

Research Update One: Cognitive Analytic Therapy and a specialist mental health service for older adults: Relationship-centred care

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THE CONCEPTS of Cognitive Analytic Therapy (CAT) are ageless and equally applicable to older adults (OA). For example, dementia can pose a specific challenge to older adults (Zarit & Zarit, 2007) and a relational model offers an understanding of the subjective experience, the meaning of the experience behind the fear, anger and sadness that we see (Phinney, 2008). We also argue that emotion-driven interpersonal interactions become more salient with the progression of dementia. Relationship-centred care, as opposed to person-centred care, is recognised as a standard of excellence for people with dementia (Davies & Nolan, 2008). In our setting we currently adopt a multi-theoretical biopsychosocial framework in attempt to meet the competing demands of mental health and physical health.

In attempt to clarify the team task (West, 2012), we are implementing a training programme for all multidisciplinary staff within the Specialist Older Adult Services (SOAS) of The Retreat, York. The aim of the staff training intervention is to promote the therapeutic relationship between patients and staff, which in turn can promote recovery and change (Department of Health, 2006; McAndrew et al., 2013). The training is based on the 4Ps model (Annesley & Jones, 2010), a relational model which was developed as a tool for reflection, drawing on the CAT concept of reciprocal roles (e.g. Ryle and Kerr, 2002). The training utilises a variety of modalities, including didactic presentations, role play exercises, case

studies and discussion. One half-day (three hour) training session will be repeated over four sessions to maximise staff attendance, and is open to all multidisciplinary staff working across the SOAS. Fortnightly case formulation meetings to apply the theory directly to clinical practice will supplement the training.

Formal evaluation of this intervention is vital to ensure that we provide evidenced practice. All staff attending the training were asked to complete the 'Inpatient Therapeutic Relationship Assessment Scale' - specially designed to assess staff knowledge, confidence and skills of developing a therapeutic relationship with older adults in an inpatient mental health hospital. The scale was devised from key concepts relevant to the research question (Bordin, 1979; Hepple & Sutton, 2004). Participants completed the measure pre- and immediately post-training and at two further time points of one month and three months post-training.

Sixteen staff members have attended the training to date. Early stage results show a significant increase in self-reported therapeutic stance immediately post training. The item receiving the highest rating of agreement overall was 'Paying attention to developing a therapeutic relationship with patients is relevant to my role.' The item receiving the lowest rating was 'I share the same goals as the patients for their recovery.' Staff reported that their everyday practice would be influenced in the following ways: 'It gives an additional way of thinking about complex people' ... 'I will ensure I allow

myself to pause, try to work in a reflective manner' ... 'I know it's OK to take time out and think about my reaction' ... 'To share my emotions and not feel inferior for doing so'. These pose exciting insights into the role for psychology in improving the recovery of OAs in a meaningful, relationship-centred way, in the face of the stuckness of 'clinical recovery'.

