



Individuals' experiences and opinions of psychological therapies for psychosis: A narrative synthesis



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HIGHLIGHTS

- This is the first synthesis available on beliefs about therapies for psychosis.
- Individuals' expectations and experiences are consolidated and explored.
- Service users hold multi-faceted views about psychological therapy.
- Significant biases in the literature have been highlighted and discussed.
- Discrepancies between expectations and valued outcomes are considered.

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ABSTRACT

Beliefs, attitudes and expectations about therapy are likely to influence engagement, adherence and outcomes in psychological therapy but despite increased research interest in this area, the evidence has not been systematically reviewed or synthesised. This review is the first to explore service user beliefs by synthesising existing quantitative and qualitative research in order to develop a comprehensive understanding of beliefs about psychological therapy in people with psychosis and to identify gaps in the literature. Thirty-five papers were included in this review and synthesised. Themes and subthemes of both service user expectations (including outcomes, process and barriers) and experiences (including satisfaction, outcomes, process and therapist characteristics) are described. High levels of satisfaction and positive regard towards therapy for psychosis were found. However, many clients refuse, do not attend or withdraw from psychological therapy. Data were primarily limited to people who have completed therapy. Expectations about therapy have not been adequately addressed and warrant further exploration. Understanding and managing expectations, including consideration of fears, misconceptions, and potential challenges, could promote engagement. Exploration of beliefs, particularly in those who refuse or terminate therapy, is essential to further our understanding of factors affecting services users' decision-making processes, as well as the efficacy of therapy.

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1. Introduction

Psychological and psychosocial interventions are recognised as essential elements of treatment for people at risk of or experiencing symptoms of psychosis, either as adjuncts or alternatives to pharmacological treatments (American Psychiatric Association, 2004; National Institute for Health and Clinical Excellence, 2014). These recommendations are based on a growing evidence base for the efficacy of psychological therapy in psychosis, particularly for Cognitive Behavioural Therapies (e.g. Jauhar, McKenna, Radua, Fung, Salvador and Laws, 2014; McGurk, Twamley, Sitzler, McHugo, & Mueser, 2007; Pilling, Bebbington, Kuipers, Garety, Geddes, Orbach and Morgan, 2002; Wykes, Steel, Everitt, & Tarrier, 2008). However, there remains a critical debate over the evidence available (e.g. Lynch, Laws, & McKenna, 2010). Not everyone improves using these approaches and there is currently a paucity of evidence for improvement in clinical outcomes for people with common comorbid problems such as coexisting substance misuse (e.g. Barrowclough, Marshall, Gregg, Fitzsimmons, Tomenson, Warbuton and Lobban, 2014; Hunt, Siegfried, Morley, Sitharthan, & Cleary, 2013). Research has therefore begun to explore predictors of outcomes in therapy (e.g. severity and type of symptoms; substance use; insight, illness history; duration of untreated psychosis (DUP) and demographic characteristics) (e.g. Fanning, Foley, Lawlor, McWilliams, Jackson, Renwick, et al., 2012; Lambert, Conus, Lubman, Wade, Yuen, Moritz, et al., 2005; Lincoln, Rief, Westermann, Ziegler, Kesting, Heibach and Mehl, 2014; Morrison, Turkington, Wardle, Spencer, Barratt, Dudley, et al., 2012; Naeem, Kingdon, & Turkington, 2008; Perivoliotis, Grant, Peters, Ison, Kuipers and Beck, 2010; Tarrier, Yusupoff, Kinney, et al., 1998) although, to date little consensus has been achieved.

Service users' beliefs about therapy do not appear to have been considered when exploring factors related to engagement or clinical outcome, which may limit our understanding of the efficacy of therapy (Fowler, Garety, & Kuipers, 1995). Moreover, the appropriateness and acceptability of psychological interventions is often determined by number of sessions attended, rather than the participant's own evaluation. Historically, some researchers doubted the ability of this client group to provide accurate and useful information. There is good evidence that people with psychosis can provide insightful and reflective accounts of their subjective experience (e.g. Allen, Burbach, & Reibstein, 2013; Coursey, Keller, & Farrell, 1995; Newton, Larkin, Melhuish, & Wykes, 2007), which can offer researchers and clinicians valuable insight into service users' understanding of therapy as well as into therapy practises (Kilbride, Byrne, Price, Wood, Barratt, Welford and Morrison, 2013).

Two reviews have acknowledged the importance of these beliefs and explored the qualitative literature available for experiences of therapy. Berry and Hayward (2011) used a qualitative synthesis

approach to investigate service user perspectives about Cognitive Behavioural Therapy for psychosis (CBTp). A strength of this study was that it focused on direct accounts from service users, not author interpretations. However, only eight studies were found for inclusion and other therapy modalities were ignored. Hodgetts and Wright's (2007) review explored qualitative accounts of service users' general experiences in mental health settings, which also included process and therapy issues. It was not limited to service users with psychosis however and included summaries of other authors' interpretations.

CBT is not the only therapy available to people with psychosis, and broadening the scope to include other forms of therapy such as Family Intervention (FI) and Cognitive Remediation Therapy (CRT) is warranted to further enhance our understanding of service user experiences. Preconceptions or expectations may impact on whether and how service users engage with therapy, but accounts of these are missing from the literature (Hui, Chen, Kan, Yip, Law and Chiu, 2006; Lecomte, Spidel, Leclerc, MacEwan, Greaves and Bentall, 2008; Mutsatsa, Joyce, Hutton, Webb, Gibbins, Paul and Barnes, 2003).

Many factors are likely to influence if and how people engage in therapy, which may in turn impact on outcomes (Westra, Aviram, Barnes, & Angus, 2010). A more comprehensive understanding of beliefs about therapy for psychosis could be useful to both research and clinical practice, to support better communication between professionals and service users, and potentially promote engagement and improve outcomes. Previous reviews included only qualitative data. While these provide the 'richest' accounts of the service user perspective, few have been conducted. The inclusion of quantitative data along with subjective accounts, covering many therapy modalities, may allow for the inclusion of more evidence, which may help further our current understanding of service user beliefs.

1.1. Objectives

The aims of this review were to answer two primary questions:

- How many studies have described beliefs and experiences about therapy of psychological therapies for psychosis?
 - What is the nature of those studies and the characteristics of the populations described?
 - How have beliefs and experiences been measured?
- What does the evidence say about individual's beliefs and attitudes about therapy for psychosis?
 - What are people's expectations about therapy?
 - What do people think about their experience of therapy?
 - What do people think about those who delivered therapy?

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