

PEX

Psychotherapy Preferences and Experiences Questionnaire

A short introduction

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The Psychotherapy Preferences and Experiences Questionnaire (PEX) is a flexible instrument used to measure preferences and experiences of specific psychotherapeutic interventions among patients and their therapists prior to, during and after psychotherapy. It has been designed by David Clinton and Rolf Sandell, and development of the instrument commenced in 1996. There are specific versions of the instrument for these six separate contingencies. The specific interventions measured by the PEX cover dimensions typical of a wide spectrum of psychotherapeutic orientations from cognitive – behavioural therapy to psychodynamic psychotherapy, making it an economic and flexible instrument suitable for comparisons across different forms of treatment.

Why PEX?

PEX has a variety of objectives. One important goal is to simplify and improve the allocation of patients to appropriate forms of treatment by assessing patients' preferences of specific treatment approaches and matching the patient to a congruent form of therapy. In other words, getting the patient to ask "What do I believe would help me best?" The instrument provides direct answers about what sorts of interventions and approaches the patient believes will most helpful. Responses provide information that allows an assessment of the extent to which it is possible to provide a form of psychotherapy in line with the patient's preferences.

The PEX is, however, not merely intended as an aid to treatment selection. Another important goal is to provide a simple means of following and evaluating the psychotherapeutic process. This can be done by using the PEX during treatment and into the follow-up period. In this way, it becomes possible to follow how a patient's experiences of particular interventions change over time. This can be done by examining either how the patient experiences the content of therapy (i.e. what interventions are or were used) or how the patient views the effectiveness of particular interventions (i.e. what specifically is or was of help).

Since the PEX can be used by both patient and therapist it provides a unique method for assessing how these two participants in the psychotherapeutic process perceive their joint venture over time. Prior to the commencement of therapy it constitutes a measure of how similar a patient and therapist think about the potential effectiveness of particular interventions. Used over the course of treatment by both participants, the PEX allows for the measurement of the extent to which patient and therapist converge or diverge in their experiences of therapy. In this respect it becomes possible to see how the psychotherapeutic relationship changes over time. It is possible to see, for example, whether the patient (or therapist) finds that therapy changes character, whether certain ways of working become more common or important. It is also possible to see the extent to which patient and therapist come together or separate from each other in their perceptions of interventions over the course of treatment.

What is the theory behind the PEX?

The PEX has roots in the interaction hypothesis of psychotherapy. This hypothesis maintains that the result of psychotherapy will not depend solely on treatment-specific or patient-

specific factors; it will also depend to a large extent on the interaction of these factors. In essence the interaction hypothesis states that different forms of psychotherapy are suitable for different sorts of patients. Accordingly, it is important to find the form of treatment that is most suitable for each individual patient. This is still a relatively new area of research, and as yet we have few indicators of how we might achieve such a match, aside from the patient's preferences of what he or she believes will be effective. On the one hand, these preferences might reflect an intuitive awareness that leads the patient toward a relevant form of treatment that suits his or her needs. On the other hand, preferences might also be self-fulfilling, largely through the positive interpersonal interaction that takes place when the patient's preferences are congruent with the therapist's approach to treatment, thereby creating the foundation of a good working alliance, and giving the therapist's interventions greater effect.

How is the PEX constructed?

The PEX comprises 50 items rated on 6-point Likert scales. Each item describes something that can occur during various forms of psychotherapy, what a therapist might do or what the patient might do, such as "setting up concrete goals", "receiving good advice", "talking about embarrassing thoughts" or "expressing repressed feelings". Items are grouped into five sub-scales:

- Outward Orientation – interventions that focus on directive and practical techniques for dealing with concrete problems and symptoms.
- Inward Orientation – interventions that focus on reflection, insight and awareness of inner processes such as fantasies, memories and dreams.
- Catharsis – interventions that focus on the expression and discharge of repressed affect.
- Support – interventions that focus the use of advice, encouragement, sympathy and the like.
- Defensiveness – interventions that focus on avoiding confrontation with unpleasant or anxiety-laden thoughts or actions, such as avoiding being put on the spot or confronted.
- Inward Orientation and Catharsis can also be combined to produce sixth subscale measuring Self-Exposure.

In contrast to many other questionnaires intended for use by one person (usually the patient) or at one particular point in time, the PEX is flexibly constructed in a way that encompasses the entire psychotherapy process. The instrument can be used by two persons (patient and therapist) and at three (or more) distinct points in time (i.e. before, during and after treatment). This means there are six versions of the PEX. Individual items are identical across the different versions, but the instructions and the object of ratings differ:

- PEX-P1 (patient's preferences): patients rate the extent to which they believe they would be helped by specific interventions.
- PEX-P2 (patient's experiences during treatment): patients rate their experience of the same interventions during treatment.
- PEX-P3 (patient's experiences after treatment): patients rate their experience of the same interventions after completing treatment.
- PEX-T1 (therapist's preferences): the therapist rates the extent to which he/she believes that the patient would be helped by the same interventions that the patient rates.
- PEX-T2 (therapist's experiences during treatment): the therapist rates his/her experience of the same interventions during treatment.

- PEX-T3 (therapist's experiences after treatment): the therapist rates his/her experience of the same interventions after treatment.

How can the PEX be used?

The instrument can be used in a number of ways:

1. **Inspection of individual items.** One simple, but nonetheless clinically useful, way of using the PEX is to inspect how the patient responds to individual items. For example, in the PEX-P1 it is possible to see which interventions a patient believes he/she will be most and least helpful, what the patient believes about how good therapy works and what constitutes a good therapist. It may or may not be appropriate to work in line with the patient's preferences, but it will be important to be familiar with these beliefs and perceptions in order to plan and engage in effective treatment. Perhaps the patient's preferences are not in line with what the therapist believes would be of help. In such a case the therapist might consider referring the patient to a form of treatment more congruent with the patient's preferences. Such a situation also provides a unique opportunity to explore and discuss similarities and differences in how patient and therapist view their forthcoming work together, which may in turn strengthen the working alliance. During the course of treatment inspection of individual items in the PEX-P2 will provide the therapist with an opportunity to examine how the patient experiences their on-going work, e.g. what the patient believes they are doing together, and how the patient perceives the effectiveness of different interventions. After completing treatment the PEX-P3 provides a good indication of how the patient has experienced therapy what was important or unimportant, common or uncommon, helpful or unhelpful. This can in turn aid the evaluation and development of treatment.
2. **General preferences / experiences.** It is possible to examine the patient's general level of response on the PEX, i.e. the mean on all 50 items. If, for example, the overall mean on PEX-P1 is high it suggests that the patient has a generally optimistic approach to therapy. Positive preferences of psychotherapy in general suggest a predisposition to believe that therapy will be of help regardless of how it is delivered (i.e. high general placebo potential). If a patient's overall mean is low it may suggest low motivation, and a generally pessimistic attitude. Therapy will have a relatively low placebo potential, and it may be more difficult to engage these patients in a working alliance. Assessment of a patient's general preferences is aided by the use of norms that have been compiled on PEX-P1 for the general public and for patients seeking help at psychiatric outpatient clinics.
3. **Analysis of subscale profiles.** A distinct and variable profile of subscales on the PEX-P1 suggests that the patient has specific wants and preferences in relation to therapy. These profiles may be of considerable importance when allocating patients to specific treatment methods or therapists. Distinct and variable profiles on the PEX-P2 and PEX-P3 can aid in the identification of approaches have a particular relevance for a particular patient, and help therapists gauge how specific treatment methods are actually experienced, what helps, what doesn't help and what might be lacking.
4. **Examine how the patient and therapist view therapy.** By using both the patient and therapist versions of the PEX it becomes possible to view the therapeutic alliance in relation to particular ways of working. Do both participants think about their joint undertaking in similar ways prior to the commencement of therapy? Are there important

differences to bridge? Do they tend to view their work similarly once therapy is underway or after it has been completed? Where are the similarities and differences, and how do these relate to the method of treatment adopted by the therapist? When marked discrepancies on the PEX appear between patient and therapist before the start of therapy or during therapy this may serve as warning signal of issues that need to be addressed.

5. **Examine changes over time.** An important aspect of the PEX is that it can be used to examine changes over time. Some patients may not change their profiles in any marked way over the course of therapy. Their experiences are largely in line with their preferences. However, other patients can come to be surprised by the psychotherapeutic process. Interventions that they believed would be commonplace or helpful may prove to be relatively rare or unhelpful, or vice versa. It can be important to grasp such nuances in order to better understand the patient's way of relating to therapy. By using both patient and therapist versions of the PEX over time it becomes possible to see whether the therapeutic alliance has been strengthened or weakened (i.e. whether patient and therapist tend to come closer to each other in their ratings or whether they remain largely unchanged or even diverge). Such changes will be important to view in relation to treatment methods.
6. **Correct for the general tendency to respond high or low in the PEX.** It is possible to correct for a patient's general tendency to respond high or low on the PEX by computing ipsative scores. Ipsative scores are related to the individual's overall mean, allowing for the comparison of a person with him- or herself, and more closely examining the relative highs and lows on particular subscales. This method also allows for the comparison of individuals with each other, i.e. whether a person relative to him- or herself is higher or lower on a specific subscale compared to someone else on that subscale (relative to him- or herself).

How can responses be interpreted?

Response patterns on the PEX-P1 can be used to aid matching of patients to appropriate forms of psychotherapy. On the PEX-P1 high scores on Outward Orientation together with low scores on Inward Orientation and Catharsis suggest that cognitive-behaviour therapy (CBT) would be an appropriate treatment choice, while the opposite pattern of scores would suggest that psychodynamic psychotherapy (PDT) would be suitable. High scores on Outward Orientation without low scores on Inward Orientation and Catharsis suggest that cognitive therapy (CT) may be fitting. High scores on Defensiveness indicate a reluctance to engage in work that involves confrontation (either inwardly or outwardly), suggesting that supportive therapy may be the most efficacious form of treatment. High scores on Defensiveness along with low scores on other subscales could be an indication that psychotherapy is not in fact an appropriate course of action, and that treatment with psychoactive drugs may be more efficacious for the patient in question. Analysis of scores on the PEX-P2 and PEX-P3 can provide an important indication of how a patient responds to different types of items.

What are the psychometric properties of the PEX?

So far only the PEX-P1 has been evaluated systematically, and results are encouraging. Behind the development of the PEX there is several years of work with earlier versions of the instrument. Factor analysis has been used to derive the instrument's scales. A systematic study has been conducted on newly presenting psychiatric outpatients (N=100), psychiatric "veterans" with a long history of psychiatric care (N=45), and a randomly selected sample of

the general public (N=121). The instrument's subscales demonstrate robust qualities. When reliability is measured in terms of internal consistency using Chronbach's alpha values are high: Inward Orientation = .86, Outward Orientation = .89, Support = .83, Catharsis = .87, Defensiveness = .85.

In the same study it was possible to distinguish clusters or groups of individuals with distinct preferences about different forms of psychotherapy. About 30% of the sample was positive to psychotherapy in general regardless of technique. In this cluster women were clearly over-represented. Another group of roughly equal size appeared to have a strong predisposition for CBT and aversion for PDT (i.e. high scores on Outward Orientation and markedly low scores on Inward Orientation and Catharsis). This group was found more often among the general public than among psychiatric patients; there was also a tendency for men to be over-represented in this cluster. Finally, the remaining 40% appeared to have a stronger predisposition toward interventions associated with PDT rather than CBT. In this cluster there tended to be an over-representation of psychiatric patients.

In another study of 236 undergraduate psychology students at the Universities of Stockholm and Uppsala respondents completed an earlier version of PEX-P1 during their first term of study. Several terms later these students were followed-up after having chosen their theoretical orientation for further clinical specialisation (either cognitive-behavioural or psychodynamic). The PEX could accurately predict choice of specialisation among 72% of the students, significantly more than would be expected due to chance. Students who chose to specialise in CBT at term 8 had previously scored higher on Outward Orientation, while students who chose to specialise in PDT had previously scored higher on Inward Orientation.

Can the PEX be used for anything else?