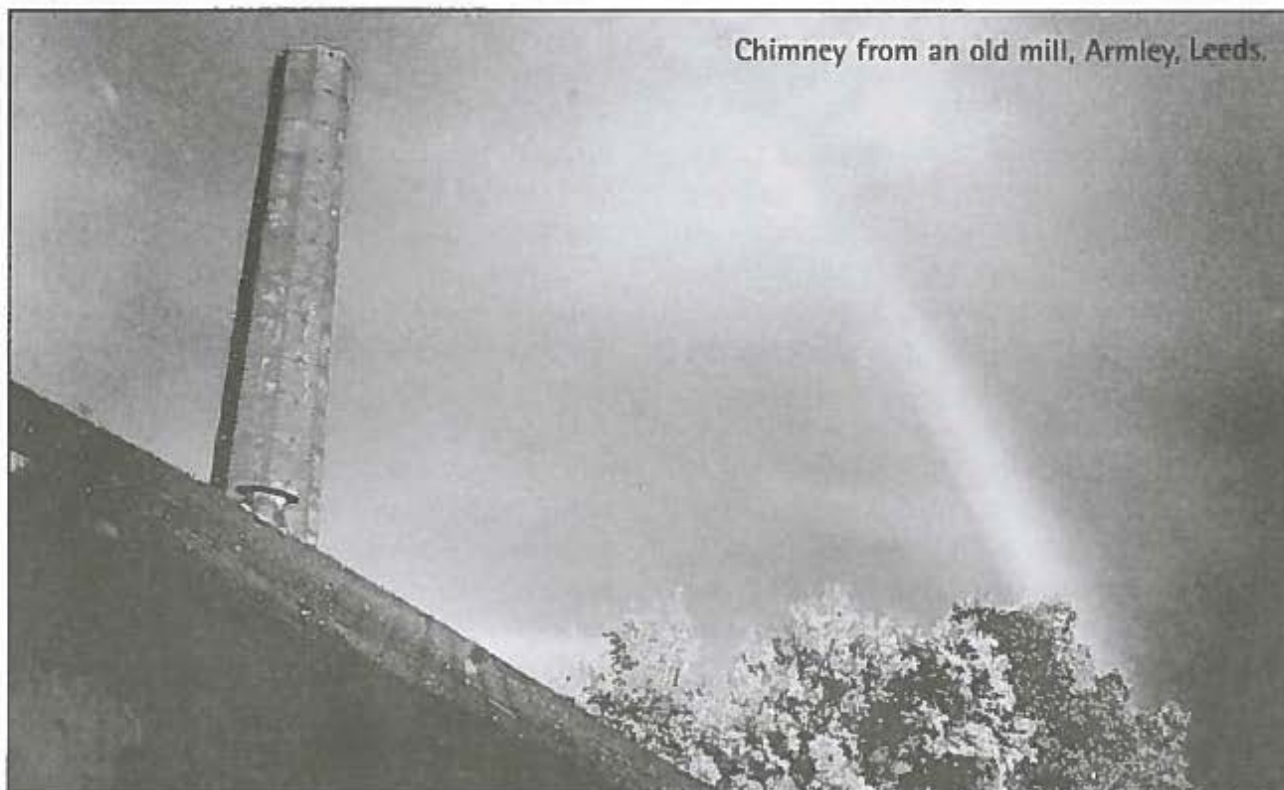
References

- Annesley, P., & Jones, L. (2010). *Developing relational skills in working with people with complex presentations: An evaluation of a one-day workshop for multidisciplinary staff*. Poster presentation.
- Bordin, E.S. (1979). The generalisability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice*, 16, 252–260.
- Davies, S., & Nolan, M. (2008). Attending to relationships in dementia care. In M. Downs & B. Bowers (Eds.), *Excellence in dementia care: Research into practice* (pp.438–454). Milton Keynes: Open University Press.
- Department of Health (DoH) (2006). *From values to action: The chief nursing review of mental health nursing*. London: DoH.
- Hepple & Sutton (2004). *Cognitive analytic therapy in later life*. Hove: Brunner-Routledge.
- McAndrew, S., Chambers, M., Nolan, F., Thomas, B. & Watts, P. (2013). Measuring the evidence: Reviewing the literature of the measurement of therapeutic engagement in acute mental health inpatient wards. *International Journal of Mental Health Nursing*. DOI: 10.1111/inm.12044
- Phinney, A. (2008). Toward understanding subjective experiences of dementia. In M. Downs & B. Bowers (Eds.), *Excellence in dementia care: Research into practice* (pp.35–51). Milton Keynes: Open University Press.
- Ryle, A. & Kerr, I.B. (2002). *Introducing cognitive analytic therapy: Principles and practice*. Chichester: John Wiley & Sons.
- West, M. (2012). *Effective teamworking: Practical lessons learned from organisational research*. London: John Wiley & Sons.
- Zarit, S.H. & Zarit, J.M. (2007). *Mental disorders in older adults* (2nd ed.). New York: Guilford Press.

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Chimney from an old mill, Armley, Leeds.