

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Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- what was the goal of the research
- why it was thought important
- its relevance

Comments:

2. Is a qualitative methodology appropriate?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:

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4. Was the recruitment strategy appropriate to the aims of the research?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments:

5. Was the data collected in a way that addressed the research issue?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the setting for the data collection was justified
- If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
- If the researcher has justified the methods chosen
- If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
- If methods were modified during the study. If so, has the researcher explained how and why
- If the form of data is clear (e.g. tape recordings, video material, notes etc.)
- If the researcher has discussed saturation of data

Comments:

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6. Has the relationship between researcher and participants been adequately considered?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Comments:

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8. Was the data analysis sufficiently rigorous?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider
- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes ☐
Can't Tell ☐
No ☐

HINT: Consider whether
- If the findings are explicit
- If there is adequate discussion of the evidence both for and against the researcher's arguments
- If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
- If the findings are discussed in relation to the original research question

Comments:

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Section C: Will the results help locally?

10. How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments:

Appendix D: Quality assessment tool for quantitative studies

Checklist items are worded so that 1 of 5 responses is possible:

++	Indicates that for that particular aspect of study design, the study has been designed or conducted in such a way as to minimise the risk of bias.
+	Indicates that either the answer to the checklist question is not clear from the way the study is reported, or that the study may not have addressed all potential sources of bias for that particular aspect of study design.
–	Should be reserved for those aspects of the study design in which significant sources of bias may persist.
Not reported (NR)	Should be reserved for those aspects in which the study under review fails to report how they have (or might have) been considered.
Not applicable (NA)	Should be reserved for those study design aspects that are not applicable given the study design under review (for example, allocation concealment would not be applicable for case–control studies).

In addition, the reviewer is requested to complete in detail the comments section of the quality appraisal form so that the grade awarded for each study aspect is as transparent as possible.

Each study is then awarded an overall study quality grading for internal validity (IV) and a separate one for external validity (EV):

- ++ All or most of the checklist criteria have been fulfilled, where they have not been fulfilled the conclusions are very unlikely to alter.
- + Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately

described, the conclusions are unlikely to alter.

- – Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter.

Checklist

Study identification: Include full citation details		
Study design: • Refer to the glossary of study designs (appendix D) and the algorithm for classifying experimental and observational study designs (appendix E) to best describe the paper's underpinning study design		
Guidance topic:		
Assessed by:		
Section 1: Population		
1.1 Is the source population or source area well described? • Was the country (e.g. developed or non-developed, type of health care system), setting (primary schools, community centres etc), location (urban, rural), population demographics etc adequately described?	++ + – NR NA	Comments:

1.2 Is the eligible population or area representative of the source population or area? • Was the recruitment of individuals, clusters or areas well defined (e.g. advertisement, birth register)? • Was the eligible population representative of the source? Were important groups underrepresented?	++ + – NR NA	Comments:
1.3 Do the selected participants or areas represent the eligible population or area? • Was the method of selection of participants from the eligible population well described? • What % of selected individuals or clusters agreed to participate? Were there any sources of bias? • Were the inclusion or exclusion criteria explicit and appropriate?	++ + – NR NA	Comments:
Section 2: Method of selection of exposure (or comparison) group		
2.1 Selection of exposure (and comparison) group. How was selection bias minimised? • How was selection bias minimised?	++ + – NR NA	Comments:
2.2 Was the selection of explanatory variables based on a sound theoretical basis? • How sound was the theoretical basis for selecting the explanatory variables?	++ +	Comments:

	– NR NA	
2.3 Was the contamination acceptably low? • Did any in the comparison group receive the exposure? • If so, was it sufficient to cause important bias?	++ + – NR NA	Comments:
2.4 How well were likely confounding factors identified and controlled? • Were there likely to be other confounding factors not considered or appropriately adjusted for? • Was this sufficient to cause important bias?	++ + – NR NA	Comments:
2.5 Is the setting applicable to the UK? • Did the setting differ significantly from the UK?	++ + – NR NA	Comments:
Section 3: Outcomes		

3.1 Were the outcome measures and procedures reliable? • Were outcome measures subjective or objective (e.g. biochemically validated nicotine levels ++ vs self-reported smoking −)? • How reliable were outcome measures (e.g. inter- or intra-rater reliability scores)? • Was there any indication that measures had been validated (e.g. validated against a gold standard measure or assessed for content validity)?	++ + – NR NA	Comments:
3.2 Were the outcome measurements complete? • Were all or most of the study participants who met the defined study outcome definitions likely to have been identified?	++ + – NR NA	Comments:
3.3 Were all the important outcomes assessed? • Were all the important benefits and harms assessed? • Was it possible to determine the overall balance of benefits and harms of the intervention versus comparison?	++ + – NR NA	Comments:
3.4 Was there a similar follow-up time in exposure and comparison groups? • If groups are followed for different lengths of time, then more events are likely to occur in the group followed-up for longer distorting the comparison.	++ + –	Comments:

• Analyses can be adjusted to allow for differences in length of follow-up (e.g. using person-years).	NR NA	
3.5 Was follow-up time meaningful? • Was follow-up long enough to assess long-term benefits and harms? • Was it too long, e.g. participants lost to follow-up?	++ + – NR NA	Comments:
Section 4: Analyses		
4.1 Was the study sufficiently powered to detect an intervention effect (if one exists)? • A power of 0.8 (i.e. it is likely to see an effect of a given size if one exists, 80% of the time) is the conventionally accepted standard. • Is a power calculation presented? If not, what is the expected effect size? Is the sample size adequate?	++ + – NR NA	Comments:
4.2 Were multiple explanatory variables considered in the analyses? • Were there sufficient explanatory variables considered in the analysis?	++ + – NR NA	Comments:

	NA	
4.3 Were the analytical methods appropriate? • Were important differences in follow-up time and likely confounders adjusted for?	++ + – NR NA	Comments:
4.6 Was the precision of association given or calculable? Is association meaningful? • Were confidence intervals or p values for effect estimates given or possible to calculate? • Were CIs wide or were they sufficiently precise to aid decision-making? If precision is lacking, is this because the study is under-powered?	++ + – NR NA	Comments:
Section 5: Summary		
5.1 Are the study results internally valid (i.e. unbiased)? • How well did the study minimise sources of bias (i.e. adjusting for potential confounders)? • Were there significant flaws in the study design?	++ + –	Comments:
5.2 Are the findings generalisable to the source population (i.e. externally valid)? • Are there sufficient details given about the study to determine if the findings are generalisable to the source population? • Consider: participants, interventions and comparisons, outcomes, resource and policy implications.	++ + –	Comments:

Appendix E: Interview schedule

Semi Structured Interview Schedule

The semi-structured interview will cover the Cognitive Analytic Therapy (CAT) practitioner's experiences of receiving their own therapy. It aims to start with covering the broader experience of the therapy as a whole and gradually narrowing the focus down to their experience of the reformulation letter.

Research Question

How does the experience of receiving reformulation letters, as part of Cognitive Analytic Therapy (CAT) training, impact the way CAT practitioners conduct their clinical practice?

Research Aims

1. To explore CAT practitioners' experience of receiving their own reformulation letter as part of their training.
2. To explore CAT practitioners' perceptions about how receiving their own reformulation letter alters their clinical practice.

In a few sentences, Why don't we start by you telling me a bit about what training in CAT was like?

What was it like to have your own therapy while you were training?

Prompts

- How has that impacted on the way you currently practice?
- Can you tell me more about that?
- Can you give me an example of that?
- What did that look like?
- How did that feel?

The experience of the reformulation process

What was the reformulation process like for you?

Prompts

- How has that impacted on the way you currently practice?
- Can you tell me more about that?
- Can you give me an example of that?
- What did that look like?
- How did that feel?

The experience of the reformulation letter

What was it like to receive your own reformulation letter?

Prompts

- How has that impacted on the way you currently practice?
- Can you tell me more about that?
- Can you give me an example of that?
- What did that look like?
- How did that feel?

Appendix F: UEA Ethics Approval

Faculty of Medicine and Health Sciences Research Ethics Committee

University of East Anglia

Erlend Slettevold
Department of Clinical Psychology and Psychological Therapies
University of East Anglia
Norwich Research Park
Elizabeth Fry Building
Norwich Medical School
Norwich
NR4 7TJ

NORWICH MEDICAL SCHOOL
Bob Champion Research & Educational Building
James Watson Road
University of East Anglia
Norwich Research Park
Norwich NR4 7UQ

Email: fmh.ethics@uea.ac.uk
www.med.uea.ac.uk

17th April 2020

Dear Erlend

Project title: Reformulation Letters in Cognitive Analytic Therapy: The practitioner's experience
Reference: 2019/20-057

Thank you for your email of 14th April 2020 notifying us of the amendments you would like to make to your above proposal. These have been considered and I can confirm that your amendments have been approved.

Please can you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance, and that any adverse events which occur during your project are reported to the Committee.

Approval by the FMH Research Ethics Committee should not be taken as evidence that your study is compliant with GDPR and the Data Protection Act 2018. If you need guidance on how to make your study GDPR compliant, please contact your institution's Data Protection Officer.

Please can you arrange to send us a report once your project is completed.

Yours sincerely

Prof Alastair Forbes
Chair, FMH Research Ethics Committee

COVID-19: *The FMH Research Ethics Committee procedures remain as normal. Please note that our decisions as to the ethics of your application take no account of Government measures and UEA guidelines relating to the coronavirus pandemic and all approvals granted are, of course, subject to these. If your research is COVID-19 related it will naturally be expedited. If the current situation means that you will have to alter your study, please submit an application for an amendment in the usual way.*

Appendix G: Participant Information Sheet

University of East Anglia
Norwich Research Park
Norwich, Norfolk
NR4 7TJ

Participant Information Sheet

Study title: Reformulation Letters in Cognitive Analytic Therapy: The practitioner's experience.

