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Reformulation in cognitive analytic therapy: Effects on the working alliance and the client's perspective on change

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Objectives. The study aims to investigate whether the reformulation process in cognitive analytic therapy has an impact upon a measure of working alliance, and to explore the client's perspective of the reformulation process.

Design. A single-case mixed methodology was used as it is argued that both quantitative and qualitative knowledge are essential for the understanding of change processes in psychotherapy. It is also preferable to gain information from both paradigms within a single investigation. A time-series analysis was used for quantitative data and pragmatic theory, incorporating Yardley and Bishop's composite analysis, provided a rationale for the use of a mixed methodology.

Methods. The case series included five clients. The Working Alliance Inventory Revised Short-Form and Simplified Personal Questionnaire were given on a weekly basis and the session in which the written reformulation was presented provided a marker. To address the second research question a qualitative approach was used. Template analysis was used to analyse interview transcripts.

Results. Quantitative data showed no significant impact of the reformulation process on a measure of working alliance, either as a step-change or slope-change. Template analysis, however, identified seven themes within the qualitative data: feeling heard, understanding patterns, space to talk, feeling accepted, having something tangible, working together, and feeling exposed.

Conclusions. It is proposed that elements of the reformulation process may have impacted upon the clients outside of the reformulation session, and as such had a more cumulative, longitudinal impact upon the working alliance. The use of template analysis in this study has presented an analysis of the data that enables readers to learn something about the people that clinicians work with. Theoretical implications and suggestions for future research are also discussed.

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Ryle (1990) initially developed cognitive analytic therapy (CAT) in response to the needs of the National Health Service (NHS) for treatment approaches of short duration. It has since been used with a broad range of clients and across a variety of settings (Cowmeadow, 1995; Denman, 2001; Hepple & Sutton, 2004; Llewelyn, 2002; Ryle & Marlowe, 1995; Treasure *et al.*, 1995; Walsh, Hagan, & Gamsu, 2000).

Typically, the first three to four sessions of CAT focus upon the collaborative development of a reformulation of a client's presenting problems, in such a way as to convey an understanding of the client's life history and the development from this of unrevised maladaptive procedures (Ryle & Kerr, 2002). At approximately the fourth session clients will be presented with a written reformulation. This narrative reconstruction of a client's difficulties in the form of a letter is considered to strengthen the working alliance and allow recognition and revision of maladaptive patterns of thinking and action (Ryle & Kerr, 2002). Bennett (1994) believed the process of reformulation to 'enhance the patient's capacity for self observation and control' (Bennett, 1994, p. 83) and considered it to be 'a powerful agent of containment and change' (Bennett, 1994, p. 83).

A sequential diagrammatic reformulation (SDR) illustrates reciprocal roles - stable patterns of social interaction and self-management that originate mostly in early relationships with caregivers. It indicates how procedures have been maintained and how they can be changed and overcome (Ryle & Kerr, 2002). The SDR has been considered to improve and enhance understanding of transference and counter-transference relationships, enabling the therapist to recognize or avoid counter-transference and consequently develop a non-collusive therapy relationship (Beard, Marlowe, & Ryle, 1990). This can also help identify, avoid, or repair ruptures in the therapeutic alliance (Bennett, Parry, & Ryle, 2006; Safran, 1993). Despite the intrinsically idiosyncratic nature of a reformulation, its accuracy has been established and it is considered to be a valid representation of recurrent relationship patterns (Bennett & Parry, 1998).

CAT's use of written and diagrammatic tools makes the reformulation portable and explicit, which aims at developing a reflective space or 'observing eye' within the client. They are part of the semiotic 'toolkit' by which the client reflects on their patterns of action and thinking, enabling the client to consider its usefulness in their own time. The tools also provide a common agenda, structure, and focus. The rationale for using both written and diagrammatic tools draws on Bruner's (1986) work on modes of conveying knowledge. The written reformulation provides a more affectively engaged narrative account (termed 'narrative mode' by Bruner), whereas the diagram provides a metaview of the patient's procedures (termed 'paradigmatic mode'). It also draws on Vygotsky's (1978) work, where an analogy is made whereby a pupil can accomplish more with the support or 'scaffolding' of a teacher than they can alone.

The process and experience of developing a reformulation aims to raise the client's morale and develop the working alliance, as well as helping to internalize a more caring, attentive relationship (Ryle & Kerr, 2002). As yet, however, there is a lack of research supporting these claims.

Bennett (1994) presented an account of a 16-session course of CAT for a 23-year-old female with a 6-month history of anxiety and depressive symptoms. Emphasis was placed upon the collaborative development of the reformulation, whereby maladaptive procedures were identified and presented in the form of both a written and diagrammatic reformulation.

