

# Parallel recording of psychotherapy side effects by patient and therapist in routine as well as training therapies by means of the "UE-PT scale"

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## Abstract

Psychotherapy not only helps, but can also harm. Therapists need to be familiar with side effects, must inform their patients about risks, prevent negative developments and take countermeasures when problems become apparent.

There is no generally accepted and evidence-based recommendation on how to address this issue in daily practice. Some therapists have difficulties in addressing negative effects of their own therapy and patients may be afraid to tell the therapist if something is going wrong.

Based on the internationally established UE-ATR checklist, the UE-PT scale (Unwanted Events in the view of Patient and Therapists) was developed. It does not ask for single specific side effects, but guides the attention of the patient and/or therapist in a structured way on fifteen areas where side effects may emerge.

The scale can be filled in parallel by the therapist and the patient during a therapy session. It then can be discussed what specific negative events have happened.

A qualitative and quantitative analysis of 38 patient-therapist-pairs showed that work with the scale was well accepted by therapists and patients. This method helps to address and cope with side effects in a simple way. Patients react cooperative and approving.

A comparison of the ratings of patients and therapists showed a high degree of agreement. Least problems are reported for stigmatization and problems with the therapeutic relationship, most frequent were problems with therapeutic requirements and aggravation of illness. Of all patients 10,5% complained about severe and another 28,9% about significant side effects.

In summary, the UE-PT scale is a self and observer rating instrument that allows to get an overview of psychotherapy side effects, can be used in scientific studies or routine therapy, and allows repeated summaries of the therapeutic development under the perspective of side effects, similarly as it should regularly be done in regard to treatment progress.

**Keywords:** side effect, unwanted event, therapist-patient-relationship, quality assurance, behaviour therapy

## 1 Problems of side effect detection in psychotherapy

Psychotherapy does not only help, but can also cause harm (Crawford et al., 2016; Linden & Strauss, 2018). Therapists must be familiar with side effects, educate patients in this regard, prevent negative developments, and take countermeasures when problems become apparent. Strategies are needed to deal with this problem systematically in routine care (Parry et al., 2016).

Compared to measuring treatment success, there is only limited research on side effects. There are no general and evidence-based recommendations on how to address this topic in daily practice (Duggen et al., 2014; Horigian et al., 2010). Some

therapists may find it difficult to address negative effects of their own therapy. As there is the questions about one's own mistakes or even malpractice, which explains a bias towards nonrecognition of negative developments of one's own therapy (Bystedt et al., 2017).

This topic should also play a role in the education of psychotherapists (Castonguay et al., 2010; Schermuly-Haupt & Linden, 2020). They are not yet consolidated in their profession, so that the topic of side effects can increase the feeling of one's own incompetence, which can even be observed in lectures on side effects.

Side effects are also a difficult topic for patients. They may be reluctant to address negative effects of therapy, as this could be understood as a criticism

of the therapist, and as they may fear that this will worsen the mutual relationship. At the same time, ignoring negative effects may also impair the therapy process and the therapeutic relationship. Patients do not know that side effects are results of good psychotherapy, and that they can be discussed rationally and without reproach.

In routine treatment, strategies are needed on how to detect, monitor, and address side effects by the therapist and patient. With this target in mind, an instrument and a therapeutic strategy have been developed, which will be presented in the following.

## 2 The UE-PT scale

An established tool for the assessment and evaluation of psychotherapy side effects is the UE-ATR checklist (Linden, 2013). It lists several areas in which side effects can occur. Examples are the symptoms of illness, the therapeutic relationship, the family, or the workplace. No specific side effects, such as “deterioration mood” or “conflicts with the colleagues” are mentioned because the total number and nature of such specific side effects is endless. The number of areas in which such side effects may occur is manageable. The assessors are asked to clarify whether problems or adverse developments have occurred in these areas. If this is the case, the next step is to evaluate the severity. Events of side effects can be temporary and minor, or serious and lasting. In the third step, it is necessary to decide whether this negative event was caused by the therapy with a certain probability. Adverse events that are independent of therapy are irrelevant in regard to side effects, although they may otherwise possess therapeutic relevance. The UE-ATR checklist is an observer-rating instrument based on a semi-standardized, time-consuming interview, which also requires some training.

The outline of the UE-ATR checklist has been translated into the self-rating UE-PT scale (adverse events scale for patient and therapist). This instrument lists fifteen areas in which side effects can occur. It does not ask for single specific side effects, but directs the attention of the patient and/or therapist to these areas. The raters can first indicate whether area-related undesirable developments have occurred and then whether this was due to the ongoing treatment. These areas are:

- 1 Worsening of existing complaints and symptoms (worsening of symptoms)
  - 2 Occurrence of new complaints and symptoms (symptom provocation)
  - 3 Complexity of problems increases (deterioration)
  - 4 Discomfort in therapeutic sessions (discomfort in session)
  - 5 Problems with therapy requirements (therapy overload)
  - 6 Problems with the therapeutic relationship (therapy relationship problems)
  - 7 Therapist is needed to master life (therapy dependency)
  - 8 Problems in partnership and close family (partner problems)
  - 9 Problems with the wider family (parents, relatives) (family problems)
  - 10 Problems with friends, neighbours, or other people (contact problems)
  - 11 Problems at work (work problems)
  - 12 Unsatisfactory therapy result (therapy resistance)
  - 13 Problems with the duration of therapy (duration of therapy)
  - 14 Other negative developments in life (negative life events)
  - 15 Negative reactions to therapy by third parties (stigmatization)
- Each item is rated on a five-point Likert scale from 0 = did not occur, to 5 = very stressful. In addition, it is then indicated in a yes/no format whether this is considered to be a result of treatment, i.e. a side effect. The UE-PT scale can be completed within minutes.
- In individual cases, the focus should be on single items:
- a Which items are rated as severe and very stressful?
  - b Which items are seen as a result of therapy?
  - c For which items are there greater differences ( $\geq 2$ ) between patient and therapist
- In research studies and for the description of populations, several sum scorers can be calculated.
- a An average sum score can be calculated across all items by adding all ratings and dividing

them by 15. This value can vary from 0 to 5 and indicates the burden of “adverse events (UE)”.

- b An average sum score can be calculated for all items which are assumed to be caused by therapy and dividing them by 15. This value can vary from 0 to 5 and indicates the burden of “side effects”.
- c An average sum score can be calculated for all items with a score of 3 (definitely stressful) and 4 (very stressful) and dividing them by 15. This value can vary from 0 to 1. This value indicates the burden of “clinically relevant UE”.
- d An average sum score can be calculated for all items with a score of 3 (definitely stressful) and 4 (very stressful), for which at the same time a causal relation to therapy was assumed, and dividing them by 14. This value can vary from 0 to 1. This value indicates the burden of “clinically relevant side effects”.

The items are phrased in such a way that they can be answered both by the therapist and the patient. The same rating form can be filled in by patient and therapist. No separate forms must be stored.

### 3 The UE-PT scale in therapy

The therapist introduces the topic in a therapy session as follows:

“Today I have a special topic that I would like to discuss with you. As therapists, we know that psychotherapy can be burdensome and stressful for the patient. You may already know this yourself. It is important that this is noticed. Therefore, I would like to hear and discuss with you what you think. Here I have little questionnaire. Please indicate whether something may apply to you and tick at the right side, whether you think that this may be due to the ongoing treatment. I will do the same and afterwards we can compare our ratings.”

Afterwards, the patient and therapist simultaneously fill in the UE-PT scale during the therapy session. If the patient has problems to understand the items, he is welcome to ask questions. This is already part of the assessment process. Afterwards, the therapist and patient compare the two questionnaires and discusses what is specifically meant. This means for example, if the patient has indicated that there were burdens in the family, then there is now the opportunity to clarify that there are strains because the partner wants to know exactly what intimate secrets were revealed in the therapy.

The UE-PT scale can be used at any stage of psychotherapy. This can and should be done several times in the course of therapy, allowing a repeated summary of side effect during the therapy development, just as it should also be part in regard to the positive effects.

### 4 Experiences with the use of the UE-PT scale

The scale was initially developed as an assistance tool for psychotherapists in training. Later, it was also given to licensed psychotherapists. Data on the evaluation of 38 pairs of ratings and receive feedback from the therapists about their experiences with this procedure were gathered. The therapists were on average 39.5 ( $\pm$  9.9) years old and 69% were women. The reports of the therapists were consistently positive. They stated that patients responded very openly and with curiosity in regard to the topic and the use of the scale. The patients managed to fill out the forms easily, carefully, and independently of the therapist, albeit in his presence. The discussion of the individual items then led to a lively exchange. The patients also experienced the comparison with the therapist ratings as interesting and also as an expression of the therapist's attention. Without exceptions, all therapists stated that it was possible to address side effects without any problems and that it has had a rather positive effect on the therapeutic relationship. It was also important that a number of aspects came to their attention which they would otherwise have overlooked.