Please take time to read the following information so that you can understand why you are being invited to participate in this research.

What is the purpose of the study?

Cognitive Analytic Therapy (CAT) can be an effective therapy for a variety of difficulties. The reformulation letter, the part of the CAT where the client's difficulties are looked at from a new perspective, is said to be particularly important. CAT clients have reported that they experienced the reformulation letter as helpful in strengthening the relationship with their therapist. However, how CAT-practitioners experience receiving their own reformulation letter has not yet been explored. We therefore aim to explore how CAT-practitioners experience receiving their own therapy, with a particular focus on the reformulation letter, and how this experience has contributed to the way they currently practice CAT.

Research shows that Cognitive Analytic Therapy (CAT) is an effective intervention for a variety of clients and presentations. The reformulation phase is considered important for facilitating change. Published research has focused on the client's experience of reformulation. This indicates that clients broadly find the reformulation stage helpful, particularly the letter and how this enhances the therapeutic alliance. We are unaware of any research exploring CAT practitioner's experience of receiving a reformulation letter as part of their training. The present study aims to investigate how CAT practitioners experience receiving their own therapy, including the reformulation letter, as part of their training and how this experience may have contributed to or changed their own clinical practice.

Why have I been chosen?

You have been asked to participate in this study because you are an accredited CAT practitioner.

Do I have to take part?

No, it is your choice whether to take part or not. Not participating will have no consequences for you. If you decide to participate you will be asked to complete a consent form indicating this. Ongoing participation is voluntary so you may withdraw from the study at any time without explanation up until two weeks after your participation, at which point the interviews will have been transcribed and analysis will have commenced.

What do I have to do?
Firstly, we will arrange a time to meet online via a secure video chat software, such as Microsoft Teams, Zoom, or Skype for Business, that is mutually convenient for us. Once we meet, we will answer any questions you might have. If you are happy to participate in the study we will then ask you to tick and sign a consent form electronically and, if needed, give you instructions on how to do this. We will then interview you about your experience of receiving CAT as part of your training. We are interested in hearing about your experience of the reformulation process, especially the reformulation letter. In discussing this the interview may touch on topics that are personal to you that came up in your therapy. If there are questions you are uncomfortable with being asked you do not have to answer these or give reasons for this. Participation in the study will be one single interview. You can ask any further questions you might have about the study and findings. It is anticipated that the interview will last for approximately 30 - 60 minutes in length. We estimate the total time spent on participating, including reading this form, providing consent, and completing the interview, will take approximately 30-90 minutes.

What are the possible disadvantages and risks of taking part?
There is a chance that sensitive topics might emerge in the interview as it will include questions about your own therapy. This could potentially cause some level of distress; although given this is a topic that will have been discussed in your own therapy we envisage this would cause minimal distress.

What if I get distressed by the interview?
Throughout the interview you will have the opportunity to withdraw if you feel distressed. At periodic points the interviewer will check on your well-being and that you are happy to proceed. In the unlikely event of you continuing to feel distressed after the interview you can contact Dr Adrian Leddy who is supervising the research to discuss this further, or seek support from either your GP or third sector organisations such as the Samaritans.

Will my taking part in this study be kept confidential?
All information collected in this study will be kept strictly confidential. You will be given an anonymous pseudonym which will be used in place of your name, and any personal details or identifiable experiences will either be changed or excluded from the data, throughout the study and in any future publications. This anonymisation process will take place during transcription of the your interview. Confidentiality may be broken if it is indicated that you or others may be at risk of harm, or if issues are raised relating to current malpractice. The interviews will be recorded and stored on a password protected computer. All data will be stored in accordance with the general data protection regulation act (2018).

What will happen to the results of the research study?
This study is being conducted as part of a Doctorate thesis in the Department of Clinical Psychology and Psychological Therapies at UEA. It is hoped that the results will be published in a peer-reviewed scientific journals. There is also a possibility that the results will be presented at a talk or a conference. Your name or personal details will not be revealed.

What happens if I have a complaint?
If you have a complaint about the study, or conduct in the study please contact either myself (Erlend Slettevold e.slettevold@uea.ac.uk) or Dr Adrian Leddy (a.leddy@uea.ac.uk) who

will try to resolve the issue. If you are still unsatisfied following this then please contact the head of the Department for Clinical Psychology and Psychological Therapies at UEA Professor Niall Broomfield (n.broomfield@uea.ac.uk – Office 0.22, Med Building, UEA, Norwich, NR4 7TJ) or in his absence Professor Richard Meiser-Stedman (r.meister-stedman@uea.ac.uk – Office 0.26 Med Building, UEA, Norwich, NR4 7TJ). If you decide to make a complaint, this will be considered an independent issue that is not part of the study.

What will happen if I decide to participate?
If you wish to participate in this study, please contact Erlend Slettevold via email, e.slettevold@uea.ac.uk or telephone, 004797070344. **You will be able to arrange a meeting with Erlend online via a mutually video chat software where you can sign a consent form electronically and take part in the interview**. If you at any stage in this process wish to withdraw from the study you will be free to do so.