Evans and Parry (1996) used a multiple baseline design and semi-structured interviews to assess the impact of reformulation in CAT with 'difficult-to-help clients'. Quantitative measures demonstrated that reformulation did not have a short-term impact upon the client's perceived helpfulness of sessions, the therapeutic alliance as measured by the Penn Helping Alliance Questionnaire (Alexander & Luborsky, 1986) or individual problems. Through interview, however, clients reported that the reformulation had a considerable impact upon them. The study lacked justification of the qualitative methods used and details of how such data were interpreted.

The present study has expanded upon Evans and Parry's (1996) findings by investigating the impact of reformulation in clients with less severe problems. Also, a different measure of alliance was used in order to measure other aspects of session processes such as the client's agreement with tasks undertaken in therapy. The different measure was also intended to avoid the limitations of the measure used by Evans and Parry (LeBloch, de Roten, Drapeau, & Despland, 2006). In addition to this, a semi-structured interview and explicit qualitative analysis were used to further explore the client's perspective. Justification for using such an approach, as well as steps to ensure the quality and validity of the data, was to provide a more substantial interpretation of the client's perspective. It was hypothesized that the measure of working alliance would significantly change in either step or slope following the introduction of the reformulation letter, and that clients would perceive the session where the reformulation was presented as being particularly helpful.

Method

Design

It has been argued that it is not just advantageous to combine both quantitative and qualitative methods, but rather that it is necessary in order to gain a more complete understanding of ourselves (House & MacDonald, 1998; Twiddy, 2006). A mixed-methodology was considered most appropriate. In order to explore the impact of the reformulation session upon the working alliance, a series of single-case designs was used. The session in which the written reformulation was presented provided a marker. Measures were taken on a weekly basis, approximately 4 weeks prior to reformulation and for at least 4 weeks post-reformulation. The time-series design gave the researchers an opportunity to investigate factors relating to any change in measures.

A qualitative approach was also used whereby interviews were conducted with clients post-reformulation. Template analysis (Crabtree & Miller, 1992) was used and steps were taken to ensure the trustworthiness of the findings. Template analysis can be considered as occupying a place between content analysis whereby codes are pre-determined and analysed statistically, and grounded theory where there is no prior determination of codes. Template analysis is considered more flexible than grounded theory, for example, which enables the researcher to tailor the approach to suit their needs.

Researchers wishing to combine quantitative and qualitative methods should be aware of their different assumptions and aims, and the lack of an explicit theoretical framework that embraces both approaches may lead to problems in integrating the findings of each method (Foss & Ellefsen, 2002). As such, it is necessary to identify a theoretical framework from which the present researchers worked that was able to embrace and integrate these different perspectives. As suggested by both

Fishman (1999) and Tashakkori and Teddlie (1998), pragmatic theory was used to provide reasoning for using a mixed methodology, and Yardley and Bishop's (2007) composite analysis was of considerable influence.

A mixed methodology was used as it is argued that both quantitative and qualitative knowledge are essential for the understanding of change processes in psychotherapy. It is also preferable to gain information from both paradigms within a single investigation (Gaston & Marmar, 1989).

Participants

A purposive sample of five clients was selected via four CAT therapists from local NHS Trusts. Pseudonyms have been used and minor details have been changed to protect confidentiality. All clients received a standard course of CAT (Ryle & Kerr, 2002) for at least 16 sessions. Clients were identified by therapists on the basis that they were over 18 years old, suffered from an Axis I disorder and did not have a learning difficulty/disability, dementia or any other organic brain disorder, personality disorder, or current drug/alcohol dependence. Diagnoses were categorized in accordance with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 2002) and obtained from clients' medical records by therapists. Therapists were asked to exclude clients with a diagnosed Axis II disorder. Brief details of clients are given below.

Mary was a single, White British 22-year-old female. She worked within the NHS. Mary had a diagnosis of anorexia nervosa, and had not had any previous contact with mental health services. Mary had no children and lived with her parents.

Ann was a separated, White British 63-year-old female. She was referred for treatment of depression, and had not had any previous contact with mental health services. She had two children, both of whom had left home. She lived alone.

Rebecca was a married, White British 50-year-old female who worked part-time as a teaching assistant. She had a diagnosis of previous alcohol abuse/dependence and bulimia nervosa (non-purging type). She had a long history of contact with mental health services. Despite Rebecca's previous alcohol abuse/dependence, it was reported as an historic difficulty and not considered to be a presenting problem. Rebecca had two children, both of whom had left home. She lived with her husband.

