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# *“A gentle balance of pushing, pulling and sitting with”*: An interpretative phenomenological analysis of psychological therapists’ experiences of working with goals in adult pluralistic private practice

Christopher E. M. Lloyd <sup>a,b</sup> and Raffaello Antonino <sup>a</sup>

<sup>a</sup>School of Social Sciences, London Metropolitan University, London, UK; <sup>b</sup>Human Sciences Research Centre, University of Derby, Derby, UK

## ABSTRACT

Evidence suggests that working with goals, or goal-based practice (GBP) which is fundamental to several contemporary psychotherapies, can enhance the content, process and outcome of psychotherapeutic work. At present, no qualitative research has explored how psychological therapists experience GBP with their clients. Interpretative phenomenological analysis (IPA) was selected to explore how eight psychological therapists working in adult pluralistic private practice experienced GBP. Three superordinate themes were constructed during the analysis process. “A pathway through the jungle” highlighted how GBP was variously experienced as aiding the therapeutic partnership by monitoring progress, providing focus and increasing positive affect. “Invalidating the therapeutic journey,” where GBP was felt to potentially detract from the client’s frame of reference, to jeopardise the therapeutic containment of sessions and increase the client’s feeling of failure. Finally, “Maintaining the client-led story,” which resembled an antidote to what was experienced as non-humanistic GBP. This involved practitioners preserving time to reflect on their own goals and agendas for their clients and the ways their own psychological processes might be influencing the use of GBP within the therapeutic relationship. Of particular pertinence was therapists’ acknowledgement that GBP may function to shield therapists from feelings of failure or frustration, and may be used consciously or otherwise. We argue that approaches to GBP that attempt to determine helpful or unhelpful aspects of GBP in isolation are likely to overlook therapeutic processes which are vital to ensuring that GBP is collaborative and meaningful for the client. Results are discussed regarding wider literature and suggestions for further research are made.

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Goal-based-practice (GBP); goals; pluralistic therapy; private practice; qualitative; therapeutic relationship; IPA

In 1968, the term “goal-setting” was formally introduced into the psychological literature (Locke, 1968). Goals can be defined as “subjectively desirable states of affairs that the individual intends to attain through action” (Kruglanski & Kopetz, 2009, p. 29). Similarly, therapeutic treatment goals are the particular desired states that an individual wishes to

**CONTACT** Christopher E. M. Lloyd,  [Christopher\\_loyd@hotmail.co.uk](mailto:Christopher_loyd@hotmail.co.uk)

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attain through therapy (Michalak & Grosse Holtfort, 2006). Goal-based practices, accordingly, are therapeutic activities in which clients' treatment goals constitute the bedrock of the psychotherapeutic work (Cooper & Law, 2018; Law, 2018) and involve all aspects of GBP, from meta-therapeutic communication, where initial goals and directions are collaboratively agreed, through to goal-tracking, monitoring and evaluation.

Historically, the study of goals within therapeutic traditions has been fiercely contested, undermined by the dominance of psychoanalytic and subsequent behaviourist traditions which marginalised the study of goals (Grey et al., 2018). However, the growth of problem management and integrative therapies such as cognitive behavioural psychotherapy (Beck, 1979, 1997; Lloyd, Rimes, & Hambrook, 2021), systematic motivational counselling (Cox & Klinger, 2011b) and comprehensive psychotherapy (Grawe, 2004), has allowed goal-directed therapies more prominence. Today, goal agreement is widely considered to be a fundamental component of the working alliance in therapy (Bordin, 1979; Daniels & Wearden, 2011), a principal focus cutting across therapeutic schoolism and a robust predictor of therapeutic outcomes (Fluckiger, Del Re, Wampold, & Horvath, 2018; Zilcha-Mano, 2017). In their review of studies of the relationship of goal consensus/collaboration to outcome, Wampold and Imel (2015) confirmed a large effect size of 0.72, which is among the largest effect sizes for any single factor in psychotherapy. Meanwhile, the steering committee of the American Psychological Association Division 29 task force approved goal consensus and collaboration between client and therapist as a "demonstrably effective" component of the therapeutic relationship (Ackerman et al., 2001).

Within psychological research, empirical evidence suggests that goal-setting and monitoring may augment outcomes by directing the individual's attention to the identified goal (Locke, Shaw, Saari, & Latham, 1981). Indeed, "the beneficial effect of goal-setting on task performance is one of the most robust and replicable findings in the psychological literature" (Locke et al., 1981, p. 145). Additionally similar processes have been hypothesised to occur within psychotherapy (Michalak & Grosse Holtfort, 2006). The researchers behind a recent meta-analysis of behaviour change reported that goal-setting is an effective behaviour change technique that could potentially be considered a fundamental component of successful interventions. In their review, Epton, Currie, and Armitage (2017) reported a small positive effect size ( $d$ ) of 0.34 for goal-setting, with stronger effects for goals that were set either publicly, in group settings or in cases where goals were felt too subjectively difficult to attain. Meanwhile, feedback on goal progress, or "goal-tracking," has also shown a positive association with goal attainment, with a recent meta-analysis evidencing a small-to-medium effect size ( $d+$ ) of 0.40 (Harkin et al., 2016). Although this study included an eclectic mix of health and behavioural interventions that made use of goal monitoring, rather than focusing exclusively on the psychotherapeutic context, the results suggest that monitoring progress towards goals engenders a meaningful improvement in behavioural performance and goal attainment.

Within the psychotherapeutic field, however, explicit evidence of benefits for goal-based practices is more limited. A recent systematic review of goal measures for psychotherapy found evidence of clinical utility for several of these instruments (Lloyd, Duncan, & Cooper, 2019) with evidence of improved engagement in therapy when such measures are employed (e.g. McMurrin, Cox, Whitham, & Hedges, 2013) and some indication that they correlate with larger improvements in therapy for both goal-setting

(articulating and establishing goals) and goal-tracking (monitoring progress towards goals) (Smith, 1994). Qualitative research from the client's perspective has reported that clients typically find goal measures to be a helpful aspect of therapy (e.g. Cooper et al., 2015). In their recent qualitative analysis drawn from the pluralistic therapy context, Di Malta, Oddli, and Cooper (2019) reported that clients experienced GBP as helpful for moving from intention to action through increased awareness, focus and progress monitoring. However, GBP was also felt to potentially carry a disorienting effect or to feel irrelevant if not used sensitively. Recent research has called for GBP to be implemented flexibly (Feltham et al., 2018). However, there seems to be a lack of acknowledgement that GBP and client goal articulation are complex and may be pursued implicitly by either client or therapist, without conscious awareness of the process (Chun, Kruglanski, Sleeth-Keppler, & Friedman, 2011; Moskowitz, 2012).

### ***The current study***

Despite the potential utility of GBP for psychotherapy, there is no available qualitative evidence exploring how clinicians themselves experience working with goals in their private therapeutic work.

As McLeod and Mackrill (2018) report, the absence of qualitative research into goal-oriented practice in the context of the therapeutic relationship constitutes a critical gap in the psychotherapeutic evidence base. In contrast to Di Malta et al. (2019) however, we focused on the practitioner perspective so that this could be compared with clients' experiences, which have often dominated existing research. So this study is the first to conduct a phenomenological exploration of psychological therapists' experiences of GBP in pluralistic private practice with adult clients. Pluralistic practice was defined in two ways. Firstly, as a general attitude of acceptance of the diversity of the therapeutic field as a whole. Secondly, as a specific form of psychotherapy that draws on methods from a range of sources, depending on client preferences and therapist skill, and which is characterised by explicit dialogue and negotiation of the goals, tasks and methods of therapy (Cooper & McLeod, 2010).

Emerging evidence within the field suggests an array of positive and negative aspects to GBP in therapy, from the therapist's perspective. However, a considerable portion of this evidence has focused on positive or negative factors of goal-working in isolation from the therapeutic relationship or has relied on anecdotal conjecture (Jacob et al., 2018). Principally, it has been suggested that goals may help clients and therapists to determine grounded and realistic treatment expectations (Smith, 1994) that they may aid agreement and cooperation between therapists and clients (Smith, 1994) and increase clients' feelings of positive affect and self-efficacy (Di Malta et al., 2019; Mackrill, 2010). Negative aspects of GBP have also been proposed. Most commonly, critics characterise GBP as procedural or running contrary to a therapeutic climate (Jacob et al., 2018). Additionally, some claim that clients may lack conscious awareness of their "true" goals and, therefore, that GBP may function to divert clients away from their more authentic and meaningful goals (Rowan, 2008). Indeed, some authors are wary of GBP and point to deeper socio-political and fiscal factors. For example, GBP may be prioritised as a response to funding limits because it is seen to assist in ensuring that therapeutic interventions are brief. Wesson and Gould (2010) suggest this may be especially the case in NHS contexts where

the impetus to aid recovery in order to support a “return to the workforce” may prioritise the use of GBP, entailing relative neglect of emotional processing and other tasks. In line with Oddli, McLeod, Reichelt, and Rønnestad (2014); (2021)) noted that explicit goal agreement was not a component of psychotherapeutic work for experienced, high-alliance psychotherapists.

Thus, our aims were to inductively explore how therapists experience and make sense of GBP and to explore any recommendations for GBP that might arise from their experiences.

## **Materials and methods**

### ***Reflexive statement***

A major tenet of Counselling Psychology (CoP) research is the centrality placed on the acknowledgement and ownership of researcher subjectivity (Willig & Rogers, 2017). Consequently, it is deemed important to acknowledge the irreducibility of researcher position, language, theoretical perspective, personal experience and how these interact to co-create phenomena of interest. Reflective researcher positioning is essential to any attempt to acknowledge and contain the influence of such processes; it allows participant accounts to be interpreted as freely as possible. This process is termed “reflexivity” and characterises the process of the researcher acknowledging their presuppositions and personal interests, as they relate to and arise within the generation of new knowledge (Berger, 2015).

To explore the research topic in depth, the first author (CL) attempted to remain open, formulate a balanced view of the topic and keep participant accounts in focus throughout. In particular, this meant acknowledging how CL was drawn towards exploring goal processes in this study and how the impetus for such research was initially spurred by his own clinical practice and initial frustration with nomothetic forms of outcome monitoring. As such, it was in working with complex cases in NHS settings that CL could begin to see how goals might afford a positive scaffolding for therapeutic work. However, he could also see how they might, at times, have potential pitfalls if used rigidly. In approaching the interviews and the entire research process, CL maintained a reflective diary and monitored his own presuppositions. As the research progressed, this entailed awareness of two overarching themes. Firstly, overall acknowledgement and bracketing of a belief in the use of goals as a largely positive force. Secondly, that the absence of GBP might imply some therapeutic drift. This reflexive process was supported by the second author (RA) who had more distance from the topic, having not engaged with the interviewees. This enabled balanced discussions to take place throughout analysis between the authors, so as to ensure participants’ accounts were interpreted authentically.

### ***Study design***

The decision to conduct a qualitative study was partially guided by the first author’s literature review, which indicated the need for exploratory, non-directive research focusing on experience and meaning-making around GBP. According to Willig (2013)

qualitative research is well-suited to in-depth, exploratory, descriptive work, and the interpretation of experience. For the present study, IPA (Smith, Flowers, & Larkin, 2009) was chosen as the most suitable interpretive framework due to its in-depth exploration of how individuals understand their lived experience (Pietkiewicz & Smith, 2014).

While IPA was ultimately selected, two other analytic approaches were considered. Discourse analysis (DA) (Potter & Wetherell, 1987) was considered due to its treatment of issues of power, as constructed through discursive repertoires. However, a purely DA-based approach was deemed to offer insufficient consideration of phenomenological experience, as it is principally concerned with language and speech (Willig, 2013). Grounded Theory (GT) (Glaser & Strauss, 1967) was a second consideration. Like IPA, GT seeks to capture an individual's worldview through the identification of themes. The aim of GT, however, is understanding wider social processes so that theoretical models can be created. As this was not the aim of the present study, IPA remained preferable due to its focus on the individual's inner psychological landscape.

IPA is a methodology that allows for the detailed exploration of the ways participants make sense of their personal and social worlds (Pietkiewicz & Smith, 2014). Smith (2004) defined IPA according to three theoretical bases: phenomenology, idiography and hermeneutics. IPA is phenomenological, so the very meanings a particular phenomenon or experience might hold for participants is the focus of enquiry (Giorgi & Giorgi, 2003). Furthermore, in line with its focus on idiography, IPA rejects a nomothetic stance seeking general laws, preferring to focus on the immediate subjectivity and personal account of individual experiences (Lyons & Coyle, 2016). IPA's hermeneutic stance leads to acknowledgement of the interpretative nature of research. For an individual to discuss their experience they must first use language to interpret and convey it. This personal account is then subject to a second interpretation by the researcher. This dual process of interpretation has been termed the "double hermeneutic" (Smith et al., 2009). In using this methodology, the first author (CL) worked towards an in-depth, nuanced and idiographic understanding of psychological therapists' experiences and meaning-making of GBP in their private practice.

### ***Ontological and epistemological positioning***

This study is positioned within critical realism (Collier, 1994) as an ontology and within phenomenology (Giorgi & Giorgi, 2003) as an epistemology. Through critical realism, this study assumes the existence of a material world outside individual consciousness, only intelligible through examination of the individual accounts of those experiencing phenomena (Giorgi, 2006). Thus, phenomenology provides the closest epistemological fit, as it allows for the exploration of the accounts of those experiencing phenomena in their own words and terms (Pietersma, 2000).

### ***Participants***

Following IPA's guidelines on sample homogeneity (Smith et al., 2009) a convenience sample of (N = 8) qualified psychological therapists with a minimum of six months' experience working within private practice with a pluralistic approach was invited to participate (see Table 1). All participants were working in private practice in the United



Kingdom during study participation. In acknowledgement that there may be fundamental qualitative differences in GBP across different service contexts and client groups, and in order to provide sufficient focus, the researchers explored GBP in the context of pluralistic private practice with adults. The private practice context also seemed apt for the present study, due to the increasing numbers of psychotherapeutic practitioners working in this setting (Brown, 2018). Moreover, a private practice context was felt to limit the influence of service context and policy on participants' responses.

To provide satisfactory homogeneity, as required by IPA (Smith, 2011) participants were additionally required to have regular experience of engaging with clients' goals within the therapeutic relationship and to be working with adult clients. The requirement for adult clients was maintained in order to provide sufficient focus for the current study. Therapeutic work generally, and GBP work specifically, are likely to differ markedly depending on the age group of clients.

It has been suggested that clinicians' theoretical positioning can influence the deployment of GBP. Specifically, those clinicians adopting a CBT frame may consider the assessment of GBP as fundamental to their work, while psychodynamic practitioners may consider the process of goal-setting antithetical to the therapeutic space (Cooper & Law, 2018). Those viewing outcome measures as productive for clinical practice have been shown to be likely to engage with GBP, regardless of being from the nomothetic or idiographic tradition (Corrie & Callanan, 2001). The pluralistic approach, therefore, was chosen as an appropriate framework for the present study in order to cut across differences in therapeutic schoolism, as well as its allegiance to CoP identity and philosophy and explicit acknowledgement of the role of GBP (Cooper & McLeod, 2012). Pluralistic practice was understood in two ways. Firstly, as a general attitude of acceptance of the diversity of the therapeutic field. Secondly, as a specific form of psychotherapy that draws on methods from a range of sources, depending on client preferences and therapist skill, and is characterised by explicit dialogue and negotiation of the goals, tasks and methods of therapy (Cooper & McLeod, 2010). Holding a pluralistic "perspective," "viewpoint" or "sensitivity," or the belief that clients may benefit from differing therapeutic methods at different times was insufficient for inclusion. To meet eligibility for inclusion, all participants were required to hold some training in pluralistic practice (Cooper & McLeod, 2012) either as a core qualification route that emphasised pluralism as a framework of practice or through continuing professional development.

Other intersectional and demographic variables such as ethnicity, sexual orientation, and so on, were not collected for the present study as they were not considered relevant. All potential participants were screened prior to the interviews to ensure they met the study criteria.

### **Procedure**

This study was undertaken in partial fulfilment of a Professional Doctorate in Counselling Psychology at London Metropolitan University and written up for publication post-qualification. This study was aligned with the British Psychological Society's Code of Human Research Ethics (British Psychological Society, 2014) as well as the UK Data Protection Act 2018 (Carey, 2018). Data collection took place following full university ethical approval and involved a participant recruitment poster



**Table 2.** Semi-structured interview schedule.

- 
1. What does it mean to you to work with goals in therapy?
  2. Can you tell me a little bit about your experiences of using goals in your therapeutic practice?
    - a. What happens? How do you feel?
    - b. Have there been any positive aspects?
    - c. Have there been any difficulties or dilemmas?
    - d. How have you managed these?
  3. Can you tell me how using goals in therapy might have impacted your relationship with your clients?
    - a. Therapeutic relationship?
    - b. How do you feel about this impact?
    - c. Examples (positive/mixed/negative)?
  4. Has working with goals changed the way you think or feel about your practice?
    - a. What was your initial feeling/sense/attitude?
    - b. How has this shifted? Or remained the same?
    - c. How do you feel about this change?
  5. Do you have anything else you would like to add or share?
- 

being sent to a pluralistic therapy clinic in London which acted as an initial catalyst for recruitment. Further study recruitment was made through relevant social media groups and snowball sampling. Potential participants were invited to email the lead author for study information and to ask questions and were given the opportunity to choose between face-to-face and Skype interviews. All participants opted for Skype interviews, for which informed consent was collected via receipt of electronic signature. The interview schedule (Table 2) arose directly from the critical distillation of available literature and supported an interview duration of approximately one hour. Consistent with the principles of reflexive qualitative research, the schedule was used as a guide to researcher-participant dialogue, rather than for formulaic use.

### ***Data analysis***

The analytic procedure was guided by Smith et al. (2009) and carried out by the first author (CL). Verbatim transcription of data was completed in the first instance. Following this, repeated reading and re-reading of all transcripts and listening to audio recordings was completed, to identify similarities between interviews and enable recollection of tone and humour. Subsequently, initial notes and connections were written in the right-hand margins of the transcripts. These notes were descriptive (the content of participants' speech) linguistic (specific language used, such as metaphors and notes on possible function) and conceptual (more interrogative depth used to comment on possible underlying meanings). During this process, separate notes were kept in a reflexive journal to develop thoughts and ideas and to bracket personal assumptions (Smith et al., 2009). This immersion in the data allowed for comments on language, associations and descriptive labels, which usefully resembled a form of Gadamerian dialogue, that is, the interrelation of the researchers' pre-understandings and newly-formed understandings from immersion in the data (Smith et al., 2009). Abstract notes that captured theoretical concepts were then noted in the left-hand margin. This constituted an analytic shift from working with the transcript alone to working with emerging themes, in addition to the reflective notes. While note-making was looser and more open in the right-hand margin, the emergent themes aimed to capture understanding at a more abstract level. However,

to stay close to the participants' accounts, their language was preserved as much as possible.

Theme clustering was completed in a separate document and involved identifying areas of convergence and divergence between participants' narratives (Smith et al., 2009). Emerging themes were ordered chronologically, based on the position in which they emerged during interview, and were used to tell a story of the participant's experience. Colour codes were used to group overlapping themes. Smith et al. (2009) equate this stage to using an imaginary "magnet" to cluster and pool similar themes (p. 96). This was undertaken to achieve a sufficiently coherent level of analysis that authentically captured participants' accounts.

During this phase, several tools advocated by Smith et al. (2009) for moving to a more sophisticated analysis were employed: abstraction (similar emerging themes grouped and subsumed into new, higher-level labels to generate superordinate themes) subsumption (an emergent theme acquires superordinate status) polarisation (differences and contradictions between themes are identified, as opposed to only similarities) numeration (examining the relative importance of particular themes, according to numerical frequency across a transcript) and finally, function (looking for ways in which participants' rhetoric may position them in the interview). This stage culminated in producing a table of superordinate and subordinate themes with quotes and line numbers for each interview.

This iterative, interpretive sequence was completed for each interview to ensure idiographic depth, with time spent making reflective notes before proceeding to subsequent transcripts (Eatough & Smith, 2017). This stage of written reflection aided in the bracketing of our interpretations from previous interviews, which helped to ensure assumptions or interpretations from previous participants were not carried over onto subsequent transcripts.

The concluding stage involved a cross-case comparison whereby themes were compared across interviews to synthesise a master table with superordinate and subordinate themes and exemplar quotes capturing the essence of each theme (Smith, 2004). This involved placing each participant's table side-by-side and visually inspecting the data to look for commonality, but also contradiction and divergence.

### ***Assessing validity and quality***

To ensure research quality, Yardley's (2008, p.235–251) quality checklist for qualitative research was followed. Initially, "sensitivity to context" combined sensitivity to and cognisance of the existing research base, which included ensuring that all data analysis was substantiated and grounded in the participants' own words. Secondly, the "commitment and rigour" requirement was met by carefully attending to participants' discourse during interviews and giving space for participants' experiences and meanings to surface inductively. In concurrence with Yin's (1989) proposal, a paper trail was collated during the analysis to support ongoing reflection and discussion. This helpfully included using a reflective journal to bracket our assumptions and prevent excessive interference in the interpretative process. This reflective notetaking also aided subsequent supervisory meetings and credibility checks, in which both authors discussed their own prevailing assumptions and biases and compared these with emerging interpretations. Throughout the

analytic process, this entailed roughly three hours' reflexive discussions between the authors. This process was also supported with Socratic questioning (Carey & Mullan, 2004) to locate hidden meanings or assumptions. To improve the "transparency and coherence" of the study, the step-by-step procedures which were used for the data analysis of this project have been outlined in depth earlier in this chapter. Finally, criteria for "impact and importance" were attained by our commitment to addressing an important gap in the literature and by carefully considering and drawing out the potential clinical consequences of GBP in psychotherapeutic practice from the therapist's perspective.

## Results

### Overview

Three superordinate themes and nine subthemes emerged from the analysis (Table 3). During the analytic process, a sequential structure was constructed that captured a dialectic present within the individual interviews on an idiographic level across the data. Initially, participants seemed to make sense of GBP through a dichotomy. Accordingly, superordinate themes 1 and 2 refer to the potential positive and negative aspects of GBP. However, as participants reflected on their developmental journeys as pluralistic psychotherapeutic practitioners, the focus shifted to the therapist-client relationship. Consequently, theme three attempts to capture both ends of this polarisation, and the integration of the two, by exploring how therapists made sense of goal integration through relationship. To maintain anonymity, all participants were given pseudonyms. Due to word restrictions, only salient and representative quotes are presented for each subtheme.

**Table 3.** Superordinate themes and subthemes, with exemplar abridged quotes.

Superordinate Themes	Subthemes	Key Quotes	Subtheme Frequency
<b>A Pathway Through the Jungle</b>	Assessing Progress	"... look down over the jungle that we've been travelling through to assess how far we've come" (Tom; 17/521–573).	8/8
	A Grounding Focus	"it grounds the work and keeps things real" (Rico; 30–31/873–883).	8/8
	Enabling Positive Affect	"I think to me it's, I would like to think mainly, it energises hope and creates a sense of hope in clients ... (Tobias; 13/405–411).	5/8
<b>Invalidating the Therapeutic Journey</b>	Forcing Rigid Goals	"And you have to not force people into boxes" (Annelie; 26/801–808).	4/8
	(Not) Sitting with Distress	"... We want to move you out of the despair to somewhere else and cheer you up, but we struggle to hear the struggle" (Pippa; 13/386–397).	4/8
	Promoting Client Failure	"A client can feel like they're failing if they're not achieving their goals" (Amber; 370–379).	5/8
<b>Maintaining the Client Led Story</b>	Preserving Space for Therapy	"It's got to be a gentle balance of pushing and pulling and sitting with" (Pippa; 19/588–592).	5/8
	Bracketing the Therapist Agenda	"The important thing is to know it's you who's clinging on" (Alessandra; 26–27/819–826).	4/8
	Finding Meaningful Goals Through Relationship	"And I think the challenge is to find goals but I think also the challenge is finding goal that are meaningful to clients (Tobias; 16/481–490).	7/8

### ***A pathway through the jungle***

Eight participants made sense of goal-working as facilitating the therapeutic task, as representing a “journey” which both client and therapist could navigate, marking progress and potentially changing direction. This facilitation centred around progress monitoring which, in turn, enabled grounding within the therapeutic frame for both client and therapist. For many, this culminated in increased self-efficacy and positive affect within the therapeutic partnership. These aspects pointed to a positive representation of goals as they guided therapeutic progress.

***Assessing progress.*** All eight participants experienced goal-working as enabling monitoring of therapeutic progress. This subtheme captures participants’ experiences as they make sense of how goal-working supports progress monitoring and navigation within the therapeutic relationship.

Tom remarks:

*... it's the bit where after cutting our way through the jungle, it's the bit where we climb up a tree ... together [laughs] and look down over the jungle that we've been travelling through to assess how far we've come.*

Tom describes goals using the metaphor of a jungle. Goals enable a view over the entire jungle as a result of climbing “*up a tree.*” Tom sees goals as facilitating looking down “*over the jungle,*” implying a vantage point from such a position, possibly over the course of therapy. Meanwhile, the idea of a “*jungle*” seems to acknowledge the potentially arduous therapeutic journey; one filled with different paths and directions as well as dangers.

***A grounding focus.*** Eight participants expressed an experience of GBP as grounding therapeutic work in the immediacy of the therapeutic encounter as it unfolds within the therapeutic dyad.

Maura shares her experiences:

*And not just in the NHS, but also in private practice. A lot of the time now clients come and say they don't want to be in therapy forever. They want to have something to take out with them and they want to have clear objectives” ... With one of my clients, he really wanted to focus on goals.*

Maura draws a comparison between NHS work and private practice, reporting a client’s wishes for time-limited therapy, even in private practice. Her use of “*now*” perhaps indicates her awareness of a change in the private therapeutic climate towards outcomes and focused work. For Maura, the focus that goals permit seems to align with her clients’ interests: “*they don't want to be in therapy forever.*” Thus, she seems to view GBP as a means to focus a session in accordance with the wishes of her client: “*he really wanted to focus on goals.*”

***Enabling positive affect.*** For five of the participants, the combined effect of a tool to monitor direction and progress and a grounding focus for sessions aided belief in the potency of the therapeutic relationship for instigating valued change. Explicitly, as the journey progressed and clients and therapists monitored progress collaboratively and continued to focus their sessions, a renewed sense of hope and self-efficacy emerged. This increased self-efficacy was felt to be a product of GBP, as Tobias remarks:

*I think to me it's, I would like to think mainly, it energises hope and creates a sense of hope in clients . . .*

Tobias seems to interpret GBP as providing hope for clients, as he explicitly refers to GBP as energising hope. His use of “*in clients*” implies a level of internalisation of hope within the client, as if to suggest that GBP fosters an internal quality or psychological structure. In this case, a hope that the clients themselves hold. Goals seem to enable the experiencing of positive affect, something arguably connected with a belief in the possibility of change.

### ***Invalidating the therapeutic journey***

All participants described goal-working characteristics that they felt could harm the therapeutic alliance by functioning unhelpfully to lead client and therapist away from the therapeutic path.

***Forcing rigid goals.*** Four participants felt that working with goals in a “*rigid*” or “*strident*” way often diverted therapy away from the client’s desires and needs, and reported experiencing premature goal-setting as detrimental to the therapeutic task. Premature goal-setting was felt to “*distort*” or “*impose an agenda*” on the client’s material.

Annelie similarly reflects:

*and you have to not force people into boxes or to – to give that to you early because that's distorting what they're wanting . . .*

Annelie seems to equate forcing goals with “*distorting*” a necessary client reality. The suggestion that goals may “*force people into boxes*” provides a salient illustration of imposition, perhaps one that views the perils of goal-working as having the potential to contribute to standardised approaches to therapy that discount the individual through “*forcing*” a reality upon them. For Annelie, it seems she feels that when those goals are not client-generated or are generated prematurely, this can distort a client’s therapeutic objectives.

***(Not) Sitting with distress.*** Four participants seemed to feel that goals introduced tension into the therapeutic relationship, endangering the therapeutic containment of their sessions. This occurred when too much focus was given to the destination, resulting in therapists not “*sitting with*” their client’s distress in the therapeutic encounter.

Pippa reflects:

*Goals can be as useful as they can, but they can also be damaging if we don't understand how . . . I see this with new therapists. I'm 12 years in but when I'm supervising new therapists . . . We want to move you out of the despair to somewhere else and cheer you up, but we struggle to hear the struggle and to really hear that because it's too distressing. So, we're trying to kind of move you out.*

Pippa seems to believe it is common for therapists to seek to move clients on from their distress. Her repetition of “*to move out*” seems to emphasise therapy as a task to be achieved, almost as if therapy is rolled out and delivered to the client as a commodity, without reference to being with the client through the process of their “*struggle*.” For Pippa, such a position is “*damaging*” and seems to be a process she witnesses in “*new therapists*.” Her use of “*struggle*” is evidence of Pippa’s humanistic appreciation of her

client's distress as normal and understandable in light of their life experiences and represents a contrast to terms such as "disorder" or "disease."

**Promoting client failure.** While five of the participants felt goal-working could foster positive affect in the therapeutic partnership, a polarity emerged, with seven therapists reporting that GBP risked aiding a climate of failure by introducing goals.

As Amber and Alessandra comment:

*I also think it can be really difficult because I think a client can feel like they're failing if they're not achieving their goals . . .*

*It feels like for some people it could be there is a goal if you don't achieve the goal then you've failed . . .*

Both participants seem to perceive working with goals as potentially instilling a sense of failure in their clients. Accordingly, their remarks construct goal attainment, or lack thereof, as determining later psychological functioning in their clients. Alessandra's remark that "if you don't achieve the goal then you've failed," implies that clients internalise goals. In this case, the work of therapy could come to include goal attainment in addition to other tasks such as emotional processing, meaning that the success of the therapy, or of general living, would become synonymous with the achievement or non-achievement of the goal.

### **Maintaining the client-led story**

In the prior superordinate themes, participants positioned goal-working as helpful for the therapeutic relationship, but also as potentially harmful and leading to a dehumanisation of the therapeutic encounter. This final theme explores therapists' experiences of integrating goals into a relational therapeutic frame.

**Preserving space for therapy.** Five of the participants made sense of goal-working as one part of the therapeutic story. Effective goal-working, however, should not negate the main task of therapy, hence a "gentle balance" (Pippa) was necessary for understanding the client in the process of their distress while simultaneously supporting them to move towards a new and valued direction. In these terms, therapists seemed wary of a dichotomised approach to goal-working where goals were either set or not set, but rather understood therapeutic goal-working as combining emotional containment for clients with a focus on the end destination.

Pippa reflects on balancing goal work alongside "sitting with" the immediacy of clients' distress:

*It's got to be a gentle balance of pushing and pulling and sitting with. As I said, they can be as destructive as they can be helpful if you don't get the balance and the timing.*

Pippa sees goal-working as one part of a therapist's toolkit. Her phrase, "a gentle balance of pushing and pulling and sitting with" evokes the idea of a set of scales and suggests Pippa adopts a flexible outlook in her therapeutic practice.

**Bracketing the therapist agenda.** Four participants reflected on how they felt their agenda and role in goal-setting permeated the relationship they formed with their clients.

For these participants, adopting a reflexive position provided insight into how their own goals and wishes were sometimes projected onto those of their clients. Hence, it was felt that a questioning of self was useful in disentangling therapists' goals from those of their clients, supporting therapists to step back and allow the client to determine their own direction.

Pippa reflects:

*Then there's our goals, our agendas and our goals and I say that in a way that owns that. When you're working with somebody who's very depressed and demotivated then our goals may be to liven up the client and maybe to get them to explore coping strategies, maybe to get them to explore creative pursuits as expressions for themselves. Well, I think us therapists also come, whether we own them or not we come with our goals but as well.*

Pippa highlights the presence of a therapist "agenda" within the therapeutic dyad. She provides an example of goals that therapists may hold when working with client depression. Her comment "whether we own them or not" highlights the potentially unconscious characteristics of a therapist agenda as well as her belief that this exists regardless of whether the therapist acknowledges it. Her use of "our goals" perhaps points to Pippa's belief in the collaborative and co-constructed nature of goals work, as client and therapist journey together, but that this can, at times, carry negative ramifications for therapy.