The PEX is a flexible instrument. In addition to the uses described above there are a number of further alternatives. It is possible to change the instructions and the object of rating in order to more precisely measure a particular phenomenon of interest. For example, when using PEX-T1, instead of rating what the therapist believes would be most helpful, the therapist could be asked to rate what he/she thinks that the patient believes would be most helpful. This would allow a measure of how similar the two are in their perceptions of how the patient approaches therapy, and could be of use in better understanding how the patient responds to therapy. Alternatively, the therapist versions of the PEX could be used among groups of therapists with differing theoretical orientations to investigate how therapists view psychotherapy in general, getting closer to what therapists perceive as important non-specific techniques, and what techniques are of greatest importance to their own theoretical orientation. In addition to being of theoretical interest, such use of the PEX could also facilitate discussion of similarities and differences between groups of therapists with differing orientations and thereby contribute to greater cross-theoretical understanding.

Two major new developments of the PEX are currently under way. We have recently developed a short form of the PEX comprising 25 items and the same subscales. Factor analysis and analysis of internal consistency suggest that the psychometric properties of the short form are at least as robust as the full 50-item form. Another current development concerns the use of the PEX as a Q-sort method. In this form of the PEX respondents are asked to rank individual items rather than rate them on Likert scales, which tends to produce more distinct subscale profiles.

We hope that you will have god use of the PEX in your own clinical or research work. Good luck!

Appendix A: Excel spreadsheet

For those who are intersted we have produced an Excel spreadsheet that can be used in conjunction with the PEX. The spreadsheet can be used for individual patients and automatically computes relevant subscales. It also produces graphic output on PEX-P1 and PEX-T1 (allowing for comparison of how similar a patient's and therapists preferences are), as well as PEX-P1 and PEX-P3 (allowing form comparison of the extent to which a patient's preferences of therapy were in line with subsequent experiences). In both forms of graphic output norms from PEX-P1 for the general public and psychiatric outpatients are provided, allowing the assessor to gauge whether a given patient is particularly high or low on a given subscale. These Excel spreadsheets are provided free of charge for interested clinicians and researchers.

Appendix B: SPSS syntax

To compute total score:

```
COMPUTE total = MEAN(pex1,pex2,pex3,pex4,pex5,pex6,pex7 ,pex8,pex9,pex10,pex11
,pex12,pex13,pex14,pex15,pex16,pex17,pex18,pex19,pex20,pex21,pex22,pex23
,pex24,pex25,pex26,pex27,pex28,pex29,pex30,pex31,pex32,pex33,pex34,pex35
,pex36,pex37,pex38,pex39,pex40,pex41,pex42,pex43,pex44,pex45,pex46,pex47
,pex48,pex49,pex50) .
EXECUTE .
```

To compute subscales:

```
COMPUTE Inward = MEAN(pex3,pex8,pex13,pex16,pex22,pex27,pex28,pex30,pex32,pex44).
COMPUTE Catharsis = MEAN(pex1,pex6,pex12,pex18,pex23,pex29,pex33,pex40,pex43,pex46).
COMPUTE Outward = MEAN(pex4,pex7,pex11,pex19,pex20,pex21,pex36,pex37,pex42,pex49).
COMPUTE Defense = MEAN(pex5,pex14,pex17,pex24,pex25,pex34,pex35,pex39,pex41,pex48).
COMPUTE Support = MEAN(pex2,pex9,pex10,pex15,pex26,pex31,pex38,pex45,pex47,pex50).
EXECUTE .
```

To compute Self-Exposure:

```
COMPUTE Self-Exposure = Inward+Catharsis.
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To compute ipsative scores:

```
COMPUTE ipsa_self = self-exposure - total .
COMPUTE ipsa_inw = inward - total .
COMPUTE ipsa_cath = catharsis - total .
COMPUTE ipsa_out = outward - total .
COMPUTE ipsa_def = defense - total .
COMPUTE ipsa_sup = support - total .
EXECUTE .
```

Feel free to get in touch with either of us with your questions about the PEX. You can reach us best via e-mail: David.Clinton@ki.se and rolsa@ibv.liu.se