Jim was a single, White British 48-year-old male. He had worked as an artist and composer, and was at the time unemployed. Jim had a diagnosis of depression with features of post-traumatic stress disorder. He had also had previous episodes of depression that were treated by his general practitioner and a private psychotherapist. Jim had no children and lived alone.

Sarah was a married, White British 29-year-old female and worked as a nurse. She was referred for help with low self-esteem and anxiety. She had no previous contact with mental health services. Sarah had no children and lived with her husband.

All clients gave their informed consent to take part in the research in accordance with the established NHS research ethics approval.

Therapists

CAT therapists were qualified CAT practitioners eligible for membership of the Association for Cognitive Analytic Therapy (ACAT) and were in supervision with a CAT supervisor. CAT therapists were chosen opportunistically, having responded to an e-mail detailing the study, inclusion/exclusion criteria, and information/consent sheets.

Therapists had different levels of experience in CAT. This was intended to reflect a more naturalistic representation of CAT therapists.

- Cognitive analytic therapist 1 was a White, British, 59-year-old female. Having undertaken her mental health nurse training, she went on to train in psychodynamic counselling and CAT.
- Cognitive analytic therapist 2 was a White, British, 37-year-old male. He works as a clinical psychologist, having completed his training 4 years ago.
- Cognitive analytic therapist 3 was a White, British, 44-year-old female. She works as a consultant psychiatrist in psychotherapy, having previously worked as a consultant general adult psychiatrist. She is trained both as a CAT practitioner and supervisor.
- Cognitive analytic therapist 4 was a White, British, 54-year-old female. She works as a clinical psychologist, having completed her training over 30 years ago.

Researchers

At the time of the research, the first author was a 29-year-old British male trainee clinical psychologist. He had increasingly adopted a position of pragmatism during training and was on a year-long specialist CAT placement. It was hoped that the main researcher's relative inexperience of CAT enabled openness to participants' experiences during interview.

The second author was an academic supervisor and clinical tutor. He was also a consultant clinical psychologist and CAT practitioner. He had no contact with any of the clients or therapists during the research.

Measures

The progress of client-identified problems, as measured by the Simplified Personal Questionnaire (SPQ), was monitored throughout therapy. The SPQ is derived from a number of predecessors originating from Shapiro's (1961) original Personal Questionnaire. It was chosen to provide a repeated measures individualized outcome measure.

The working alliance was measured throughout therapy by using the Working Alliance Inventory Revised Short-Form (WAI-SR; Hatcher & Gillaspy, 2006). The WAI-SR was chosen because it measures additional aspects of the working alliance to those explored by Evans and Parry (1996), namely the task subscale. This was considered important given the theoretical basis of alliance (Bordin, 1975, 1980).

Qualitative data generation

The Client Change Interview (CCI) is a semi-structured interview and was chosen because it focuses upon changes since therapy began, what the client believes brought about these changes and any helpful or unhelpful aspects of therapy. It also enables discussion of the client's pre-treatment self-ratings on the SPQ.

Choice of interview method determined the data structure, which inevitably had implications for the method of analysis. Consideration needed to be given to the assumptions made about the nature of the data being generated and gathered. Data were regarded to have been a joint construction of meaning, and it was important to keep the research questions in mind when making decisions about interviewing. It was felt that the structure of the interview provided guidance for the researcher to explore issues

relevant to the research whilst enabling the client sufficient flexibility to describe their experiences without being unnecessarily directed or prompted by the researcher. The interview structure was not strictly adhered to. It is also of note that at the end of the interview clients were encouraged to reflect on their experience of the reformulation had they not already done so.

Procedure

Clients were met prior to the commencement of therapy and the researcher carried out the SPQ. Copies of the SPQ and WAI-SR were given to clients and they were encouraged to complete the measures on a weekly basis as soon as possible following the session. A demographic information sheet was also given to clients for completion.

The CCI was conducted with clients soon after reformulation. The time of the reformulation session was flexible depending upon the clients' needs, and as such therapists contacted the researcher following the reformulation session and an appointment was arranged. Interviews lasted no longer than an hour.

Qualitative data analysis

Template analysis can be used to analyse any form of textual data from many methodological and epistemological positions. This was particularly important given the nature of this research. Template analysis was chosen because it is equally suited to the realist position taken by the majority of quantitative research as it is to the contextual, constructivist approach taken by qualitative research (King, 1998). Independent scrutiny of data, membership of a Qualitative Research Forum, and the use a reflexive journal were used to maintain the trustworthiness of qualitative data.