Alessandra shares her experiences:

*The important thing is to know it's you who's clinging on to there [laughs]. I think it's important to know that distinction for yourself. For me, it's like, "Okay, what's happening here today, with this, who's using this?" Are we using it more than the client, do you need it more than the client today?*

Alessandra believes that acknowledging and taking ownership of who wants the goal is an important component of goal-working. Her use of the phrase "clinging on" suggests a level of anxiety about adherence to a goal. Reflecting on participants' earlier experiences of goal-working as enabling a journey through a jungle may provide an important clue here, possibly due to the direction and focus which goals were felt to provide (superordinate theme 1).

***Finding meaningful goals through relationship.*** Seven of the participants experienced a need to build a relationship before initiating goal-setting and therapeutic direction with their clients. Goals were, therefore, felt to be complex and multi-layered and working with them appropriately required emphasis on the therapeutic relationship. Accordingly, authentic and meaningful client goal-setting was a long-term process that evolved within the context of that relationship.

Amber remarks:

*So, the first thing that springs to mind, is that goals, goal consensus, goal achievement, happens within the context of a therapeutic relationship. So, to my mind, without that, nothing happens anyway. So that they're not separate to the relationship, they're part of the relationship. That a client's not, if they don't engage with me, then they're not going to engage with their goal, their therapeutic goal. So, something about paying really close attention to the therapeutic relationship.*

Amber provides a clear account of goal-working as being intimately interwoven with the therapeutic frame. Her repetition of "goals, goal consensus, goal achievement" serves to

emphasise the breadth and all-encompassing nature of goal-working that, for Amber, remains connected to the therapeutic relationship. For Amber, goal-working cannot happen within a therapeutic void but rather is predicated on *“the context of a therapeutic relationship.”* She seems to posit that without a working alliance, subsequent goal work will be futile. We interpreted this as implying that the therapeutic relationship was inseparable from the interventions and goals built into the therapeutic alliance.

## Discussion

This is the first empirical study in which the ways psychological therapists experience working with GBP have been qualitatively explored within the context of pluralistic private practice. By employing a phenomenological framework to relationally and dialogically explore participants' meaning-making, the authors of this study have attempted to make sense of the multitude of ways in which GBP is experienced in practice from the psychotherapeutic practitioner perspective. That is to say, the benefits and drawbacks, as well as strategies to support best practice. We now turn to the analytic findings with reference to the existing literature.

### *A pathway through the jungle*

GBP was variously experienced by participants as aiding the therapeutic partnership by assisting monitoring of therapeutic progress, providing focus and supporting positive affect and self-efficacy regarding change. These results are consistent with the existing literature, in which the ways goals can be used as tools to monitor therapeutic progress has been explored. However, these results are novel in that they extend findings on the benefits of GBP to the therapist's perspective. In their systematic review of idiographic goal measures for psychotherapy, Lloyd et al. (2019) suggested that the idiographic nature of goals work holds particular value because it allows clients and therapists to review personally salient goals and use these as a benchmark to track therapeutic progress. Furthermore, providing feedback to clients on goal progress, that is, goal-tracking, has also shown a positive relationship with goal attainment, with a recent meta-analysis determining a small-to-medium effect size ( $d+$ ) of 0.40 (Harkin et al., 2016). This is further supported by data from a more recent meta-analysis which showed that providing clients with regular feedback on their psychotherapy progress may aid therapeutic outcomes (Tryon & Winograd, 2011). Similarly, in a recent qualitative study of client experiences, Di Malta et al. (2019) reported goals to be useful in guiding and reinforcing client progress. This seems to strongly correlate with the therapists' experiences in the present study. Taken together, the data from the present study seems in line with earlier research findings that GBP can have a beneficial impact on progress monitoring. The present study, however, uniquely extends this confirmation of existing evidence to the adult pluralistic private practice context and does this from the therapist's perspective.

GBP was also felt to enrich the therapy journey by providing a focus for both the frame and process of the work. These experiences of focusing coalesced around experiences of GBP making the therapeutic task more tangible through references to everyday life. Within the psychological research field, goal-working has long been linked to enhanced



outcomes through directing an individual's attention to the identified goal (Locke et al., 1981). Furthermore, the usefulness of tracking progress in therapy to facilitate more focused interventions is well-documented within the context of routine outcome monitoring and therapy with children and young people (Lambert, 2005; Wolpert et al., 2012). However, until recently, these processes received scant empirical attention in adult therapeutic practice (Michalak & Grosse Holtfort, 2006). Participants' experiences in this subtheme seemed closely aligned with Smith's research hypothesis (Smith, 1994): that GBP can support clients to establish more realistic and focused therapeutic expectations. Additionally, Di Malta et al. (2019) reported finding that goals are understood as a form of "common ground" which can, in turn, be used as a point of reference in the therapeutic dialogue to support connection to the client's experiences of distress. The present study, therefore, provides novel evidence from the practitioner's perspective that GBP can indeed support renewed focus within the psychotherapeutic context.

It was noteworthy in the present study that focusing sessions were promoted as a strongly positive characteristic of goal-working, although the participants were working in private practice, presumably with the option for longer-term therapy. In these terms, it seems plausible that even outside the NHS or other time-limited settings, therapists are likely to feel the benefits of focused therapy sessions. These findings are particularly important in the context of GBP, which carries a socio-political dimension for many practitioners, such as the need for them in time-limited therapeutic contexts (Wesson & Gould, 2010).

In the present study, five of the participants experienced GBP as supporting the emergence of positive affect. This often coincided with a renewed belief in the potency of the therapeutic partnership to instigate change. This is consistent with existing literature from the perspective of clients, which highlights GBP's potential to increase feelings of empowerment, hope and self-worth by positioning clients as agentic beings with the potential to determine and enact change on their worlds (Di Malta et al., 2019; Mackrill, 2010). The present study, therefore, uniquely provides direct evidence for this from the perspective of psychotherapeutic practitioners. Furthermore, in quantitative research on goal intensity, psychological presentation and therapeutic outcome, patients who were found to be more optimistic about attaining valued goals showed lower levels of distress and more positive session outcomes (Michalak et al., 2006). Pertinent to the present study, Goldman et al. (2013) reported that when therapists collaborated with their clients in setting therapy goals and defining the course of treatment, clients were more likely to agree with, and have increased efficacy in, the therapeutic process. The current study, therefore, distinctively suggests that the positive affect and ensuing positive outcomes of GBP can also be obtained within the context of pluralistic practice.

### ***Invalidating the therapeutic journey***

Many of the participants spoke of GBP carrying unwanted or dehumanising effects, potentially leading to therapeutic rupture. This was particularly felt to be the case when goals were used rigidly, regardless of emotional processing, and where GBP fed into client feelings of failure. Within the psychotherapeutic literature, a range of drawbacks to GBP has been posited. Most commonly, GBP is considered to carry a risk of being counter-therapeutic, with clients left unable to identify and articulate their "real" goals (Cooper &

Law, 2018). Indicative research suggests that personalised client goals that are not imposed on clients and adhere to their frames of reference generally increase therapy effectiveness (Lindhiem et al., 2016; Sheldon & Elliot, 1998). This suggests that the reverse, goals that are neither client-led nor personalised, reduce the likelihood of positive therapeutic outcomes.

In this study, participants discussed their concerns when GBP led towards too much focus on the destination, resulting in therapists not “*sitting with*” their client’s distress. In exploring their sense-making, some participants felt that a collective sense of therapist anxiety or avoidance of client distress might underlie the tendency to use GBP in strident ways. As Pippa remarked:

*... we want to move you out of the despair to somewhere else and cheer you up, but we struggle to hear the struggle and to really hear that because it’s too distressing. So, we’re trying to kind of move you out.*

This seems consistent with the literature on phenomenological critiques of GBP. Theorists have warned of the dangers of therapists introducing active interventions as a means to reduce their own anxiety about their perceived responsibility to reduce clients’ distress. Shainberg (1983) discussed an additional danger that relates to the experiences of this study’s participants: that being more active in the therapeutic dyad might allow therapists to distract themselves from uncomfortable feelings evoked by clients.

### ***Maintaining the client-led story***

It seemed a dialectic between GBP and the need to provide adequate emotional and relational connection to their clients existed for all participants. A reflection on their experiences of working with GBP therapeutically seemed to provide participants with a means of negotiation that allowed for the integration of relational goal-working. Specifically, participants seemed to prioritise maintaining the therapeutic narrative over goal-working at times. Participants also appeared conscious of bracketing their own agenda and expectations of goal attainment to prevent intrusion on the client’s narrative, sense-making and frame of reference. Goals that were set over a longer period, once the therapeutic relationship had been established, were felt to be more meaningful and carry more therapeutic value. Whereas past research has largely dichotomised approaches to GBP by focusing on “helpful” or “unhelpful” aspects of GBP in isolation from the therapeutic relationship, the findings from this theme offer fresh insights into how practitioners themselves have integrated goal-working into a relational frame.

The psychotherapeutic literature has suggested that goal-oriented practices should be used flexibly (Feltham, Martin, Walker, & Harris, 2018) for instance, permitting clients to shift to an “off-goal” topic if this is felt to be significant for them. This seemed a common thread across participant experiences in this subtheme and it appeared that such flexibility was felt to balance attention to the process of therapy without discarding an appreciation of goal focus. Indeed, qualitative evidence from the perspective of clients suggests that the flexible use of GBP is important. Flexible GBPs include allowing for actual therapeutic processes such as being able to shift away from goal topics where this is felt to be necessary. In one qualitative study, clients experienced GBP as less helpful

when therapeutic sessions were dominated by GBP or where it was implemented rigidly (Di Malta et al., 2019).

Although no qualitative literature seems to have explored the clinical processes which develop when therapist goals diverge from those of clients, some literature exploring goal congruence between therapist and client has reported surprisingly small correlations (Schöttke, Trame, & Sembill, 2014). This suggests that therapists' own goals for their clients may deviate from those of their clients. Indeed, several studies, including the one initiated by Bargh & Ferguson (2000), support the notion that goals can be triggered, selected and pursued by individuals without conscious awareness of the processes involved (Chun et al., 2011; Moskowitz, 2012). This suggests that even when therapists may not consciously be utilising GBPs explicitly with clients, some level of implicit goal framework may remain.

Four of the study participants, while being aware of the risks of imposing their own goals on the client, were mindful that for their clients, their agenda as therapists often seemed inescapable. For many, this seemed to point to the inherent intersubjectivity of the therapist position, meaning that therapists can never extract themselves from the process and task of therapy but must rather act as co-constructors of the client's truth and sense-making. While this dynamic was mostly felt to be inevitable, therapists did seem to place value on adopting a reflexive position as a means by which to disentangle the desires and goals of the client from those of the therapist. Such a position seems to parallel the position of reflective practice advocated by Schön (1983). Schön (1983) introduced the idea of "reflecting in" and "reflecting on" practice, with the former referring to conscious consideration of the processes occurring within the therapeutic dyad and the latter reflecting on a clinical event after the fact. Within CoP as a discipline, reflective practice and reflecting both in vivo and post-encounter are considered fundamental activities of the practitioner psychologist (Lane & Corrie, 2006).

Seven participants felt there was a need to situate GBP within the context of a strong, empathic therapeutic relationship, as a foundation for later relational goal-working. For them, it seemed that a strong therapeutic relationship was inextricably bound up in GBP. Authentic GBP was understood to be predicated on the quality of the therapeutic relationship, resembling a bi-directional relationship. Bordin (1979) reasoned that a good alliance, consisting of therapeutic goals, tasks and bond, is a precondition for therapeutic change across all traditions of psychotherapy. Bordin (1994) hypothesised that the negotiation of therapeutic tasks and goals, supported by a solid therapeutic bond, is foundational for the construction and development of a robust alliance that will be able to withstand potential disruption.

### ***Study limitations***

This research focused on GBP as a constellated set of activities, with practitioners working with adult clients in pluralistic private practice, rather than concentrating on specific elements such as goal-setting or goal-tracking or, focusing on particular client presentations such as anxiety or depression. As suggested by Di Malta et al. (2019) such contexts will likely yield differing and important findings that will advance practice. Additionally, as the context of this study was primarily collaborative-integrative psychotherapy, in which goals are explicitly set and monitored through the therapeutic dialogue, it can be argued

that this may limit the applicability of the findings to other practitioners or therapeutic modalities. This pluralistic therapy context may have carried ambiguity into the therapeutic discourse and this may have introduced some heterogeneity into the study sample. To counter this, future researchers may wish to use a pluralism inventory, a self-reporting measure, to determine therapists' levels of philosophical and practical identification with this approach (e.g. Thompson, Cooper, & Pauli, 2017).

Finally, the participants in the study varied in the duration of their clinical experience. Specifically, one of the participants had one year of post-qualification experience while others had up to 24 years (mean = 8.75 years). This arguably introduced further heterogeneity into the sample, as it is likely that therapists' perceptions, identities and developmental journeys as therapists would be markedly different according to experience level. Indeed, in the literature, it is broadly understood that practitioners develop post-qualification as their personal and professional selves evolve and integrate (Protinsky & Coward, 2001).

### ***Implications for counselling psychology***

The findings of the present paper offer a corrective against viewing GBP in binary terms unconnected to the context of the therapist and client, and hence in either "helpful" or "unhelpful" terms. Results suggest that understandings that categorise GBP as either a "positive" or "negative" value (or "humanistic" or "non-humanistic") blur important gradations within clinical practice, in that they disregard the active role of the therapist and the ways GBP may be employed to direct, support or even obfuscate the therapeutic encounter. While working with GBP in private practice may incur both these positions, maintaining a focus on the function and use of goals offers a useful window into the therapeutic process.

Some reflections for relational GBP and clinical practice arose from our analysis. Firstly, the findings suggest that GBP may be effective regardless of which therapeutic modality accompanies it. Specifically, we found evidence that therapists experienced GBP as increasing self-efficacy, inducing positive affect and generating hope. In addition, perhaps regardless of any specific therapeutic or theoretical perspective applied, GBP cannot be seen as effective if the establishment of a strong therapeutic bond is not prioritised. Thus, the recommendation is, perhaps, to use GBP with caution but to not dismiss it in principle. Effectively, GBP may bring benefits that enhance the therapeutic climate when it accompanies a robust client-therapist bond. In other words, GBP should not necessarily be ignored simply because it might not align with a psychotherapeutic practitioner's particular ontology. Rather, GBP can be seen to represent an additional ingredient that has the potential to further enhance therapeutic work where appropriate.

In line with this, therapists are likely to have their own goals for clients, even if these are not consciously articulated. These goals may even, at times, deviate from the goals that clients wish to pursue and may function as obstacles to the therapeutic relationship or, in psychodynamic terms, as part of therapist defensive structures (Lemma, 2015). Therapists should use GBP ethically, in conjunction with their own internal supervisor (Casement, 2013) and clinical supervision to maintain awareness of their own agenda and ensure this is not imposed on their client. This reflective stance seems to resonate with psychotherapy ethos and praxis, in that orienting therapeutic interaction around the client's goals

balances prioritising the client's subjective experience with psychological understandings of what works in therapy, indicating to the client that their personal desires and "preferred futures" take priority over any diagnosis-based treatment plan (De Shazer, 1991). This finding also reminds practitioners of the need to retain long-esteemed values of reflexivity and, perhaps, for other practitioners for whom reflexivity is not so prominent, offers a caution and challenge to reflect fully on how their own agenda and goals for their client might steer, direct or even obfuscate the therapeutic encounter.

Applying the findings of the present study to different therapeutic communities of practice, it seems there are likely to be varying degrees of reflective activity across different psychotherapeutic professions and orientations. For instance, within a UK context where "CoP" and "cognitive behavioural therapist" may refer to distinct professions, there has historically been a differing emphasis of training, which in the case of CoP includes a greater focus on reflexivity and the therapeutic relationship. Nevertheless, particularly in cases where CBT is an approach practiced by a CoP, CBT offers gains in reflexivity, the therapeutic relationship and other process variables in the therapeutic endeavour (Douglas et al., 2016). Moreover, it should be noted, with the rise of more relational CBT approaches, significantly more attention is directed towards the therapeutic relationship within CBT as both a theoretical orientation and as a profession (Leahy, 2008).

There are also likely to be differences in service structures. For example, in private practice compared to more time-limited NHS settings such as Increasing Access to Psychological Therapies (IAPT) services, where reflective capacities might be limited due to service pressures or economic or political factors (Leonidaki, 2021). These pressures are likely to impinge on the therapist's ability to hold reflective awareness, including mindfulness of their own agenda and goals for their client. The findings of the present study nevertheless indicate the critical importance of psychotherapeutic practitioners across orientations maintaining an open and critically reflective stance.

### ***Suggestions for further research***

Further qualitative research may helpfully explore GBP in different settings or different therapeutic modalities. For instance, it may be appropriate to explore further settings such as within the NHS, which employs large numbers of practitioners, particularly in contexts where competing service agendas interact with different psychotherapeutic traditions and practitioner identities. Furthermore, as reviewed by Lloyd et al. (2019) there is a broad range of idiographic goal measures in psychotherapy, and yet relatively little is known about the use of specific instruments in clinical practice. While the current study employed a phenomenological frame to explore GBP as a fluid practice in a broad sense, without focusing on specific goal measures, future research might usefully focus on exploring how specific measures (see: Lloyd et al., 2019) are experienced in a range of clinical contexts, both from a practitioner and client perspective.

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## Notes on contributor

Dr Christopher E.M. Lloyd\* [*corresponding author*], <https://orcid.org/0000-0001-9659-0890>, School of Social Sciences, (1) London Metropolitan University, 166-220 Holloway Road, London, N7 8DB, Email: Christopher\_lloyd@hotmail.co.uk, (2) University of Derby, Human Sciences Research Centre, Kedleston Road, Derby, DE22 1GB, C.Lloyd@derby.ac.uk

Dr Raffaello Antonino, <https://orcid.org/0000-0002-6327-3984>, School of Social Sciences, (1) London Metropolitan University, 166-220 Holloway Road, London, N7 8DB, Email: r.antonino1@londonmet.ac.uk

## ORCID

Christopher E. M. Lloyd  <http://orcid.org/0000-0001-9659-0890>

Raffaello Antonino  <http://orcid.org/0000-0002-6327-3984>

## Practical implications

- (1) A strong therapeutic bond in the context of pluralistic practice should be pursued as a precondition for GBP.
- (2) GBP has the potential to represent an additional tool to further enhance therapeutic outcomes, in the forms of progress monitoring, increased positive affect and self-efficacy.
- (3) Approaches to GBP that dichotomise GBP into “helpful” and “unhelpful” factors in isolation from other therapeutic process variables risk, denying the further opportunities to elicit and enhance therapeutic change which GBP could offer.
- (4) GBP can function to shield therapists from feelings of failure or frustration, consciously or otherwise. Attention should therefore be paid to the function of a therapist’s engagement with GBP.
- (5) GBP should not necessarily be ignored *à priori* simply because it might not align with a psychotherapeutic practitioner’s particular ontology.

## Public significance statement

Increasing evidence suggests that the setting and monitoring of goals may enhance therapy outcomes. This qualitative paper explores therapists’ experiences of integrating goals relationally into the therapeutic frame in their private pluralistic practice, offering insight into strategies that may support such working.

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