Who is organising the research?
This study is being organised by Erlend Slettevold and Dr. Adrian Leddy from the University of East Anglia (UEA).

Who has reviewed this study?
This study has been granted approval by the FMH ethics committee at UEA.

Contact for Further information
If you have any further questions about the study please contact Erlend Slettevold via email, e.slettevold@uea.ac.uk or telephone, 004797070344.

Appendix H: Participant Consent Form

University of East Anglia

Participant Consent Form

Participant Identification Number:

Title of project: Reformulation Letters in Cognitive Analytic Therapy: The practitioner's experience.

Name of the researcher: Erlend Slettevold (email: e.slettevold@uea.ac.uk), tel: 004797070344

Please **initial** all boxes

1. I have had a chance to read the Participant Information Sheet and ask the lead researcher any questions. ☐
2. It has been explained to me that participation is voluntary and I can withdraw at any time up to two weeks after completing the interview and I do not have to provide a reason for this. ☐
3. I understand my responses will be anonymised and used for a Doctorate research thesis and might be published in a journal and/or presented at a conference. ☐
4. I understand that anonymised quotes from my interview may be used as examples within the thesis write up, publications, and/or research presentations. ☐
5. I consent to participate in the above study. ☐

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

Appendix I: Search terms.

Databases that will be searched: CINAHL, PsychINFO and Medline

Filter: Abstract

Search terms:

(Searched with "OR")
Therap* N8 letter*
Goodbye OR Farewell OR Ending N8 Letter*
Therap* N8 Writ*
Letter* N8 Writ*
Therap* N8 Document*

Combined with (AND)

(Searched with "OR")
"Cognitive analytic therap*"
"Cognitive behavio* therap*"
"Narrative* therap*"
Counselling
Psychotherap*
"Systemic therap*"
Psychoanaly*
"Famil* therap*"
"Solution focused therap*"
"Couple* therap*"
Psychodynamic
"Cognitive therap*"
"Humanistic therap*"
"Interpersonal therap*"
"Trauma Focused"
(MM "Psychotherapy")
(MM "Behavioural Disciplines and Activities")

Appendix J: CASP table containing ratings for each study.

Appraisals by ES	CASP question										
Study	(1)Was there a clear statement of the aims of the research?	(2)Is a qualitative methodology appropriate?	(3)Was the research design appropriate to address the aims of the research?	(4)Was the recruitment strategy appropriate to the aims of the research?	(5) Was the data collected in a way that addressed the research issue?	(6) Has the relationship between researcher and participants been adequately considered?	(7) Have ethical issues been taken into consideration?	(8) Was the data analysis sufficiently rigorous?	(9) Is there a clear statement of findings?	(10) How valuable are the results?	Quality appraisal
Hamill, Reid & Rynolds (2008)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	There is a long, thorough section of discussion of the clinical implications of the findings, in relation to theory and guidelines, and acknowledgements of limitations and future research have been made. The study is robustly exploring an under researched topic and is thus highly valuable in that it contributes to novel understanding.	High
Howlett & Guthrie (2001)	No	Yes	Can't tell	Yes	Yes	Can't tell	Can't tell	No	Yes	Because of the lack of research on the impact of farewell letters, especially at the time of this study, the findings were highly valuble as a first exploration. The need for further research on the topic is stressed but no explicit suggestions about what research should be conducted have been made. There is some discussion of findings in	Medium

										relation to current practice in that knowing more about how clients might experience them can inform their future use. However, there is no mention of how the research contributes to policy, and this might not have been appropriate at this stage anyway. It is pointed out that there was not previous investigation of the topic, not even in CAT research.	
Laub & Hoffman (2002)	No	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	No	No	Despite the article not representing robust research, the finding of a client response to therapeutic letters is currently rare in the literature and thus relatively valuable.	Low
Walker & Turpin (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	A high quality study on an under-researched topic. Important setting given that the letters could have the potential to help a high risk population.	High
Moules (2002)	Can't tell	Yes	Can't tell	Yes	Can't tell	No	No	Yes	Yes	This research is particularly valuable because of the lack of research on the topic in general. The study brings light to client experiences of and thus the usefulness of therapeutic letters as an intervention, while such research is still limited today.	Medium

Moules (2009)	Can't tell	Yes	Can't tell	Yes	Can't tell	No	No	Yes	Yes	The results are valuable as an early exploration of the use of therapeutic letters. It identified new areas for research. The researcher discussed how findings may not be transferrable due to their specific context. However, the study gives an in depth exploration of the experiences of participants involved.	Medium
Freed et al. (2010)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	These findings seem highly valuable to the domain as it studies an under researched topic. It also seems to provide important information to inform the practice in the setting in which it was undertaken.	High

Appraisals by AL	CASP question										Quality appraisal
Study	(1)Was there a clear statement of the aims of the research?	(2)Is a qualitative methodology appropriate?	(3)Was the research design appropriate to address the aims of the research?	(4)Was the recruitment strategy appropriate to the aims of the research?	(5) Was the data collected in a way that addressed the research issue?	(6) Has the relationship between researcher and participants been adequately considered?	(7) Have ethical issues been taken into consideration?	(8) Was the data analysis sufficiently rigorous?	(9) Is there a clear statement of findings?	(10) How valuable are the results?	
Hamill, Reid & Rynolds (2008)	Yes	Yes	No	Yes	Can't tell	Yes	Yes	Yes	Yes	There is a broad discussion. Within this there are clearly marked theoretical implications for where the research	

										sits in literature, but also clinical implications regarding the application of letters in CAT.	
Howlett & Guthrie (2001)	No	Yes	Can't tell	No	No	Can't tell	Can't tell	No	Yes	Despite methodological limitations described above the study provides an important contribution to an exploration of letters at the end of therapy for a presentation and therapy that have not been explored before. There is some discussion about future areas for research building on the outcome from this study.	

Appendix K: GATE quality appraisal for the quantitative study.

A correlates review (see section 3.3.4) attempts to establish the factors that are associated or correlated with positive or negative health behaviours or outcomes. Evidence for correlate reviews will come both from specifically designed correlation studies and other study designs that also report on correlations.

This checklist[15] has been developed for assessing the validity of studies reporting correlations. It is based on the appraisal step of the 'Graphical appraisal tool for epidemiological studies (GATE)', developed by Jackson et al. (2006).

This checklist enables a reviewer to appraise a study's internal and external validity after addressing the following key aspects of study design: characteristics of study participants; definition of independent variables; outcomes assessed and methods of analyses.

Like GATE, this checklist is intended to be used in an electronic (Excel) format that will facilitate both the sharing and storage of data, and through linkage with other documents, the compilation of research reports. Much of the guidance to support the completion of the critical appraisal form that is reproduced below also appears in 'pop-up' windows in the electronic version[16].

There are 5 sections of the revised GATE. Section 1 seeks to assess the key population criteria for determining the study's **external validity** – that is, the extent to which the findings of a study are generalisable beyond the confines of the study to the study's source population.

Sections 2 to 4 assess the key criteria for determining the study's **internal validity** – that is, making sure that the study has been carried out carefully, and that the identified associations are valid and are not due to some other (often unidentified) factor.

Checklist items are worded so that 1 of 5 responses is possible:

++	Indicates that for that particular aspect of study design, the study has been designed or conducted in such a way as to minimise the risk of bias.
+	Indicates that either the answer to the checklist question is not clear from the way the study is reported, or that the study may not have addressed all potential sources of bias for that particular aspect of study design.

–	Should be reserved for those aspects of the study design in which significant sources of bias may persist.
Not reported (NR)	Should be reserved for those aspects in which the study under review fails to report how they have (or might have) been considered.
Not applicable (NA)	Should be reserved for those study design aspects that are not applicable given the study design under review (for example, allocation concealment would not be applicable for case–control studies).

In addition, the reviewer is requested to complete in detail the comments section of the quality appraisal form so that the grade awarded for each study aspect is as transparent as possible.

Each study is then awarded an overall study quality grading for internal validity (IV) and a separate one for external validity (EV):

- ++ All or most of the checklist criteria have been fulfilled, where they have not been fulfilled the conclusions are very unlikely to alter.
- + Some of the checklist criteria have been fulfilled, where they have not been fulfilled, or not adequately described, the conclusions are unlikely to alter.
- – Few or no checklist criteria have been fulfilled and the conclusions are likely or very likely to alter.

Checklist

Study identification: Include full citation details	Simmonds et al., 2020
Study design: • Refer to the glossary of study designs (appendix	Correlational design

D) and the algorithm for classifying experimental and observational study designs (appendix E) to best describe the paper's underpinning study design		
Guidance topic:		
Assessed by:		
Section 1: Population		
1.1 Is the source population or source area well described? • Was the country (e.g. developed or non-developed, type of health care system), setting (primary schools, community centres etc), location (urban, rural), population demographics etc adequately described?	++ + – NR NA	Comments: It was not described in the text, but the paper referred the reader to another paper which this was nested in, and where it was described (Schmidt, U., Renwick, B., Lose, A., Kenyon, M., DeJong, H., Broadbent, H., : : : & Serpell, L. (2013). The MOSAIC study- comparison of the Maudsley Model of Treatment for Adults with Anorexia Nervosa (MANTRA) with Specialist Supportive Clinical Management (SSCM) in outpatients with anorexia nervosa or eating disorder not otherwise specified, anorexia nervosa type: study protocol for a randomized controlled trial)
1.2 Is the eligible population or area representative of the source population or area? • Was the recruitment of individuals, clusters or	++ + – NR	Comments: Recruitment was clearly defined in Schmidt et al 2013 where this study was nested and which it referred to. There were also short descriptions of recruitment in this paper. The group studied

areas well defined (e.g. advertisement, birth register)? • Was the eligible population representative of the source? Were important groups underrepresented?	NA	was appropriate to the study aims.
1.3 Do the selected participants or areas represent the eligible population or area? • Was the method of selection of participants from the eligible population well described? • What % of selected individuals or clusters agreed to participate? Were there any sources of bias? • Were the inclusion or exclusion criteria explicit and appropriate?	++ + − NR NA	Comments: Yes, clearly defined recruitment of patients with AN, in various NHS locations, who received goodbye letters. Clearly stated treatment uptake, attendance and acceptability
Section 2: Method of selection of exposure (or comparison) group		
2.1 Selection of exposure (and comparison) group. How was selection bias minimised?	++ + −	Comments: This has been listed as a limitation in the discussion. Patients who did not complete treatment were not included in analyses.

• How was selection bias minimised?	NR NA	Small sample size. No Comparison group.
2.2 Was the selection of explanatory variables based on a sound theoretical basis? • How sound was the theoretical basis for selecting the explanatory variables?	++ + – NR NA	Comments: There are clear descriptions of the theoretical basis that exists. However, as this is lacking in itself, the study was careful to take an exploratory approach and ask several research questions accordingly.
2.3 Was the contamination acceptably low? • Did any in the comparison group receive the exposure? • If so, was it sufficient to cause important bias?	++ + – NR NA	Comments: There was no comparison group. Confounding variables are discussed as they are likely to have had an impact.
2.4 How well were likely confounding factors identified and controlled? • Were there likely to be other confounding factors not considered or appropriately adjusted for? • Was this sufficient to cause important bias?	++ + – NR NA	Comments: Confounding variables were controlled for to some extent but several possible confounding variables were also stated in discussion.

2.5 Is the setting applicable to the UK? • Did the setting differ significantly from the UK?	++ + – NR NA	Comments: The data were nested in an NHS based RCT
Section 3: Outcomes		
3.1 Were the outcome measures and procedures reliable? • Were outcome measures subjective or objective (e.g. biochemically validated nicotine levels ++ vs self-reported smoking −)? • How reliable were outcome measures (e.g. inter- or intra-rater reliability scores)? • Was there any indication that measures had been validated (e.g. validated against a gold standard measure or assessed for content validity)?	++ + – NR NA	Comments: Outcome measures were both subjective and objective (self-report measures and BMI). They used validated, reliable self-report measures.
3.2 Were the outcome measurements complete? • Were all or most of the study participants who	++ + –	Comments: most outcome measurements were complete but missing values had been clearly stated.

met the defined study outcome definitions likely to have been identified?	NR NA	
3.3 Were all the important outcomes assessed? • Were all the important benefits and harms assessed? • Was it possible to determine the overall balance of benefits and harms of the intervention versus comparison?	++ + – NR NA	Comments: All outcomes relevant to the questions and hypotheses were assessed. There were little chance of harm in the present study as the results were secondary but there were many benefits.
3.4 Was there a similar follow-up time in exposure and comparison groups? • If groups are followed for different lengths of time, then more events are likely to occur in the group followed-up for longer distorting the comparison. • Analyses can be adjusted to allow for differences in length of follow-up (e.g. using person-years).	++ + – NR NA	Comments: No comparison group
3.5 Was follow-up time meaningful?	++ +	Comments: 12 and 24 months

• Was follow-up long enough to assess long-term benefits and harms? • Was it too long, e.g. participants lost to follow-up?	– NR NA	
Section 4: Analyses		
4.1 Was the study sufficiently powered to detect an intervention effect (if one exists)? • A power of 0.8 (i.e. it is likely to see an effect of a given size if one exists, 80% of the time) is the conventionally accepted standard. • Is a power calculation presented? If not, what is the expected effect size? Is the sample size adequate?	++ + – NR NA	Comments: The effect size expected was alpha=0.5
4.2 Were multiple explanatory variables considered in the analyses? • Were there sufficient explanatory variables considered in the analysis?	++ + – NR NA	Comments: Multiple variables are considered and discussed subsequently in discussion section.

4.3 Were the analytical methods appropriate? • Were important differences in follow-up time and likely confounders adjusted for?	++ + – NR NA	Comments: the confounders that could reasonably be adjusted for in the context of, and for the purposes of, the study were controlled for. However, several potential confounders remain.
4.6 Was the precision of association given or calculable? Is association meaningful? • Were confidence intervals or p values for effect estimates given or possible to calculate? • Were CIs wide or were they sufficiently precise to aid decision-making? If precision is lacking, is this because the study is under-powered?	++ + – NR NA	Comments: Thoroughly so. CI were kept at 95%
Section 5: Summary		
5.1 Are the study results internally valid (i.e. unbiased)? • How well did the study minimise sources of bias (i.e. adjusting for potential confounders)?	++ + –	Comments: There are discussed limitations in relation to internal validity, such as participant non-attendance.

• Were there significant flaws in the study design?		
5.2 Are the findings generalisable to the source population (i.e. externally valid)? • Are there sufficient details given about the study to determine if the findings are generalisable to the source population? • Consider: participants, interventions and comparisons, outcomes, resource and policy implications.	++ + −	Comments: There are limitations to external validity, such as the AN sample being bound by strict inclusion/exclusion criteria.

Appendix L: Overview of studies.

Author(s) (year)	Main focus	Methodology	Participants	Therapeutic modality	Key relevant findings (*Themes*)	Quality rating
Hamill, Reid & Reynolds (2008)	Letters in Cognitive Analytic Therapy: the patient's experience.	Qualitative: Semi-structured interviews, analysed using thematic analysis based on principles from grounded theory.	N = 8	Cognitive Analytic Therapy.	No impact on alliance. 7 themes: *Feeling heard. Understanding patterns Space to talk. Feeling accepted. Having something tangible. Working together. Feeling exposed.*	High
Laub & Hoffman (2002)	Dialectical letters sent after termination of unsuccessful treatments.	Article presenting case examples (not an empirical research study).	N = 2	Dialectic Cotherapy and Narrative therapy.	Providing dialectic letters after unsuccessful therapy led to reported benefits in two example cases.	Low
Howlett & Guthrie (2001)	Farewell letters in brief psychotherapy for IBS.	Qualitative: case series with no clear description of methodological approach or analyses used.	N = 5 Clients with somatic symptoms (physical health population)	Psychodynamic-Interpersonal therapy.	Farewell letters may be beneficial in brief psychotherapy in that they assist clients in communicating their difficulties with others, continue the work of therapy, and being a transitional object.	Medium (50-60%)
Walker & Turpin (2017)	Goodbye letters in prison therapy: women who self-harm.	Qualitative: Semi structured interviews, analysed using thematic analysis.	N = 13	Psychodynamic-Interpersonal therapy.	Letters reportedly had a positive impact on clients. 3 themes: *connecting with the therapist: receiving the letter; connecting to self: understanding and awareness; and connecting to others: sharing the goodbye letter.*	High
Moules 2002	Therapeutic letters in family nursing practice.	Qualitative: Textual interpretation of therapeutic letters, clinical sessions, clinical team discussions, and research interviews, using hermeneutic inquiry.	N = 1 (1couple)	Family systems nursing.	Interpretation that therapeutic letters are influential and that key things to consider are: acknowledging suffering, 'seducing' patients by offering questions and curiosity and commendations, and using tentative, speculative language.	
Moules 2009	Influence of therapeutic letters in family nursing.	Qualitative: Textual interpretation of therapeutic letters, clinical sessions, clinical team discussions, and research interviews, using hermeneutic inquiry.	N = 4 (3families)	Family systems nursing.	Therapeutic letters impact on therapeutic relationship and tone of individuals. Based on interpretations they suggest key	

					elements: use of questions, commendations, markers of change, acknowledgement of suffering conserving and protecting memories.	
Freed et al 2010	Influence of therapeutic letters on the therapeutic relationship and benefits to clients.	Qualitative: Patient interviews, analysed using thematic analysis.	N = 27	Psychiatric nursing.	Themes: Feeling known and valued, reciprocity, motivating self-care, and tangible appreciation.	
Simmonds (2017)	Goodbye letters in treatment of AN.	Quantitative: correlational, exploratory study that used secondary data from a large multi-centre randomized controlled trial (RCT).	N = 41	The Maudsley Model of Anorexia Treatment for Adults.	The overall quality of goodbye letters may play an important role in the treatment of AN and relate to improvements and durability of BMI.	

Appendix M: Amendment request.

University of East Anglia

Erlend Slettevold
Email: e.slettevold@uea.ac.uk
Phone: 004797070344

6th April 2020

Dear Professor Forbes,

Re: Request to make amendment to the FMH application for the following project: 2019/20-057, Reformulation Letters in Cognitive Analytic Therapy: The practitioner's experience.

I am writing to request approval for an amendment to the above project. This is due to the outbreak of COVID-19 and subsequent guidance around ongoing NHS research which is viewed as non-essential; which this project would fall into. As a consequence I am looking to amend my planned project to recruit participants from channels outside of the NHS and carry out the whole study procedure remotely. As the project is not recruiting staff through the NHS or using NHS property it now does not require HRA ethics. Subsequently, I have made amendments to the FMH ethics application (this has been highlighted in bold to easily identify the changes). Could this amendment be considered under Chair's Action? The original FMH (pre-COVID-19) version of my application was recently approved on the condition that HRA approval was acquired prior to any participant recruitment. However, given that we no longer aim to recruit through HNS channels nor use NHS sites for the research, HRA approval should no longer be necessary.

I look forward to hearing from you.

Kind Regards,
Erlend Slettevold
Trainee Clinical Psychologist (2nd year)
Department of Clinical Psychology and Psychological Therapies,
Med Building,
UEA,
Norwich.
NR4 7TJ

Appendix N: FMH initial approval with amendments.

Faculty of Medicine and Health Sciences Research Ethics Committee

University of East Anglia

NORWICH MEDICAL SCHOOL
Bob Champion Research & Educational Building
James Watson Road
University of East Anglia
Norwich Research Park
Norwich NR4 7UQ

Email: fmh.ethics@uea.ac.uk
www.med.uea.ac.uk

Erlend Slettevold
Department of Clinical Psychology and Psychological Therapies
University of East Anglia
Norwich Research Park
Elizabeth Fry Building
Norwich Medical School
Norwich
NR4 7TJ

6th February 2020

Dear Erlend

Title: Reformulation Letters in Cognitive Analytic Therapy: The practitioner's experience

Reference: 2019/20-057

The submission of your research proposal was discussed at the Faculty Research Ethics Committee meeting on 30th January 2020.

The Committee were happy to approve your application in principle but have the following concerns which they would like you to address and amend accordingly:

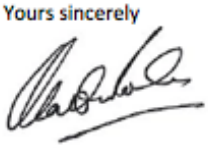
- Please include an explanation of cognitive analytic therapy.
  - This has now been addressed. I have provided an explanation of cognitive analytic therapy in the first five paragraphs of section 10.
- Please explain at what stage the data will be anonymised, both in the PIS and the text.
  - An explanation of which stage anonymisation will take place has been added in section 11 under the 'Procedure' headline, paragraph 2. This information has also been added in the PSI under the 'Will my taking part in this study be kept confidential?'
- You also need to explain how you will avoid identifying participants as you are asking them to talk about their experiences.
  - This has been addressed in section 11 under the 'Procedure' headline, paragraph 2. This information has also been added in the PSI under the 'Will my taking part in this study be kept confidential?'
- There is no mention of the interview location, in terms of ensuring privacy is guaranteed. If this will incur extra room booking fees, please make sure you incorporate them in the budget.
  - This has been addressed in section 11 under the 'Procedure' headline, paragraph 2.
- The Committee strongly recommends against using an encrypted memory stick unless there are compelling logistical reasons for doing so. They felt it should be unnecessary as you are

planning to use an encrypted dictaphone which can be downloaded to a UEA computer. If, however, it is necessary, this must be a UEA encrypted memory stick.
    - This part has now been changed under section 15, paragraph 6.
- In the Participant Information Sheet, the summary makes use of a lot of jargon; it would be preferable for this to be a lay summary.
    - The study summary in the PSI has now been rewritten using lay language.
- There should be a separate section in the PIS explaining what will happen if someone decides to participate.
    - This has now been addressed in a new section on the PSI under the 'What will happen if I decide to participate?'
- The person to contact under the complaints procedure should be independent of the study, and that needs to be clearly stated.
    - This has now been addressed in the PSI under the 'What happens if I have a complaint?" heading.
- Please include an explanation of a reformulation letter.
    - This has now been addressed. I have provided an explanation of the reformulation letter in the third paragraph of section 10.
- There is no detail of what is involved in the debrief. The Committee is concerned that the session should be limited to an interview, and it should be emphasised that this will not be a therapeutic session.
    - This has been addressed in the PIS, under the 'What do I have to do?' section, and I have now called it a "feedback" session rather than "debrief" and made it clear this is not a therapy session but rather just discussing the findings of the research.
    - Information suggestive that the researchers will offer support for distressed participants has been removed from section 11, under the 'Procedure' headline, paragraph 2.
- The Committee will be able to approve your application from an ethical point of view. Please supply a copy of the IRAS approval as evidence of governance approval.
    - IRAS asks for FMH ethics first, which is why this is not included. No recruitment will commence until both FMH and IRAS ethics has been received.
    - This information has been added in section 8, paragraph 7.
- Gatekeeper consent is also required as you are recruiting through the NHS.
    - The gatekeeper for the study is Jane Cawdron, email: jane.cawdon@nsft.nhs.uk
    - Obtaining gatekeeper consent will be part of the IRAS ethics approval. No recruitment will commence until gatekeeper consent has been obtained.
- Please supply a copy of the letter and/or advert recruiting participants.
    - This has been added to the Appendices as Appendix D.

Please write to me once you have resolved/clarified the above issues. I require documentation confirming that you have complied with the Committee's requirements. The Committee have requested that you detail the changes below the relevant point on the text in this letter and also include your amendments as a tracked change within your application/proposal. The revisions to your application can be considered by Chair's action rather than go to a committee meeting, which means that the above documentation can be resubmitted at any time. Please could you send your revisions to me as an attachment in an email as this will speed up the decision making process.

As your project does not have ethics approval until the above issues have been resolved, I want to remind you that you should not be undertaking your research project until you have ethical approval by the Faculty Research Ethics Committee. Planning on the project or literature based elements can still take place but not the research involving the above ethical issues. This is to ensure that you and your research are insured by the University and that your research is undertaken within the University's 'Guidelines on Good Practice in Research' approved by Senate in July 2015.

Yours sincerely



Prof Alastair Forbes
Chair
FMH Research Ethics Committee