Results

SPQ and WAI-SR data

Visual analysis of the data was sufficient to determine that there were no significant changes in step or slope following reformulation. This was the case for both SPQ and WAI-SR data for each client. Figure 1 illustrates the scores for each client on the SPQ. Gradual reductions in how much reported difficulties had been a concern were observed for Ann and Sarah. No significant changes were identified for the other clients. Figure 2 illustrates the scores for each client on the WAI-SR. A marker indicates the point at which the reformulation session was given. No significant changes in the total WAI-SR following reformulation were indicated by visual analysis for any of the clients. Gradual decreases across the whole time-series, however, were observed for Ann and Jim.

Qualitative data

Seven main themes were identified through template analysis of clients' accounts. These themes aim to encapsulate how clients experienced the reformulation process. The final template produced themes that are broad enough to encompass variations in clients' accounts. The themes are not mutually exclusive. Direct quotations from clients are used in order to demonstrate and justify the themes being identified. When presenting quotations the following notations are used: R – Researcher's speech, . . . – Pause in speech, (Bracketed text) – Clarification of the dialogue.

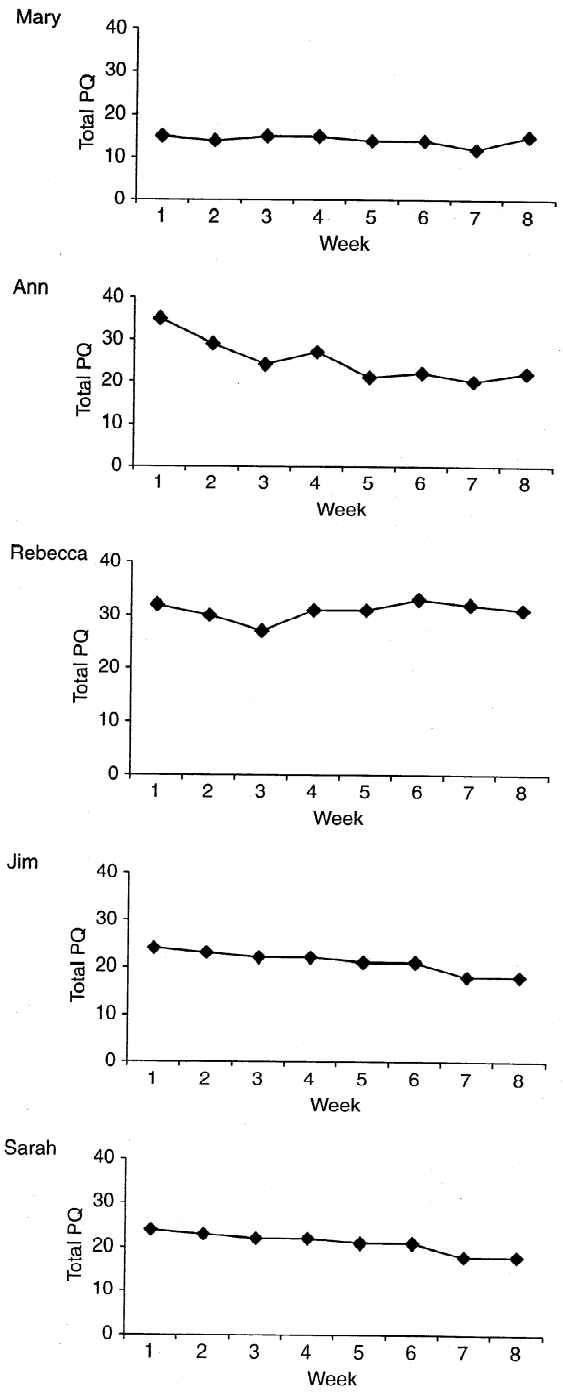

Figure 1. SPQ scores for each client across sessions.

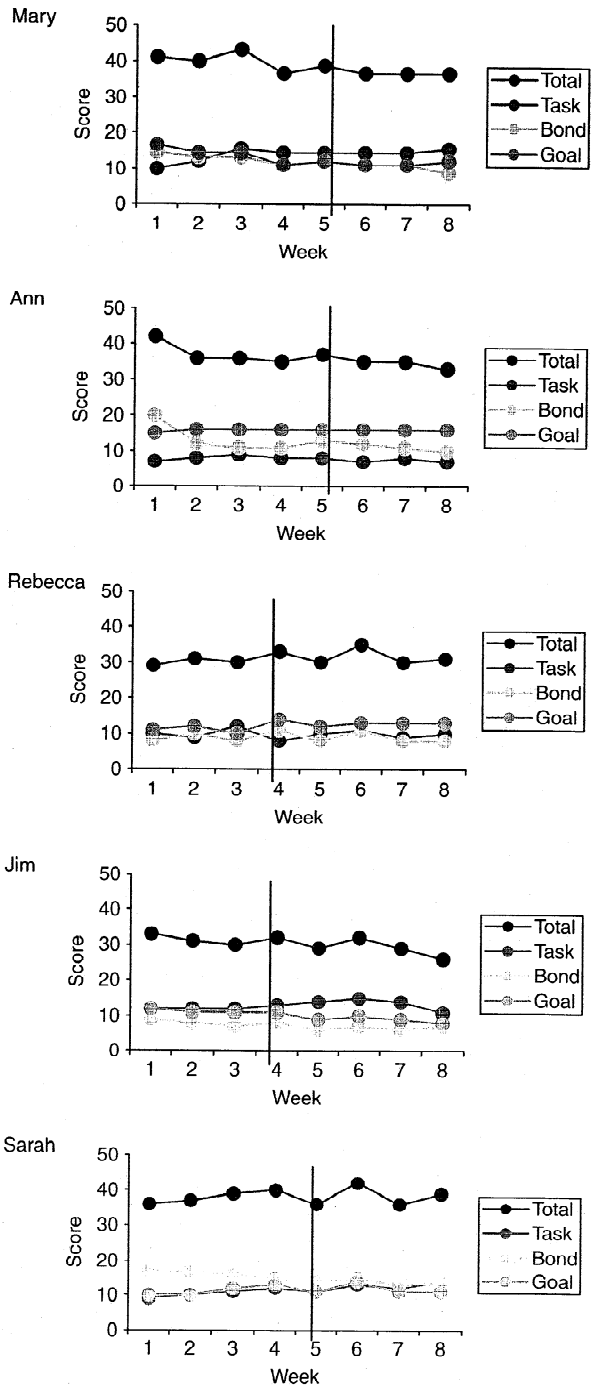

Figure 2. WAI-SR scores for each client across sessions.

Feeling heard

The first theme that was identified was a sense of clients feeling that they were being listened to and understood. All clients expressed this to some extent. Hearing the reformulation letter being read aloud during the reformulation session seemed particularly pertinent in instilling a feeling of being heard.

> Rebecca: 'That (hearing the reformulation letter) felt like a huge relief and that I was well and truly heard'.
>
> Sarah: 'It made you feel as though somebody had taken on board what you had been saying . . . especially in the letter, to hear that back, what you'd told somebody, was, you know, quite emotional really'.
>
> R: 'In a good way?'
>
> Sarah: 'Yeah, in a good way, because it made you feel heard, and that was nice'.

This reflective stance that hearing the letter encourages enabled some clients to hear their own story in a different way – perhaps a less critical and judgmental way.

> Rebecca: 'And when (Therapist) read out the letter . . . it was extraordinary, there were a few things that I annotated and we changed to get a new draft, but to think that in the space of four or five sessions I had actually managed to get out this poisonous thing . . . and not to make it, as it has often been in the past, a victim and baddy story, but just a human story . . . that's quite a powerful tool, that letter'.
>
> Jim: 'When I heard it (the reformulation letter) it made me feel a bit sad at points, but also . . . you know, yeah, that's how I felt . . . (Therapist) summed it up as kind of . . . (Therapist) spoke about scenarios where I thought, yeah, that was pretty bad'.

This sense of feeling listened to, heard, and understood was important for all clients. Not only did it engender trust in the therapist, but it also appeared to play a role in helping clients begin to become more self-aware.

Understanding patterns

The reformulation session seems to have been important in helping clients become more self-aware through understanding patterns of their own behaviour. All but one, Ann, felt that the reformulation session brought about a clearer understanding of their patterns.

> Rebecca: 'And it was click, click, click, the jigsaw . . . everything seemed really clear'.
>
> Sarah: 'I think that it has been helpful, and my awareness of some of the things that I tend to do . . . patterns that I get myself stuck in . . . but having someone else see them and write them down has made it clearer to me what tends to happen'.

This understanding of patterns, and having them presented in either diagrammatic or written form, was noticed in regard to how patterns had developed, how they were enacted in the present, and the relationship between the two.

> Jim: 'So, (Therapist) will say "There you go, this is where you are in the plan, you're there", and when we're talking at this level it helps because I can think, well, yeah, that's why I'm acting in this way because I'm back down here again'.
>
> R: 'Can you say what it was that helped you recognise these patterns of relating to others?'
>
> Rebecca: 'Doing the diagram, first with (Therapist) in a session and then coming home and doing my creative bit on it . . . erm . . . and just seeing how ingrained this pattern . . . we

made a diagram of how it was for me in my childhood, with predominantly the relationship with my mum, and then when I came home I made my own diagram of what's going on now, and it was exactly the same . . . but I'm doing it to myself'.

Space to talk

The next theme that was identified was clients having the space and opportunity to talk about their difficulties.

> Jim: 'I don't really know what I expected, other than a real need to talk to somebody about all my feelings'.

> Mary: 'Being able to kind of offload how you're feeling and thinking about things, even if it seems really obscure, just to say it to someone else and to say it out loud, it's just kind of really helpful in that sense I think'.

Having ownership of the therapy time also seemed important in enabling clients to utilize their space to talk, and speaking with an impartial other appeared to be of benefit.

> Sarah: 'Having space to talk about those problems with somebody else . . . erm . . . and somebody away from your immediate circle of people who . . . might pass judgement on you'.

> Mary: 'If it was someone else then maybe they might interrupt a bit or say more when you really want to say your bit. It's hard sometimes to describe how you felt, and you need a bit of time in your own head to work it out and how to describe it, and you need appropriate time to do that really'.

Feeling accepted

Feeling accepted was a theme that links closely with other themes. It was through feeling heard, having space to talk, and working together that clients felt accepted, not only by their therapist, but also by themselves.

> Mary: 'The relationship between therapist and patient has been quite a useful one, it hasn't been awkward talking about things . . . and, erm . . . yeah, I've never felt judged or anything really, sort of in a nasty way. And I think that's sort of useful for being honest'.

> Rebecca: 'So if I don't understand or if I disagree with something I don't feel that (Therapist) will be judgemental at all'.

Feeling accepted in the therapy relationship was potentially helpful in encouraging honesty and alliance. Perhaps most importantly, feeling accepted and not judged in the therapy enabled Rebecca and Jim to express how they felt less judgmental and more accepting of themselves.

> Rebecca: 'I'm not back in the being judged thing . . . it (reformulation letter) made it so much more ordinary. It put me in the position of an observer. It helped me think, well, if this had happened to a stranger and they had coped like this, would I think that they were dreadful? No, I wouldn't . . . it was a huge relief'.

> Jim: 'It was good (reformulation letter) because it was like (Therapist) giving an opinion of me as a case study, but also as a person whom (Therapist) had got to know over the past few weeks, you know? It helped me give myself a break'.

Having something tangible

Clients spoke about how the reformulation letter and SDR were useful as both tools provided them with something tangible to take away. Sarah considers the reformulation letter and SDR to have been particularly useful in helping her remember things that were discussed in therapy, and in using the tools outside of therapy with regard to recognition and revision of problems.

> Sarah: 'And they've (reformulation letter and SDR) been quite useful to bring away with me, to have a look at and use them when I think they might be helpful . . . I'm not sure I would have remembered everything without them'.

Jim spoke about how he found it useful to visualize his SDR outside of sessions, personalizing, and tailoring the SDR by using imagery that was appropriate to him.

> Jim: 'It was good to have a map, so to speak . . . I call it, like, the three islands is how I look upon it. The top island is all about ego rebellion and abandon, and the bottom island is low self-esteem, feeling like I'm a pain in the arse to everyone . . . and the middle island is where I need to try and be a little bit more'.

Working together

A sense of the reformulation session being collaborative and interactive was evident for most of the clients. Rebecca in particular felt strongly that working together throughout was important. Working together also appeared to engender a sense of ownership of the tools and therapy in general, and clients subsequently felt empowered and in control.

> Jim: 'I did actually ask (Therapist) to edit some bits (of the reformulation letter)'.

> Jim: 'My therapist had drawn this (SDR) out and each week we'd add a little bit to it, so I just put it on the computer to add little bits of colour to it'.

> Rebecca: 'I can say to (Therapist), you know, this is wrong, why is it so important that we should focus on this cycle of relating? And (Therapist) will say, "well, we'll see, maybe it will maybe it won't", and very often it does . . . erm . . . but, to have that upfront was . . . it made me feel safe'.

Feeling exposed

An important theme to have emerged from the data is that of feeling exposed. Most clients mentioned the discomfort of therapy, particularly around having to disclose information, but also at having these details recounted to them in the reformulation letter.

> Rebecca: 'It's jolly hard work . . . and while I desperately want to be a different person I absolutely hate going through the past and the sort of analytical bit'.

> Sarah: 'I don't think I felt so uncomfortable talking about the present day difficulties I'm having, but I did feel very uncomfortable talking about my family'.

> R: 'Do you remember how it felt at the time (hearing the reformulation letter)?'

> Mary: 'A bit shocking really, because it was all problems, so it was problem-based, it didn't mention the good parts of my life. It was a summary of the bad parts, and that was a bit shocking. A bit of a jolt really'.

Conclusions

This study aimed to expand upon the findings of previous research (Evans & Parry, 1996), and is important for three main reasons: first, psychotherapy process research has an important role to play in informing evidence-based practice within mental health services (Roth & Parry, 1997). Second, the methodology used potentially addresses some of the questions and phenomena that have yet to be adequately addressed by more traditional, experimental methodologies (Kazdin, 2004; Yardley, 2007). And third, it has been argued that we cannot fully understand how psychotherapy facilitates change without asking about the experiences of those who undergo it (Hodgetts & Wright, 2007).

Quantitative data showed no immediate significant impact of the reformulation session on the WAI-SR. There was a potential for diffusion of treatment to have contributed to such findings. Elements of the reformulation process may have impacted upon the clients outside of the reformulation session, and as such had a more cumulative, longitudinal impact upon the WAI-SR. Were this the case then it is unlikely that there would have been a specific change at any one point in therapy.

The intention of the analysis of quantitative data in the current study was to establish whether or not there was a marked intervention effect. Visual analysis of the data indicated that there was not a marked difference in slope or step following the reformulation session. Statistical scrutiny was considered to be superfluous, as the visual analysis was demonstrably conclusive.

The use of template analysis in this study aimed to present a sufficiently thorough analysis of the data to enable readers to learn something about the people that clinicians work with. It is felt that presenting data from five quite different clients has provided the breadth and depth to help achieve this.

Template analysis resulted in an account structured around the main themes identified, with illustrative examples being drawn from each transcript as required. It was felt that this helped provide a clear and succinct overview of the most salient findings.

The design used in this study attempted to overcome some of the problems associated with more anecdotal case studies (Kazdin, 2004) and increase experimental rigour by demonstrating a change in clients' WAI-SR that was congruent with the reformulation session. Continuous assessment was intended to establish what impact the reformulation session had upon the WAI-SR, baseline assessment was used to demonstrate levels of the WAI-SR prior to the reformulation session, and use of a before and after reformulation phase was intended to test whether scores on the WAI-SR remained the same or significantly changed in either step or slope.

The main problem associated with using such a design in this study was that although the general principles of a multiple-baseline design were adhered to it was not possible to wait for a stable baseline before introducing the reformulation session. Evans and Parry (1996) identified this as a potential problem in their study, though they considered that fluctuation in measures that would occur prior to the introduction of the reformulation would not be as systematic as those that would occur following reformulation. Indeed, there is a consensus that whether variability in data is excessive and interferes with drawing conclusions about the intervention depends on the initial level of the dependent variable and the magnitude of change following implementation of the intervention (Kazdin, 2004). However, it is possible that the four or five sessions prior to reformulation in the current study were not sufficient to indicate a reliable approximation of the working alliance, even when fluctuations are taken into account,

and the lack of a stable baseline would potentially undermine the rigour of the design and bring about threats to internal validity. The design in this current study was not strictly a multiple-baseline, as the intervention of interest (the reformulation session) was not actively withheld across participants. The benefit of withholding the intervention across participants is that it increases the rigour of the experimental design and improves internal validity. However, it was not considered ethically acceptable to withhold the reformulation session.

Absence of a slope or trend in the data during baseline is essential (Kazdin, 2004). This was not the case in the current study. Indeed, as was observed in other research (Constantino, Castonguay, & Schut, 2002), slopes in the data were observed from the first session. This may be due to a ceiling effect with the WAI, as high levels of working alliance were reported before the reformulation process.

Despite the methodological problems associated with the lack of a baseline and the potential ceiling effect, research such as the current study can help provide leads for theory, research, and practice (Bieling & Kuyken, 2003; Kazdin, 2004) and as such ought not be undervalued or overlooked in psychotherapy process research.

The findings of this study support those of Evans and Parry (1996). As they suggested, focusing on the session immediately after the reformulation may have been too narrow to measure the impact of the reformulation process upon the working alliance. The findings of the current study, along with those of Evans and Parry, suggest that the impact of the reformulation session is a more cumulative, gradual process. This may be due to elements of the reformulation process being present outside of the reformulation session, as suggested by Hamill, Reid, and Reynolds (2008) who considered the 'transient processes' evoked by reformulation and goodbye letters in CAT, both whilst being developed and after the therapy has ended, to have been just as powerful as the letters themselves.

The current study was intended to provide the reader with a sense of the clients' experience of the reformulation process. Rennie and Toukmanian (1992) have considered the exploration of clients' experience of psychotherapy to be one of the main objectives of psychotherapy process research. It has been argued that researchers of psychotherapy, theoreticians, and clinicians can all develop a better understanding of the processes involved in psychotherapy if they have a comprehensive awareness of the type of experiences people in psychotherapy have (Elliott & James, 1989). Despite this having been acknowledged, little attention has been given to the client's experience (Hodgetts & Wright, 2007).

It is evident that clients in the current study have identified helpful aspects of the reformulation session that have been previously identified (Glass & Arnkoff, 2000). A unique contribution of this study is that the reformulation letter and SDR were identified as potentially playing a moderating role in these reportedly helpful aspects. Such conclusions support the findings of Moules (2003), who considers the use of letters in therapy to be of benefit in maintaining a therapeutic relationship, and Denman (2001), who asserts the importance of encouraging clients to make any necessary amendments to the letter in order to enhance the collaborative aspect of therapy.

Having something tangible, which was also identified in this study, may have provided both a transitional object as described by Winnicott (1953), and the means to continue working on change processes outside of therapy, something that has been associated with improved outcomes (Orlinsky, Ronnestad, & Willutzki, 2004). As has been suggested in the wider literature on therapeutic letters (Hamill *et al.*, 2008; Howlett & Guthrie, 2001; Moules, 2003; Rombach, 2003) the sense of having something

tangible, which can be taken away with the client, may help continue the work of therapy after the therapy itself has ended.

Research describing clients' experience of mental health services identify common themes such as a sense of powerlessness, loss of control, loss of confidence, and lack of involvement (Chadwick, 1997; Haglund, Von Knorring, & Von Essen, 2003; Johansson & Lundman, 2002). Other themes include feeling protected, respected and cared for (Johansson & Lundman, 2002). This disparity highlights the need for clinicians to be attuned to individuals' idiosyncratic experiences and perception of their therapy. Such awareness and attunement has the potential to prevent estrangement and enhance alliance and engagement within therapy.

Another important implication is that of the potential necessity of a well-established therapeutic alliance prior to the benefits of the reformulation being achieved. Alliance, as measured by the WAI-SR, did not change significantly after the reformulation session. This implies that the therapeutic alliance is established to some extent within the first few sessions of therapy. If this is the case, then one could argue for the existence of a critical period in CAT whereby the therapeutic alliance needs to be established in order for recognition and revision of difficulties to be worked upon. Without an established therapeutic alliance, the therapist's challenges and interventions may be perceived by the client as a lack of understanding or withdrawal of support. It is of note that Ann felt she gained little benefit from therapy and that her therapist provided a better understanding of the situation in the reformulation letter than she did in person. The understanding communicated in the letter appeared to have been undermined by a perceived lack of understanding in the general therapeutic relationship.

The existence of such a critical period would suggest that the reformulation session, and the use of its tools, should be given idiosyncratically at a time when sufficient alliance had been established. This would support the conclusion made by Bennett *et al.* (2006) that acknowledgement of the patient's experience must precede the use of reformulation. It could be argued, however, that the reformulation process is intended to convey such acknowledgement, and as such this aspect of the reformulation should be of paramount importance.

As suggested by Hamill *et al.* (2008), the role and impact of letters in CAT may be broader than previously envisaged. Not only might they help facilitate a client's capacity for self-reflection, but the inherently personal nature of letters, albeit written according to relatively standard procedures, might also create an explicit relationship that can highlight the collaborative nature of the therapeutic relationship and provide the necessary scaffolding for clients to learn to tolerate previously unmanageable feelings whilst finding alternative ways of coping.

It would also be interesting to consider the impact of such therapeutic tools upon the therapist. Early reformulation, and providing a written account of such, will provide the therapist with a focus for intervention, and might serve to enhance recognition and revision of problems for both therapist and client equally.

A broad impact of letters in CAT suggests that the reformulation tools might best be thought of as part of an overall therapeutic process, rather than an isolated technique or 'psychological tool'. The themes identified in this research – feeling heard, understanding patterns, space to talk, feeling accepted, having something tangible, working together, and feeling exposed – are perhaps indicative of a therapeutic style and process, rather than the impact of a discreet intervention. As such, the use of these tools may best serve to highlight and punctuate more general therapeutic processes, rather than instigate or exaggerate them.

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