

Method of Levels (MoL) Accreditation

Designing an accreditation procedure from
first principles

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This piece of paper proves that I have mastered a certain skill level. Not just to me, but to all of you as well. More specifically, this piece of paper proves that in 2006 I graduated as a Bachelor of Social Work. The fact that I accomplished to get this certificate appears to have two important implications. First of all, it indicates that the Rotterdam University set graduation criteria to ensure that students who received this diploma mastered the desired state of Social Worker-skills. And secondly, they also must have included some kind of procedure that facilitated my professors to evaluate whether my results met these criteria. This means that the fact that this certificate was issued to me, guarantees that I demonstrated the desired state of Social Worker-skills.

At least, this is what I would like to believe. And yet some of my experiences since receiving this certificate make me wonder how this desired state had been determined and if that is what truly had been assessed. I had a fellow student, who always answered questions with 'I don't know' and who only seemed to copy paste her input in reports. If she could pass the exams without displaying what appeared to be the necessary knowledge and skills, and was granted the same Bachelor's degree, what value does this certificate truly have? And if I **did** acquire the skills required to help people, then how is it possible that I, working in Child Protection Services after graduation, could visit an Iraqi family frequently, but the kids nevertheless did not talk to me about the abuse and neglect that had been going on for years?

These questions have been intriguing me since we started working on the accreditation procedure for Method of Levels therapy. They made me realize that determining the 'desired state of skills' and assessing whether a practitioner masters this desired state or not, is a lot more complicated than it first appears.

Good afternoon, everyone. My name is Pauline Tieleman, and as a student at the Open Universiteit I have been working on the accreditation procedure for Method of Levels therapy in close collaboration with my professor Eva de Hullu, and with frequent consultation of Warren Mansell and Ana Churchman.

As mental health care professionals it is vital that we can truly help our clients. To achieve this, we need to be able to clearly establish what effective psychotherapy is and how it should be applied.

In the past period we have tried to contribute to this by operationalizing the desired quality for Method of Levels therapy and by designing a multifaceted procedure that gives a clear indication of the practitioner's skills. Today I will be sharing our experiences up to now.

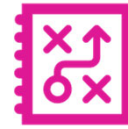
The need for effective psychotherapy



**Great demand worldwide
for mental health care**



**New techniques do not
improve effectivity**



**A new path
to be considered:
Method of Levels (MoL)
and Perceptual Control
Theory (PCT)**

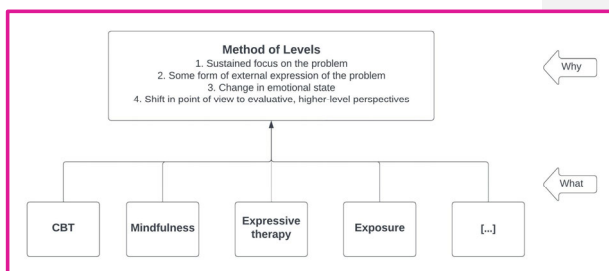
Reference

World Health Organization (2022). *World mental health report: transforming mental health for all*. Retrieved August 15, 2023, from <https://www.who.int/publications/item/9789240049338>
De Bruin, E. (2023, July 31). *En weer een nieuwe therapie, en nog een – maar heeft dat zin?* NRC. <https://www.nrc.nl/nieuws/2023/07/31/en-weer-een-nieuwe-therapie-en-nog-eeen-maar-heeft-dat-zin-a4170915>
Carey, T., Mansell, W., & Tai, S.J. (2015). *Principles-based counselling and psychotherapy, A method of levels approach*. Routledge.

I will start by explaining why I believe Method of Levels therapy and designing its accreditation procedure is relevant for us as mental health care professionals:

- [Great demand worldwide for mental health care]. There is a great demand for mental health care, with 1 in 4 adults suffering from mental health problems in both the UK and the Netherlands, and 1 in 8 people suffering from a mental disorder worldwide. The increase of clients, problem variety, rising costs and waiting lists, together with societal developments like increased pressure to perform and changing views on mental health, has resulted in the huge challenge we face today: how do we, as mental health care professionals, effectively and efficiently, help all these people?
- [New techniques do not improve effectivity]. Proliferation of new psychotherapies has been one of the answers. However, this development has been questioned by professor Pim Cuijpers in a recent interview published in a Dutch paper. Cuijpers, a professor of clinical psychology specialized in meta-analyses and systematic reviews, states that designing these new techniques is mainly a costly process with little to no increase in effectivity as a result.
- [A new path to be considered]. We believe that Method of Levels therapy, and Perceptual Control Theory as its theoretical base, are at least a new path that can be considered in answering the question of therapy effectivity, and at best lead the way to finding an answer to the current challenges mental health care is facing. We think MoL and PCT provide a refreshing and necessary addition to existing psychotherapies and psychological theories. What I would like to ask you is stay with me for the next 15 minutes and listen with an open mind to what I am about to share with you.
- At this point you might wonder what led me to the bold statement that MoL therapy is a refreshing and necessary addition, after I just substantiated that we should not add more therapies to the already endless list.
- The reason why is that one of the main aims of MoL was to address the conundrum of therapy effectivity. In their book on Method of Levels that was published in 2015, Tim Carey and his colleagues considered that if all therapies are evenly effective, it must be possible to find common ground in what determines therapy effectivity. This led them to propose a shift from asking what elements of psychotherapy help clients resolve their problems, to why these elements are effective.

Aspects of effective psychotherapy



Reference

Carey, T., Mansell, W., & Tai, S.J. (2015). *Principles-based counselling and psychotherapy, A method of levels approach*. Routledge.

Expected benefits

- Transdiagnostic framework
- Facilitating understanding among disciplines
- Simplifying access to mental health care

Sidenotes

- No exclusion of existing therapies
- