

International research

Users' experience of an innovative primary care service: an in-depth exploration

Hannah Denton

Options Service, Sussex Partnership, Hailsham, East Sussex, UK

F Michie PhD

Roehampton University, Whitelands College, London, UK

ABSTRACT

Aim To investigate the clients' experiences of an innovative primary care service. The service is based on a number of therapeutic approaches drawn from within the postmodern paradigm.

Method A semi-structured interview schedule was used with ten clients of the service and a grounded theory was developed.

Results The analysis indicated that the service can assist clients in generating an empowering self-narrative through which change can happen by impacting on three psychological processes. These were identified as emotional resolution, self-awareness and finding new directions.

Conclusions The insights gained from this small sample of participants and the grounded theory that emerged have provided insights that can inform further development of the existing service and introduce another therapeutic paradigm to professionals working in primary mental health care.

Keywords: copy to come?

Background: a new primary care service

A recently developed primary care service is currently being offered to patients presenting with common mental health problems to one primary care trust (PCT) in south east England. This service differs from most other primary care mental health services in that each client meets with two practitioners for up to three consultations.^{1,2} If, when the client visits their general practitioner (GP), the GP feels the service may be useful, they are given a leaflet that describes the service in more detail and includes contact information so that they may make an appointment if required. During the session, one practitioner takes the role of the interviewer and the other of the reflector. The interviewer begins the

outline of the session and checking if the client is agreeable with this way of working. The interviewer then explores with the client their current difficulties and what they hope to gain from the session. Following this, and with the permission of the client, the interviewer and reflector then have a conversation reflecting, in a tentative way, any ideas and thoughts they have.³ After the reflecting conversation, which lasts between five and ten minutes, the interviewer returns to the client for feedback. There may at some point be another reflecting conversation during the session. Each session lasts up to one hour. As it is the client's responsibility to make appointments, the decision about the number of sessions they attend is left to them. In 2003, 81%

chose to have one session, 14% had two and 5% opted for three. The practitioners have a range of professional backgrounds but all have had some training in this approach.

Introduction: theoretical underpinning of the service

The service being evaluated draws on theories from within the post-modernist paradigm, including social constructionism and narrative,¹ to offer consultations to people with common mental health problems within primary care. Post-modernism offers a challenge to the assumptions made within the modernist paradigm that there is a knowable 'truth' that can be objectively observed and accurately described as researchers and thinkers progress towards its identification.^{4,5} Post-modernism suggests instead that our current understanding of the world is inevitably influenced by our life experiences, values and culture. There cannot, therefore, be one objective 'truth' as there will be many possible accounts of any event depending on who is describing it. Each interpretation is just one version of the truth.⁴

Post-modernism suggests that there are also infinite ways of describing our self. Social constructionism proposes that we develop understanding through discourse with others. This understanding, therefore, does not exist inside the individual, but is part of a flow of constantly changing narratives.⁶ In order to make sense of ourselves and our lives we link our experiences, including past, present and those predicted to occur in the future, and use self-narratives to generate ways of describing ourselves.^{7,8} However, as life experience is more complex than can be captured by our descriptions, there are numerous aspects, feelings and experiences that are not encompassed within this story.⁹ There could be a number of alternative ways that we use our history to construct a different account of ourselves. The dominant story is influenced by our cultural and historical context as we internalise the dominant discourses of our current time. The experiences that fall outside the dominant story provide a rich and fertile source for the generation of alternative stories. One of the aims of narrative therapy is to identify unique outcomes.⁷ These are details from the clients' life story that do not fit into the disabling story that they have constructed for themselves. Identification of these can then contribute towards the construction of a more-empowering, and less-disabling, self-narrative.

Post-modernism rejects the empirical testing of people and therapies with the aim of gaining accurate pictures of dysfunction and deficit, and identifying

the most appropriate and successful therapies by which to offer a cure. Gergen and coworkers suggest that this way of thinking disregards the uniqueness of each individual and situation, thereby placing the therapist in a position of power.¹⁰ It is also argued that the existence of 'experts' encourages people to favour the expert's view, discouraging them from relying on their own resources and creativity, and thereby limiting their potential.¹¹ Within the post-modern perspective, the therapist does not take the position of being the diagnostic authority but offers alternative viewpoints and questions assumptions that contribute to a disabling self-narrative.

With the focus on unique outcomes, and a future orientation, therapy in the post-modern paradigm can be 'brief'. The number of sessions is generally not specified but there is no assumption that these must be regular and continue over a long period. There is some questioning about whose needs are met, the client's or the therapist's, by longer-term therapy.¹² These ideas are perhaps corroborated by the number of sessions that clients choose to attend. Carey and Mullen reported that in a national database of over 6000 patients, the average number of sessions attended was less than five; and when sessions were arranged by the client the majority attended only one.¹³ Within the service explored in this study, clients arrange the sessions themselves, and again the majority choose to have just one.

Andersen was a pioneer in a new approach to family therapy.³ He described the family therapy team coming out from behind the mirror and having a conversation *in front* of the family, during which they reflected on their own processes and ideas in a similar way to the discussion one might normally have once the clients have gone. As there are multiple observers of the family; multiple interpretations can be shared with the family, putting into practice the post-modern principles of multiple perspectives, horizontal collaborative relationships and transparency.³ This way of working enables many thoughts and ideas to be introduced into the conversation, giving space to the more-marginalised, less-dominant stories, and demonstrating the idea that there is not one way, but rather many paths to alternative futures. The family is invited to reflect, and comment, on these interpretations, enabling them to consider all options – including those the client may develop as alternatives.¹⁴ As well as offering a range of perspectives, the client is free to reflect rather than have to engage in conversation. This, it is suggested, puts them in a different position in which they are more able to give meaning to their own emerging narratives.^{15,16}

Since their conception, reflecting teams have become widely used within family therapy settings.¹⁷ Commonly, the family and the reflecting team have

different rooms separated with a two-way mirror as first described by Andersen in 1987.³ However, alternative ways of using the reflecting process have been suggested, including having the team in the room, to have only one other colleague present to talk during 'reflecting' intervals,¹⁸ the use of therapeutic letters,¹⁹ or the use of videotape.²⁰ The service under exploration in this study is unusual in that it is not based within a family therapy setting but uses a reflecting team with individuals with common mental health problems in primary care. As far as the authors are aware, this is the only service of this kind. The service began as a pilot in one GP surgery in 1997, and is now offered to over 100 GPs and in four locations. As this approach is still in a developmental phase, the rationale for this study is to explore users' experience of the intervention to gain further understanding of what is found helpful and unhelpful. This will inform further development of the existing service.

Method

Design: research paradigm

Post-modern research looks at specific, contextualised details rather than attempting grand generalisations more commonly found within a modernist paradigm.¹⁶ A post-modern perspective indicates that the focus of research should be on gaining insights and understandings of lived experiences and perceptions of a phenomenon rather than testing a hypothesis. The final analysis also reflects an authentic representation of the participants' own lived experience of the service under examination. This study uses grounded theory as the analytic approach, as the focus of enquiry is on participants' own experience of this primary care service. This inductive, interpretative and constructivist process allows information that is relevant to the field of investigation to emerge.²¹

Participants

An opportunity sample of eight female and two male participants were recruited. Their ages ranged from 18 to 72 years.

All clients who attended sessions with the consultation service between 16 March 2004 and 5 November 2004, and who were not seen by the researcher, were invited to participate in the research. At the end of their first session with the service they were given recruitment information about the research being

undertaken. If they agreed to be contacted once their sessions were finished, and following a period of three months since their last contact, potential participants were sent an information sheet and a consent form. On receipt of a signed consent form the researcher made contact and an interview was arranged. Seventy-four clients were asked if further information about the research could be sent to them, and 73 agreed. Of these, 18 returned a signed consent form. Ten interviews were undertaken. Six participants had attended one session, two had attended two sessions, and two had attended three sessions. Those potential participants who returned their consent form and were not interviewed could not be contacted.

Materials

The interview schedule was developed through discussion with practitioners of the service and then refined by piloting on practitioners role-playing a client that they had seen. The open questions in the semi-structured interview can be found in Appendix I.

Self-interview

It is important to be reflective about the possible impact of the researcher's assumptions and biases, both during analysis and data collection. Consequently a self-interview, a journal and memos were written. This brackets off the 'idiosyncratic biases' of the researcher and facilitates an authentic representation of participants' own voices.

Procedure

Ten semi-structured interviews were conducted. Although participants were encouraged to talk freely, it was also essential to ensure that the focus remained on the research questions. The interviews were transcribed and analysed using the qualitative method of grounded theory. In accordance with the principles of grounded theory, the literature review was undertaken after analysis of data, thereby reducing the potential for setting an agenda and biasing the analytic focus.²²

Ethical considerations

Permission to write to participants with further information about the research was sought after sessions with the service. Participants agreeable to this were sent details of the research, and an invitation to contact the researcher if they wanted to

participate, once a period of three months had elapsed since their last session. This process ensured that the research did not interfere with the service that the participants were receiving, and also that they were not coerced into participating. Participants were fully informed prior to the interview and fully debriefed afterwards. The researcher ensured that tapes were destroyed after the research was complete. Participant identity remained confidential, and signed consent forms were kept separate from interview transcripts to ensure anonymity.

Analysis

Grounded theory provides a systematic analytical structure which enables a theory which is grounded in the data to emerge. This involves the three processes of open coding, axial coding and selective coding.²² This procedure enabled the researcher to break down the information, conceptualise it and then put it back together in a systematic manner. This process is outlined below, in parallel with the researcher's reflections on extracts from the interviews.

Open coding

The first stage of the analysis involved coding small segments of the data, ranging from a few words to an entire paragraph. The transcripts were studied line by line, with the aim of trying to understand what the participant was trying to say. Each distinct 'unit of meaning' or concept was given a label. The labels were essentially descriptive and attempted to define what was occurring or being represented in the data. For example, at one point in the interview, while reflecting on life circumstances that led her to seek help, one participant described the impact of the end of her marriage:

'... we had been married for thirty-three and a half years at the time, so it was an awful lot to get over.' (Participant 3)

Another participant referred to feelings following a bereavement:

'I have had two sort of years in my life which have been a bit like the Queen's *annus horribilis*, one was six years ago and then one this year, last year just gone, five years ago. In both cases it involved the death of one of my parents.' (Participant 10)

Both participants seemed to be describing their experience of loss, therefore this concept was given the label 'experience of loss'.

The next stage of analysis involved a process of categorising these concepts into open codes. The

concepts were compared for differences and similarities, and grouped according to more-abstract connections or higher-order categories.²¹ The concept of 'experience of loss' was grouped in a category labelled 'experience of difficult emotions'. Other concepts included in this category were 'experience of difficulties in relationships' and the protocol below encapsulates an example of this:

'I was going through, it wasn't an actual relationship but I'd met this person, this lady and things were going on but she was feeding me a bit of a line and I was digging myself into this hole thinking, thinking it was me getting paranoid and it wasn't it was actually her, but I was getting more and more anxious about the whole thing.' (Participant 1)

This process resulted in open coded categories being merged or split and redefined.

Axial coding

The next stage involved the comparison of the open codes and grouping them into further meaningful categories. The connections between the open codes were explored using the model outlined by Strauss and Corbin, where categories are linked using 'the conditions that give rise to [the phenomenon], the context in which it is embedded, the strategies by which it is handled and the consequences of these strategies'.²¹ When the open codes were explored in this manner, three domains emerged. These were all anchored in the impact of the service on psychological processes. For example the open code 'experience of difficult emotions' was placed in the axial category 'emotional resolution'. This was the causal condition.

The other axial categories that emerged though this analysis were 'self-awareness' and 'finding new directions'. Table 1 shows the axial codes and their constituent open codes.

Selective coding

Lastly the categories were integrated and refined in order to construct a theory. Strauss and Corbin suggest the use of a descriptive narrative to demonstrate the ways in which the various components of the model interact.²¹ The following storyline encapsulates the essence of participants' voices:

Clients experiencing emotional distress may find a space where they are able to explore and express some of their difficult feelings and achieve a degree of resolution. Various factors may facilitate this process, including perceiving the practitioners as sensitive and trustworthy and receiving clear information. For some, the service was too brief and lacked the experience of intimacy. In these

Table 1 Open codes grouped into axial categories

Axial code	Domain one: emotional resolution	Domain two: self-awareness	Domain three: finding new directions
Causal condition	Experience of difficult emotions (<i>n</i> = 7)	Negative beliefs about self and/or situation (<i>n</i> = 6)	Needing help to find a way forward (<i>n</i> = 8) Wanting to make changes (<i>n</i> = 6)
Phenomenon	The degree to which emotions were experienced/expressed during the session (<i>n</i> = 5)	Seeing self from a different perspective (<i>n</i> = 9)	Generating ideas for possible ways forward (<i>n</i> = 8)
Context	The perceived trustworthiness and sensitivity of the practitioners (<i>n</i> = 10) The clarity of the information and explanations given (<i>n</i> = 8) The extent of the support offered (<i>n</i> = 5)	Standing back and watching (<i>n</i> = 6) Reflection after the session (<i>n</i> = 5)	Previous experience and expectations (<i>n</i> = 2)
Consequence	A degree of resolution of the difficult emotions (<i>n</i> = 8)	A greater awareness of the impact of their situation (<i>n</i> = 7) A more positive and empowering story self-narrative (<i>n</i> = 7)	Making choices that promote wellbeing (<i>n</i> = 7) Gaining reassurance and a confidence in own judgements (<i>n</i> = 9)

cases longer term individual counselling may be favoured by the client.

The reflecting conversation can be helpful in assisting clients in gaining new perspectives of themselves and their situation. It can offer clients the experience of standing back and looking in on their story. This distancing is manageable and useful for most but could feel disempowering for some.

Some clients may come to the service feeling stuck and unable to separate out different issues. Through a combination of the clients' readiness to make any changes and the possibilities suggested by the practitioners, clients can leave the session with a belief that they can make choices that promote their own wellbeing, and gaining reassurance and confidence in their own judgement.

The final stage of grounded theory is to develop a core conceptual idea, on which the theoretical model is based, by integrating the highest-order components.²¹ The core category that emerged was 'generating an empowering self-narrative through which change can happen'. The axial codes and the core category interrelate (see Figure 1).

Results and discussion

The aim of this research was to gain a greater understanding of what clients found helpful and unhelpful about the support they received. The analysis indicated three domains in which the service can impact. In the first domain, a number of the participants described coming to the service with the hope of expressing, exploring and resolving difficult emotional experiences. There were factors that seemed to determine the likelihood of this happening. The perceived trustworthiness and sensitivity of the practitioners was acknowledged by all the participants as being crucial in determining whether they felt able to describe their difficulties. Comments about what enabled this to happen included the practitioners being nice and friendly:

'Very pleasant; friendly, not intimidating and, I can't really think of anymore words really, but yeah; nice people' (Participant 4)

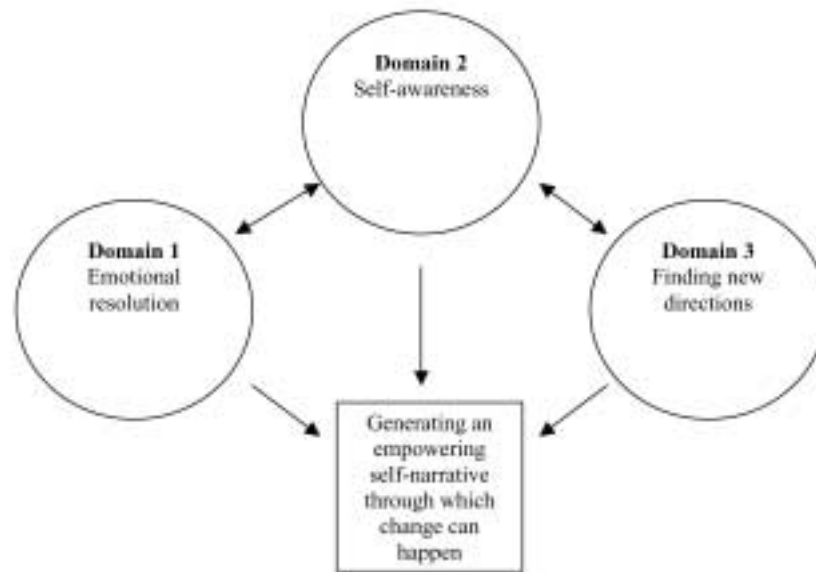


Figure 1 The relationship between the axial codes and the core category

being put at ease:

‘Well, just a general thing, but, in fact, just generally, their manner and *that*, they put me at my ease very, very quickly’ (Participant 2)

and feeling understood:

‘Mmm, yes I felt that I was with people who understood, because I’m sort of at the same level, sort of thing, do you know what I mean?’ (Participant 5)

There was a diversity of opinion when participants were asked about the clarity of information provided about the service. For some, the experience was positive:

‘As soon as I sat down they explained exactly, you know, how the session was going to work and sort of put you at your ease’ (Participant 2)

and for others there appeared to be some anxiety evoked as a result of the lack of information provided:

‘Quite intimidating actually, and quite worrying because you didn’t know where you were going from, you know, you didn’t know what was happening, and it was, nobody had told me anything about [the service], nobody had, I’d never even heard of them, and I didn’t know what was happening really, which was quite intimidating, quite scary I guess.’ (Participant 9)

Without a clear understanding of the procedures, the client can be placed in a disadvantaged and more apprehensive position, while the practitioner is placed

in a more expert position. This is an example of the relationship between a lack of knowledge and powerlessness. This phenomenon links to Friedson’s observation that individuals’ potential may be limited when the expert discourages clients from relying on their own resources and creativity.¹¹

One participant found the presence of two practitioners inhibited the development of the relationship; they specifically wanted the intimacy offered by the one-to-one relationship:

‘I think I went into a kind of objective mode, really, I don’t know whether, thinking about it, it felt, I remember thinking it feels a bit more like a supervision session then er being counselled if you like.’ (Participant 6)

Most of the participants however, felt the relationship was effective in facilitating the expression of difficult emotions, and were able to find a degree of resolution:

‘... it was quite upsetting as well because it brought up everything that you thought you’d sort of dead and buried. But, you didn’t, when it came all up again it was quite upsetting, but once it had come, like I’d said it, I think generally it was quite a good feeling.’ (Participant 9)

The second domain in which the service can impact is ‘self-awareness’. The experience of watching the reflecting conversation seemed to be a powerful one that assisted in the development of more positive self-narratives and recognition of the impact of situational factors. The participants described an experience of being placed into a different position

as suggested by Andersen.³ Most participants described this as 'weird':

'It was a very weird thing to begin with, it was very, um, well I don't think anybody's used to being in, it's almost like listening at a keyhole to two people talking about you. But actually as it went on I found it very constructive.' (Participant 7)

In this position they got the chance to see themselves from a different perspective. This directly links to the observation made by Freedman and Combs, where they acknowledged the therapeutic potential for clients having the opportunity to be an audience to their story.¹⁶

'But they were talking between themselves about me, enabled me to sort of see myself. It was like a mirror projection, if you know what I mean. It was good.' (Participant 5)

For some, the experience was uncomfortable as they felt a distance from the observer and during the reflecting conversation:

'It was a bit weird to completely ignore somebody to start with, I found that quite difficult, but um, as I got talking more to the first person it kind of got easier, and I'd look every now and then to check she was still there, but yeah it was ok.' (Participant 1)

The situation was experienced as disempowering by some participants, as they felt unable to interrupt and speak when they wanted to. This was worse if the practitioners were perceived as not understanding.

'I don't know, I feel it was ok erm, but I felt like I wanted to correct them which was quite frustrating. I sort of sat there and thought "well, I want say my bit", it was quite frustrating. It was quite, it didn't make me angry but it made it harder to explain my point my view, when we went on to talking it, it just made it that little but harder.' (Participant 9)

This experience may appear to reflect the phenomenon described by Gergen *et al*, where therapists who are in a position of power may undermine the uniqueness of each individual and situation.¹⁰ However, the context is different in that the disempowering effects stem from feeling the object of discussion rather than the object of experts' gaze.

White and Epston, and Gergen described the value of therapy is in assisting clients to develop different and more hopeful self-narratives.^{7,14} For many participants in the current study, this approach did indeed appear to facilitate this process. This included an acknowledgement of the impact of their situation. Clients described being able to make links,

and develop a sense of a context, that might have contributed to their current difficulties:

'... you know, have it dawn on me that, yes, even though these things happened nine years ago, they are still having an effect on me now. I was actually able to come away and talk to other people about it and, you know, I was able to rationalise it and actually make sense of it and realise that, yes, that is still having an effect now.' (Participant 2)

They also described feeling liberated and empowered as they were gaining more-positive ideas about themselves and their future:

'Great! [laughs] and I'm seventy-one last week, as I say, I suddenly find that I have got the world by the balls sometimes, but when I first went to [the service], I was really on the floor, you know, I really was down.' (Participant 5)

It is the development of these positive self-narratives that Anderson suggests, make change conceivable, believable and attainable.⁴

The final domain that emerged was labelled 'finding new directions'. Many of the participants in the current study reported that their interaction with the practitioners generated multiple options. This links directly to Gergen's observation that the reflecting conversation can demonstrate the idea that there is not one way, but rather many paths to alternative futures.¹⁴ Andersen suggested that it is empowering for clients to choose the direction that they take.³ The following extract appears to illustrate this:

'... definitely having two people's point of view was good to listen to ... cause then there were a couple of things that one had a different idea on than the other and I suppose that give you more choice to think "well ok I'll go with that" or "I agree with that or I don't" and it gives more to bounce off ideas.' (Participant 10)

It could be argued that for the service to be useful the client needs a sense of agency and resourcefulness. Not all the participants came to the service wanting to make changes in their lives; some were looking for longer-term emotional support, and they were disappointed by the service. For many, however, the sessions seemed to enable them to make decisions that promoted their wellbeing and to gain reassurance and confidence in their own judgements:

'... so instead of me sort of sitting there at home thinking "oh my god, why hasn't she been in touch, she said she would", and all the rest of it, I was sort of thinking "well tough, you haven't been in touch with me so off I go, get on with my life", and that's one of the things I was getting really beat up about, and it's giving me the skills to look at that situation and think "well if she can't

be bothered to get in touch with me it's your loss, move on''.' (Participant 1)

Conclusion

The findings indicated that many of the participants found the intervention helpful and much of what they described reflected the ideas underpinning the model used. It would appear that the intervention facilitates the development of a more empowering self-narrative that enables clients to make changes in their lives. The results suggest that it is a very powerful experience that can have an impact within a limited number of sessions. This approach could offer a very powerful experience for those clients in primary care mental health services that only attend a very limited number of sessions. This would leave counsellors available to offer a service for those clients requiring longer-term support.

There are some limitations to this study which need to be acknowledged. Due to the qualitative and exploratory nature of the design, the findings cannot be generalised to a wider population. The sampling technique used for recruiting participants involved an 'opting in' strategy, therefore considerable effort was required on the part of potential interviewees. This may have impacted on the nature of their responses. If this study was replicated it would be useful to ask participants why they chose to engage with the study. In addition, the majority of participants had only elected to have one session; it could be informative to explore what led to this decision. This study could also inform future quantitative research by the development of a questionnaire that could explore clients' experiences of the three domains further.

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CONFLICTS OF INTEREST

None.

ADDRESS FOR CORRESPONDENCE

Hannah Denton, Options Service, Sussex Partnership, Highmore, Western Road, Hailsham, East Sussex BN27 3DY, UK. Tel: +44 (0)1323 446060; email: hannah.denton@sussexpartnership.nhs.uk

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Appendix I: interview schedule

- 1 Can I just ask how many sessions you had with Options?
- 2 Thinking about the referral process, how did you find that?
- 3 Reflecting back on your session with Options. Can I take you back to just before you went in? Can you remember how you felt?
- 4 And thinking about the actual session, how did that feel for you?
- 5 Can you describe your experience of there being two practitioners, and how it felt them talking about you?
- 6 Can you remember how you felt after the first/that session had finished?
- 7 Can you describe how your experience in each session varied?
- 8 Can you describe your experience with the practitioners you saw?
- 9 Was there anything that you would have preferred to have been done differently?
- 10 Thinking about the experience as a whole, can you describe what you had hoped to get from your sessions with Options?
- 11 Did you find that Options fulfilled those expectations?
- 12 Did it have any effects that you weren't expecting?
- 13 Thinking back over this interview do you feel that there is anything I have missed?

