Doing research as a medical psychotherapist: Possibilities and pitfalls

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Research in psychoanalytic psychotherapy: What is the problem?

- Lack of evidence base compared to other modalities e.g. CBT
- Decommissioning of services within public sector because of lack of evidence
- Lack of understanding and/or interest in research in psychoanalytic community
- Split between academics who do research and clinicians who see patients

Why should psychotherapists not do research?

- Research criteria do not reflect real practice
- Research methods interfere with clinical technique and practice e.g. manualisation of treatments, randomization of patients, recording sessions, administering outcome measures
- Poor understanding of statistics and numbers
- Mindless and meaningless
- Challenges cherished theories

Why should psychotherapists do research?

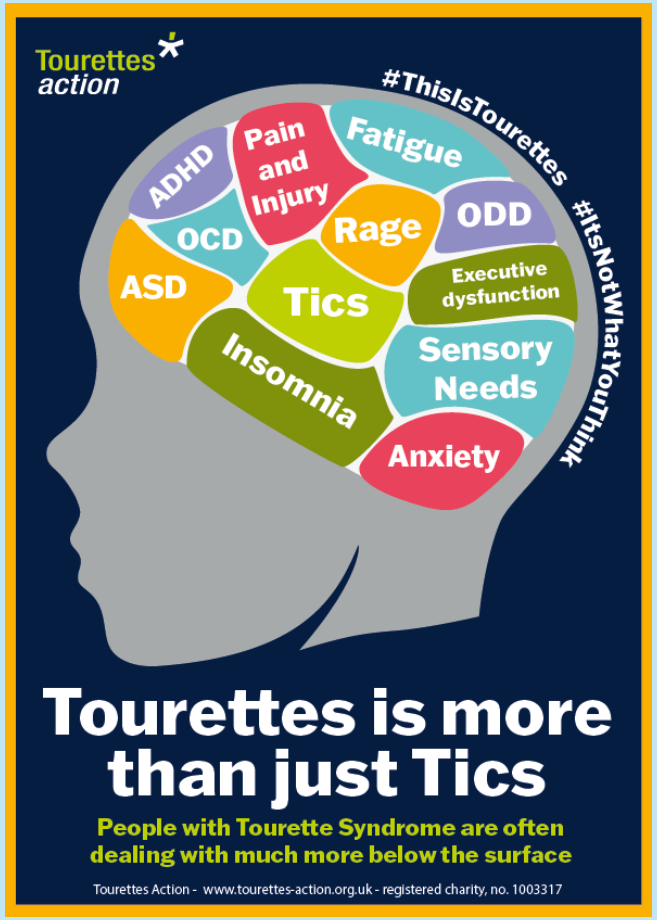
- To investigate efficacy and outcome - does change occur?
- To investigate the process of therapy – what happens in therapy, and how does change occur?
- To ensure safety and quality of treatment
- To explore patient experience
- To satisfy commissioners, patients and public
- To interrogate our theories
- To communicate with colleagues
- To further our careers

My research trajectory 1989-2026

- Biological to psychodynamic
- Medical school, core training, higher training, consultant
- Encouragement and support of senior consultants and researchers
- Full time clinician, no dedicated academic sessions
- Exposure to different methodologies:
  - Quantitative – longitudinal outcomes studies, RCTs
  - Qualitative – exploration of experience of patients using thematic analysis
- Interested colleagues
- My particular interests – Does psychotherapy work? How does it work? Patient experience of therapy

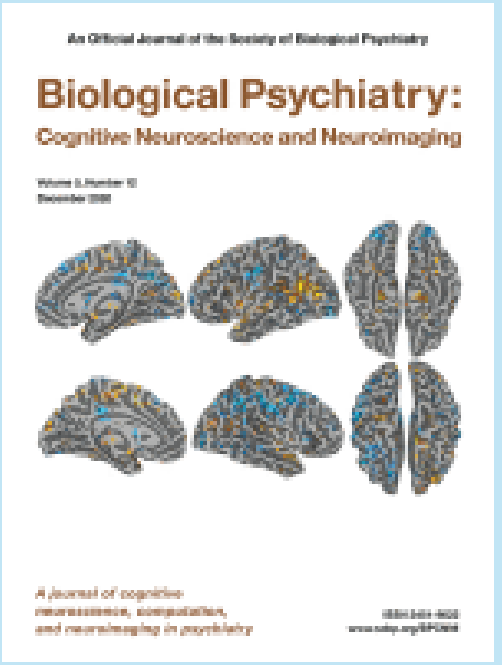
Medical school: OCD and Tourettes

- Research with Michael Trimble and Mary Robertson, Institute of Neurology, Queen Square following course of OCD over time in adult patients with longstanding GTS by comparing present symptomatology obtained by questionnaire with that present at time of diagnosis 5-10 years earlier.
- Robertson, M.M & Yakeley, J.W. (1996). Tics, Tourette's, Obsessive-compulsive Disorder in *Neuropsychiatry: A Comprehensive Textbook* edited by Fogel, B S and Schiffer, R B; Williams and Wilkins
- Robertson, M.M. & Yakeley, J.W. (1993). Obsessive-compulsive Disorder, Self-Injurious Behaviour and the Gilles de la Tourette Syndrome in *Handbook of Tourette's Syndrome and Related Tic Disorders,* edited by Kurlan, R; Marcel Dekker; New York, NY



SHO/Core training:
Obstetric complications in schizophrenia

- Research with Robin Murray, Institute of Psychiatry – do schizophrenics with a history of obstetric complications differ in clinical characteristics, neuropsychology, event related potentials and neuroradiology from familial and non-familial schizophrenics with no obstetric complications
- Compared MRI brain scans of patients with schizophrenia who lacked a family history but had experienced severe PBCs against patients who had strong family histories but no history of birth complications
- Results: Those with OCs had smaller hippocampal volumes than those who did not
- Stephanis, N., Yakeley, J., Murray, R.M. et al. (1999). Hippocampal Volume Reduction in Schizophrenia Effects of Genetic Risk and Pregnancy and Birth Complications. *Biological Psychiatry* 46: 697-702.



Higher training:
Medical student psychotherapy scheme

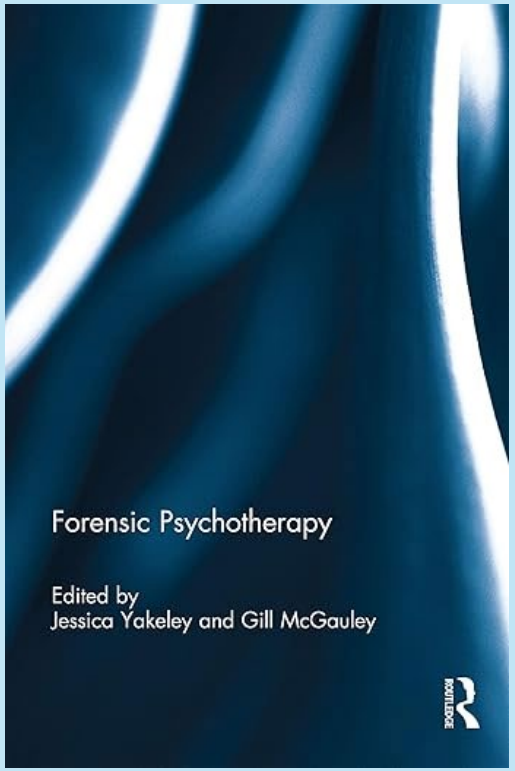
- Large retrospective controlled trial of 200 students who participated in SPS between 1982 and 1992 cf 200 controls matched for each year
- Sent questionnaire asking about career choice
- Showed that those who did SPS were significantly more likely to choose a career in psychiatry than those students who did not do SPS even if they were not already interested in psychiatry
- Important for recruitment into psychiatry
- Yakeley, J., Shoenberg, P., & Heady, A. (2004). Who wants to do psychiatry? The influence of a student psychotherapy scheme—A 10-year retrospective study. Psychiatric Bulletin, 28(6), 208-212.

Consultant onwards:
Medical student psychotherapy scheme

- Randomized controlled trial comparing two psychodynamic teaching methods: Student Psychotherapy Scheme and Balint groups
- Both methods proved effective in enhancing medical students' understanding and knowledge of the doctor-patient relationship
- Led to RCPsych Student Psychotherapy Scheme working group to establish Balint groups in all medical schools
- Yakeley, J., Shoenberg, P., Morris, M., Heady, A., & Majid, S. (2011). Psychodynamic approaches to teaching medical students about the doctor–patient relationship: Randomised controlled trial. The Psychiatrist, 35(8), 308–313.

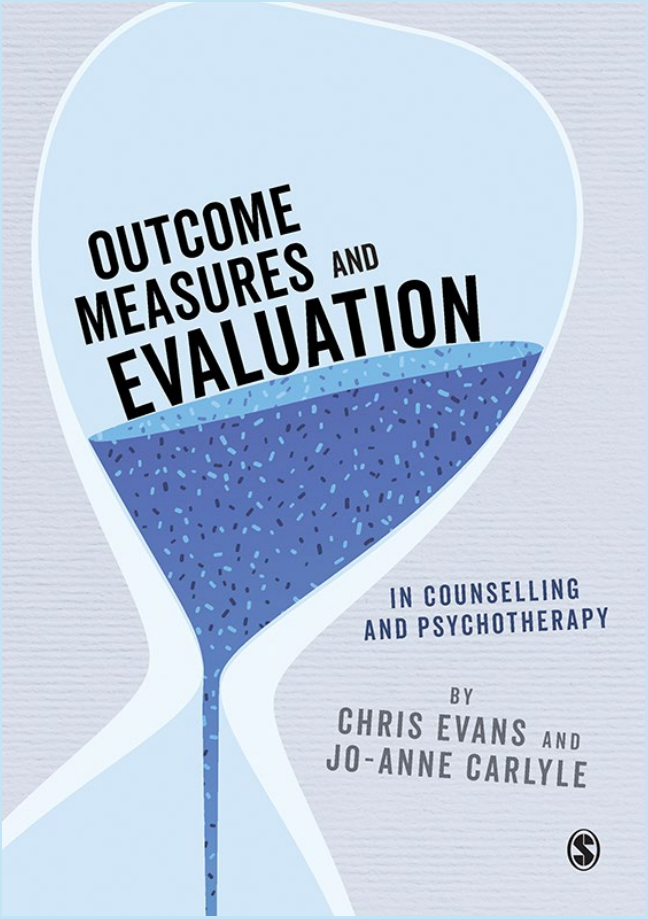
Patients' experience of forensic psychotherapy

- No previously published study of the goals and concerns of forensic patients undergoing therapy
- Semi-structured interviews with 10 patients considered by their therapists as having gained from forensic psychotherapy analysed thematically
- Results indicated importance to patients of trust and acceptance in therapeutic relationship, and changes in perception of self and interpersonal functioning as well as changes in problematic behaviours
- Implications for the choice of measures in systematic outcome research
- Yakeley, J. & Wood, H. (2011). Patients' experiences of forensic psychotherapy. Psychoanalytic Psychotherapy, 25: 105-114.



Portman Clinic ‘Enhanced outcome monitoring’ 2017 - 2022

- Ongoing service evaluation and outcome monitoring program to assess effectiveness of treatments and most common disorders referred patients present with
- Participation voluntary
- Battery of questionnaires and in-depth, audiotaped psychoanalytic interview
- Completed after assessment and repeated every 6 months
- End of treatment questionnaires and interview regarding experiences in therapy
- Apostolou, A., Ward, A., Yakeley, J. (2016). Outcome Measures for Psychodynamic Psychotherapy Services. Royal College of Psychiatrists.

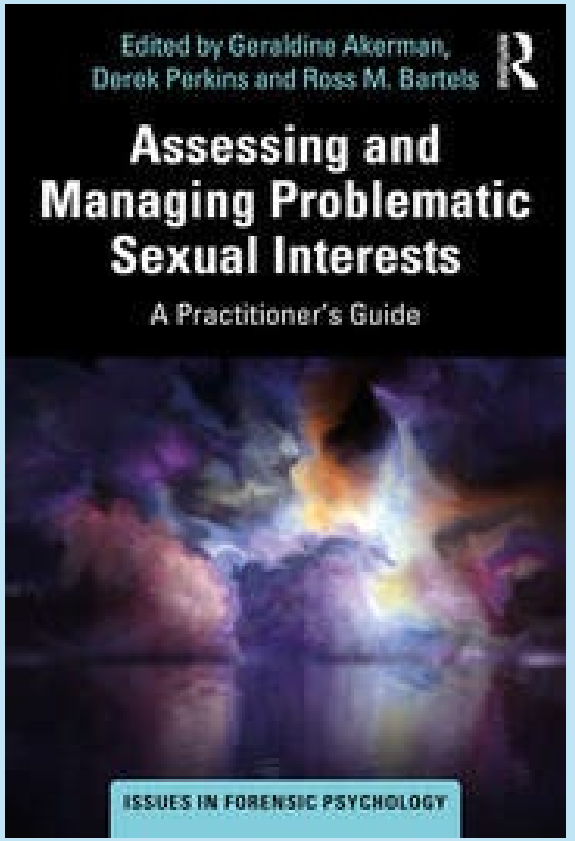


Area of Measurement	Name Measure
Diagnostic Criteria	DSM-5
	ICD-10
History of self-harm Suicide	Bespoke Measure
Developmental Adversity	Childhood Trauma Questionnaire (CTQ)
Symptomatology	CORE-OM
	Hamilton (HRSD-21)
	Patient Health Questionnaire (PHQ-9)
	General Anxiety Severity (GAD-7)
Personality	SWAP-200
	DSM-5/SCID 5
Functioning	Social Functioning Questionnaire (SFQ)
	Global Assessment of Functioning (GAF)
	Reflective Functioning Questionnaire (RFQ-46)
	Psychodynamic Functioning Scale (PFS)
Interpersonal Relating	Inventory of Interpersonal Problems (IIP-C)
Emotion Recognition and Regulation	Toronto Alexithymia Scale (TAS-20)
Operational Structural Assessment	OPD-SQ

Internal Object Representation	ORI (Object Relations Interview)
Problem Behaviour/Attitude	Private Theories Interview – Patient version (PTI-P)
Specific Behaviour/Problem	Specific Problems Form
Economic Evaluation	Client Service Receipt Inventory (CSRI)
Experience of Service	CHI ESQ (Experience of Service)
Aggression	Overt Aggression Scale (OAS)
Sexual	Sexual Sensation Seeking Scale (SSSS, Kalichman)
Sexual	Sexual Compulsivity Scale
Sexual	Use of Internet Sex Questionnaire
Sexual	Pornography Addiction (PCI)
Therapeutic Alliance	WAI-SR (Hatcher & Gillapsy, 2006) - Patient rating therapist and group - Therapist rating patient

Exploring link between paraphilic disorders and personality disorder

- Hypothesis: Paraphilic disorder is manifestation of underlying personality pathology
- Method: SWAP administered on 164 patients referred to the Portman Clinic over 12 years with paraphilic disorders and other problematic sexual behaviours
- Results: 66% of sample diagnosable with traits of one or more DSM-5 PDs, and 35% were diagnosable with categorical DSM-5 PDs
- Conclusion: sexual fantasies and behaviours of paraphilic disorders may have diathesis in underlying personality pathology



- Yakeley, J., Rost, F., Wood, H., & Abid, S. (2025). Paraphilias, problematic sexual behaviours and personality disorder—To what extent are they linked? *Personality and Mental Health,* 19(1), e1650.
- Yakeley, J. (2020). A psychoanalytic approach to paraphilic disorders, perversions and other problematic sexual behaviours. In: Assessing and Managing Problematic Sexual Interests

Mentalization for Offending Adult Males

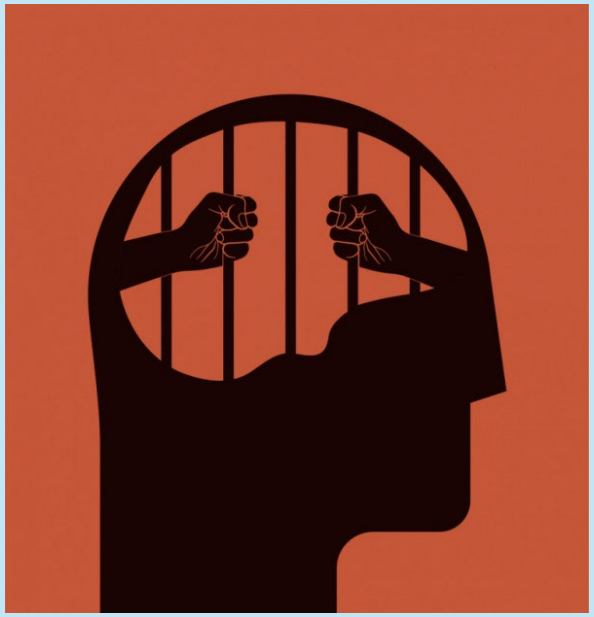
A National Randomised Control Trial to evaluate Mentalization Based Therapy for Antisocial Personality Disorder

MBT for antisocial personality disorder

- Multisite, RCT conducted in England and Wales
- Part of government's Offender Personality Disorder Pathway Strategy
- Evaluated clinical and cost-effectiveness of MBT-ASPD, cf probation as usual in reducing aggression from baseline to 12-month follow-up
- Eligible participants male, aged 21 years or older, convicted of offense, and under National Probation Service supervision at one of 13 sites
- 1,946 individuals referred;, 313 participants randomized 50% to probation as usual and 50% to MBT-ASPD plus PAU
- At 12 months after random allocation, mean OAS-M scores were significantly higher in probation as usual group than in the MBT-ASPD group

Identifying barriers to implementation of MOAM

- **Methods:** Thematic analysis of 22 semi-structured focus groups including therapists, probation staff, researchers, commissioners, assistant psychologists, and EbEs
- **Results:** Emotional impact of implementation was most significant barrier, alongside systemic issues, participant attrition, and trial methodology. Psychoanalytic, sociological, and criminological frameworks provided complementary explanations and informed potential solutions.
- **Conclusion:** Emotional and organisational challenges should be anticipated in criminal justice trials. Embedding supportive strategies, including reflective practice, within trial design may improve implementation and reduce barriers.



- Yakeley, J., Fonagy, P., Butler, S., & Bateman, A. (2026). Mentalization-based treatment for antisocial personality disorder: Evaluating the implementation of a randomised controlled trial in the UK Criminal Justice System. International Journal of Forensic Mental Health (in press)

Service user involvement in MOAM

- Service planning - in original bid
- Service delivery – each site had Expert by Experience to help run groups and engage offenders
- Research – data collection by peer researchers

Experts by experience in MOAM

- Previous history of offending and involvement with the criminal justice system
- Direct lived experience of antisocial personality disorder or difficulties
- Completed a reasonably intensive group treatment
- Demonstrated a period of community stability in relation to offending, substance use and health
- Awareness of the challenges of the role in relation to confidentiality, boundaries and containment
- Involved in assessment phase, available to participants at risk of disengaging, following up DNAs and getting feedback from men who had dropped out
- Co-facilitated group

Qualitative study exploring experiences of EbEs in MOAM

- Setting: MOAM trial
- Participants: 8 different EbEs, from 7 different sites participated in 3 interviews
- Data collection: Semi-structured interviews asking men about their experiences and roles as EbEs in the trial and what obstacles or challenges they had encountered.
- Data analysis: Thematic analysis (Braun & Clarke)
- Results: 5 main themes:
  - Becoming an EbE; Identity; Boundaries; Continuity; Effecting change

Becoming an EbE

- *Participant 1: Yes, then I shadowed the team the year before, yes. … It was something that I wanted to get into, with everything I saw. I looked at my own position over the years from the past, and I thought what would really have helped me was someone maybe meeting you at the gate or something, someone a bit like myself being able to, not like preachy, but someone-*
- *Participant 2: Someone who's been, where they are.*
- *Participant 3: Someone that you can relate to, which is what I do when I go to the prison. I'm the only bloke in there that can actually relate to within there.*

Identity

- *I see myself as a bit of a bridge, I suppose. I don't see myself sitting on the fence. I did worry when I first joined how the other people in the group would perceive me because I'm not like an undercover, sort of KGB star in here. I suppose at first when I joined, I worried how the staff would perceive me, but that went away and I just thought it is what it is at the end of the day, and I just saw myself as wanting to be a bit like a guide. Not necessarily nudging people into bad practices, but I think mentoring really.*

- *I'm a comfort zone for them and for me, I'm kind of in the middle.*

Boundaries

- *To balance that up, I've had supervision where the person supervising me said you might care to think a little bit about what you want to disclose and how much information you tell people and not so much personal stuff to balance what you're saying because it doesn't bother me. I'm quite happy to disclose stuff about my personal life. I'm not bothered about people looking me up on Facebook or anything like that. So, yes, just to add a little bit of contrast to what you say.*
- *I wouldn't go into too much detail about personal things, but I just think I would give as much as it took to help them. And that is a little bit of what I do, without turning every little thing. When I go to the prison, I do it as well. I say listen, problems don't stop when you get out the gate, they carry on. Because I think they respect that and they're like oh, okay. And that is all I would do.*

Continuity

- *And because the facilitators change every week, it's hard to get a stream or to carry something on from the previous week. Unless you get the same clients turning up from week to week to week, it's always a stop/start and you're always re-explaining the rules and questions about the confidentiality bits and things. So it's hard to be consistent.*

Effecting change: Trust

- *One of the guys didn't know what my full role was because it wasn't quite explained to the round robin thing. And then he thought it was like being a grass! It was a horrible feeling and it made me feel like shit, I used to be that…But now it's just like when it was explained, it was just try to get somebody's trust.*

- *I think we can often say stuff that the clinicians might feel reluctant to say. Whereas we can say it and not necessarily get away with it, but get heard, get listened to. Because they know we're not coming from a point of authority, you know and we've been where they are so… so ok, listen.*

Effecting change: Shifting between recognising mindsets of criminal and professional

- *Participant 1: I never ever stopped being criminally minded. I am not a criminal, but I can get out of that what you're thinking, because that is how I have done it for 40 years. So, it is part of the mould I came out of. As much as we help other people, we can also check out the bullshitters, the ones that are not doing it.*

- *Participant 2: Yes, and I try to get it from both points of view. The staff, I try and get it from their point of view, and also when the lads are obviously in the room as well, I always say, look, the staff are actually not too bad, they're only doing their job at the end of the day.*

Effecting change: Fostering curiosity

- *Participant 1:* *It's great. Some of the lads that have come in, because they've seen me there, just seeing me there, I think, automatically has made them curious straight away-*
- *Participant 2:* *And that's what it's all about, being curious.*
- *Participant 3:* *Yes, that's right. It starts that seed of change, if they can do it-*
- *Participant 2:* *And once you start talking their language, there is a language-*
- *Participant 1:* *That's it, that's what the group is there for.*

Current and future projects

- Qualitative study evaluating the model and experience of receiving Portman reflective practice via thematic analysis of interviews with recipients and facilitators
- Joint project with Manchester Metropolitan University: RCT of MBT for young offenders at Feltham – currently applying for grant

What I have learned

- Projects always take more time than anticipated
- Need support from organisation
- Assistant psychologist/researcher invaluable
- Involve trainees
- Clinician resistance doing outcome measures
- Ethical approval often difficult to navigate especially CJS
- Consider usefulness/impact of research and publication (journal impact factor)
- Enthusiasm, passion and persistence!