The patients were on average 41 ( $\pm$  12.2) years old, 60.5% had a high school degree. According to therapists, the most common diagnoses were 43.9% depressive disorders, 26.3% anxiety disorders, 7% adjustment disorders, and 7% obsessive-compulsive disorders. The UE-PT scale was used on average after 32.68 ( $\pm$  20.13) sessions of therapy.

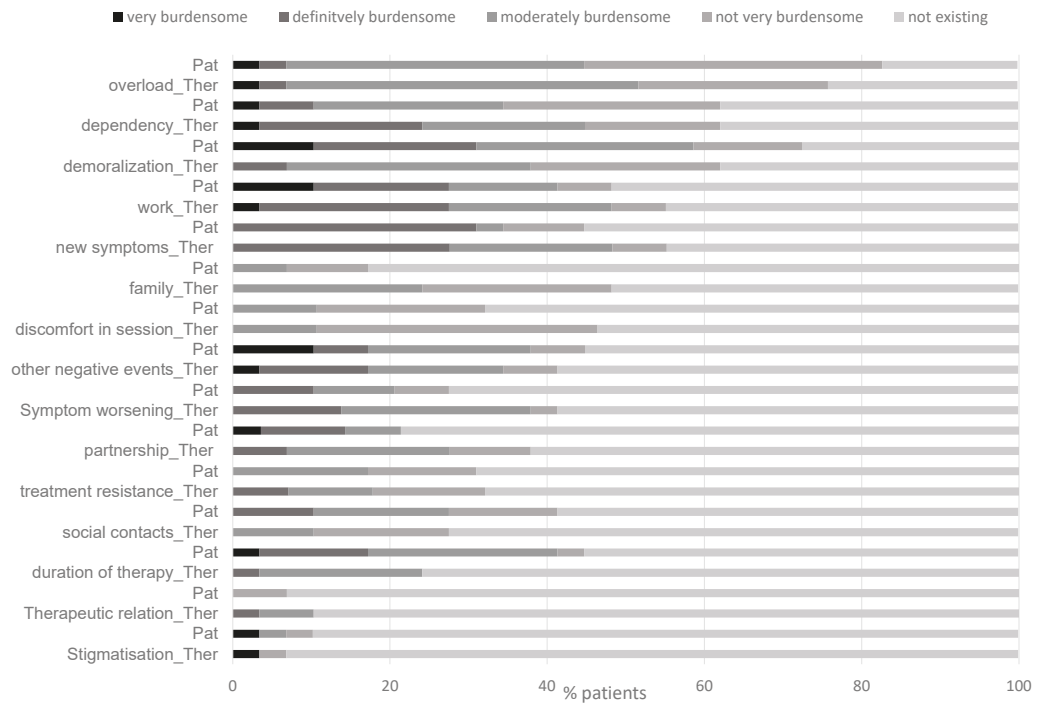
Figure 1 shows the frequency of adverse events as reported by the patient and therapist. There is a high degree of agreement. The fewest burdens are reported for stigma and therapeutic relationship. The highest level is reported for therapeutic demands, dependency, and demoralization. When focussing solely on adverse events that are particularly stressful, concerns work, treatment resistance, and other negative events are most common.

Significant differences in frequency between therapist and patient can be found for family, partnership, social contacts, and duration of therapy.

In addition to the total number of “adverse events”, it is important which are considered to be therapy-related. As expected, patients relate all burdens regarding the therapeutic relationship to the therapy. Regarding therapy dependence, problems in the family, demoralization, symptom worsening, treatment resistance and social contacts, 50% to 60% of UE are seen as side effects. Form the

**Figure 1**

Percentage of patients with UE in comparison of patient and therapist rating



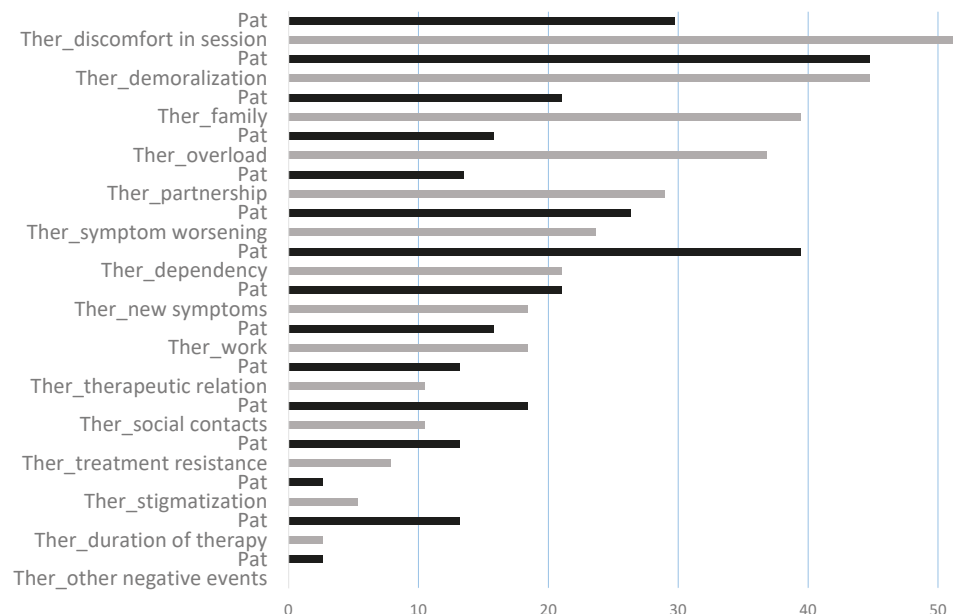
therapist point of view, therapy dependence and other negative events are not attributed to the therapy, while difficulties in the therapeutic relationship and discomfort in sessions, on the other hand, in 100%. Next frequent side effects were worsening of symptoms, problems in the family, worsening of symptom and overload between 50 and 70%.

Overall, 10.5% of the patients complained of at least one severe and another 28.9% of the patients of a significant side effect, i.e. a total of 39.4% of pronounced and relevant burdens. Figure 2 gives an

overview of the percentage of patients who suffer from side effects. Most frequent are discomfort in session, followed by demoralization and problems in the family. A worsening of symptoms is reported more often by the therapist, while family and partner problems, as well as overload are experienced more often by the patients.

**Figure 2**

Percentage of patients with side effects – therapist rating



## 5 Conclusion

The UE-PT scale is a self- and observer-rating instrument which allows to get an overview on psychotherapy side effects in a simple and fast way. It can be used for different purposes, be it in scientific studies or in individual therapy. Therapists have an instrument at hand that they can use in routine therapy and help to address therapy burdens with patients in a structured and at the same time cooperative way. Patients and therapists are encouraged to do a systematic side effect screening. In the therapeutic conversation, this can then be specified and targeted therapeutically. In the training of therapists, the reserve to address this problem can be overcome and expanded in the supervision. Therapists also learn how to systematize and name side effects, to recognise the spectrum of potential side effects, and how to respond in the individual case (Castonguay et al., 2010; Hoffmann et al., 2008; Scott, 2017; Whipple et al., 2003; Schöttke et al., 2017).

This proactive response to adverse events is also important for patients. It also allows an in-depth and fear-free education about potential side effects (Gahleitner et al., 2015; Boisvert, 2010; Wells & Kaptchuk, 2012; Blease et al., 2016). Patients can recognise and monitor negative developments, and counteract placebo effects (Heisig et al., 2015). Side effects of psychotherapy should be a regular topic and addressed in an unemotional and rational way in day to day therapy, supervision, and research.

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**UE-PT scale**

Number of sessions in psychotherapy: \_\_\_\_\_

Patient: age \_\_\_\_\_ Gender:  female  male

Therapist: age \_\_\_\_\_ Gender:  female  male

	Please think about the ongoing psychotherapy and answer all the following statements to the best of your view.  Please also indicate whether you think events are caused by the therapy.	did not occur	not very stressful	somewhat stressful	definitively stressful	very stressful	caused by the current therapy		
							yes	no	not applicable
1	The symptoms because of which the therapy was started, have worsened.						yes	no	not applicable
2	New symptoms or complaints have appeared.						yes	no	not applicable
3	It became apparent that the problems are worse and more difficult to change than expected.						yes	no	not applicable
4	As patient, therapy sessions are very stressful.						yes	no	not applicable
5	As patient, requirements of the therapy cannot always be met.						yes	no	not applicable
6	The relationship between therapist and patient is difficult.						yes	no	not applicable
7	As patient, it became apparent that life can hardly be mastered without therapeutic help.						yes	no	not applicable
8	Relations with the close family (partner, children) have deteriorated.						yes	no	not applicable
9	Relations with the wider family (parents, other relatives) have deteriorated.						yes	no	not applicable
10	There are new problems with friends, neighbours, other people.						yes	no	not applicable
11	There are new problems at work (with superiors, colleagues, work performance)						yes	no	not applicable
12	The progress and results of therapy are unsatisfactory.						yes	no	not applicable
13	Treatment requires more, or more frequent sessions than originally expected.						yes	no	not applicable
14	There were more negative developments in life (accident, illness, relocation, etc.).						yes	no	not applicable
15	The ongoing therapy was negatively received and commented by others.						yes	no	not applicable

Further negative developments or comments: