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Trajectory-based methods in clinical psychology: A person centred narrative approach

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ABSTRACT

Life trajectories in clinical psychology research are often not treated as interactive trajectories but rather as static transversal variables. But developmental pathways are often cumulative and conditional and currently require sophisticated group-based modeling to tease out individual differences in trajectories. Clinical psychologists often require personal information on transitions and turning points in life which require eliciting information through qualitative life history approaches. A method is proposed for identifying life events within the person's narrative and describing trajectories as event spaces likely to reflect end-point psychopathology.

1. Introduction

In clinical psychology early development, life events and biographical factors are recognized influences on the development of pathology, both theoretically and practically. However, there is the question of translating such biographical context into a meaningful account of life trajectories. Most attempts have either targeted: (1) transversal designs following selected factors for usually specified periods of time; (2) prospective and longitudinal studies which have targeted risk and resilience through examining the impact of multiple separate predictor variables. At the same time, human events occur in sequences, are often cumulative and require conditional calculation of "cascade risk". Apart from the obvious problem of separating cause and effect and disentangling "proximal" from "distal" influences, many questionnaire studies rely on retrospective recall of general events which may be subsequently tainted by current experience. Also life events are transactional in nature and events require methods that address conditional probabilities and pathways.

Several authors have indeed criticized the a-historic nature of the mainstream clinical psychology approach and suggested a historically structured sampling method for comparing histories which converge at final points but diverge at important previous bifurcation points. But the reality is that historical facts are usually collected formulaically (e.g. Muller et al 2011; Smith 2009). A life trajectory implies a continual interaction of person and environment in accordance with the construction of meaning and reality. Unfortunately there is no current consensus on method or measures appropriate for a trajectory approach in clinical psychology. Very few studies have specified trajectory as a continuous development of a life sequence which necessarily involves transitions and turning points not always accessible to quantitative measures.

The study of life trajectories within clinical psychology is still in its infancy. Whilst there are numerous studies in the risk-resilience mode, in the main, they are dealing with static stage dependent variables, which, whilst contributing to pathological development, do not capture the synergistic reciprocity essential to trajectories point of view. Indeed such longitudinal findings, even whilst statistically robust in terms of significant regression coefficients, could be misleading. For example, isolated findings of child impulsivity or maternal depression as determinants of behavioural conduct disorders, do not allow for the interactive effect that environment may contribute to child characteristics and the subsequent interaction

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that child coping behaviour may exert on maternal response. In this sense, a key problem in cross-sectional risk studies is determining causality. An example here is the well established finding of a link between maternal over-protection and child anxiety (Turgeon, O'Connor, Marchand, & Freeston, 2002). Several authors pose the question: Is this cause or effect? Does an over-protective mother produce a timid child, or does the timid child invoke over-protection? Even longitudinal studies, if they follow only one or two static variables, may miss out on this trajectorial philosophy. One answer may be to follow the evolution of episodes of overprotection.

In an attempt to look at the temporal process relationship between parental drinking, family function and child adjustment, Keller, Cummings, Davies, and Mitchell (2008) found the impact depended on parental gender, child gender, type of alcohol abuse. Interestingly, in a footnote, the authors note the possibility of reversing the temporal order of the model where the child's behaviour predicts drinking and parental psychological problems, which suggests complex pathways. Again the ambivalence of such pathways maybe best captured qualitatively.

The key debates here are how to structure multiple causal influences and whether equi-finality or multi-finality models are the most appropriate to explain multiple causal influences. Finally, capturing the crucial influence of life context in the form of determining life events will most likely remain a puzzle with approaches which tend not to model dynamic interplay.

Latent curve analysis and growth modelling does offer a means of quantifying trajectories by mapping sequential processes, but again the statistical assumptions may not always make it appropriate for human behaviour. However sophisticated the models, such designs may always be insufficient since they adhere to inappropriate assumptions about human behaviour and human life events. Statistical sophistication is not necessarily the only solution and a paradigm shift which changes the way we view life sequences in terms of personal transitions and turning points can lead to adoption of more manageable approaches. A more person-centred, contextual approach to life trajectory methods is proposed for clinical psychology practice and research, including life history and life course narrative approaches. A person centred approach could accept from the start the necessity of conditional probability (if x then y), and multidimensionality (e.g. thoughts and emotions in the same event) in trajectory research, and could consider a pattern of complex overlapping event spaces of life history rather than temporal succession as the key metric for trajectories.

The new idea proposed here is that trajectory research begins with narratives or qualitative interviews which capture transition points and complex events which are then considered probable event spaces leading to final endpoints within a Bayesian model of alternative possibilities. Firstly we illustrate the difficulties of quantitative approaches, supported by selective examples from research in anxiety and depression, in addressing: the interaction between temperament, life events and contextual interactions with specificity of pathways; the influence of cognitive factors and coping; how individual differences in sequencing and mediation determine the importance of predictors and the impact of stage of development on predictors.

2. Methods

Transversal studies seek to identify specific precursors, risks and resilience factors which relate to later development of psychopathology. Such studies have focused on child temperament, trauma or family environment as separate mechanisms. Periods of observation are generally over short periods (5–7 yrs) and examining selected explanatory risk factors (Luby, Belden, & Spitznagel, 2006) such as: family dysfunction, behavioural inhibition, genetics, negative life events and protective factors (Malkoff-Schwarts et al., 2000).

The problems with this transversal approach are two fold: firstly, such a static picture failures to capture the synergy interacting amongst distinct factors; secondly, in developmental terms, one psychopathology (e.g., depression) may be the risk factor for subsequent development problems. So findings of contributions to development even if proven strong predictors in regression equations cannot easily translate into causal hypotheses. These studies have also mostly been termed "back end" research examining risk factors subsequent to an established diagnosis, rather than "front end" research following factors in the development of pathology. This latter approach clearly has more implications for prevention. The aim of most "front end" studies is to improve predictions of later diagnostic status, severity and treatment outcome. Again, developmental studies bring into question premature diagnoses where often early psychopathology is fluid. For example, early life events seem linked to both depression and anxiety. The existence of distinct trajectories may suggest the need for developmentally tailored intervention strategies independent of diagnosis. Developmental research brings into question categorical diagnoses of, for example, anxiety and depression. In developmental terms, anxiety and depression may represent a common dimension of distress, namely negative reactivity. For example core internalizing problems can be operationalized as the underlying common factor in anxiety and depression with two main pathways: the first through temperament mediated by child emotionality mid-childhood; the second through early contextual risk factors, namely family adversity before five years of age. Whereas trajectory research supports a transdiagnostic approach, such models do not currently explain how multifinality and divergent trajectories occur (Nolen-Hoeksema & Watkins, 2011). Phillips, Hammen, Brennan, Najman, and Bor (2005), for example, used logistic regression to predict group status from different early adversity, in a prospective exploration of the specificity of early childhood adversities as predictors of anxiety and depressive disorders in adolescents. But child adversities such as poor parenting, marital discord, mental illness and abuse, were predictive of a broad range of disorders. Phillips et al. (2005) did find that anxious adolescents experienced more adversities than depressed ones. However, specificity remains elusive and as the authors note, the explanation for the association remains unclear. Also, the pathways to depression remain inconclusive. The causes may be more proximal, or anxiety may be a precursor to depression, or there may be multiple pathways to depression. Furthermore, variables may be important at one age but not at another. Also, different variables may have a different variance rate.

2.1. Individual differences in person-centred life trajectory

Smith (2009) considers the fundamental task is to understand why different individuals progress along different life trajectories, and what forces increase the likelihood of successful versus non-successful life pathways. So trajectories should focus on person-centred rather than variable-centred approaches. In the person-centred approach, the aim is to classify individuals into distinct groups and categories based on individual response patterns. One attempt to overcome these dilemmas of non-linearity, differential progression and person-centred approaches, has been the adoption of growth mixture models. This can be accomplished using latent trajectory classes, which allow different groups of individuals to vary around different means.

Traditional growth modeling techniques (for example, hierarchical linear modeling) assume that participants belong to a single homogeneous population and do not capture inter-individual or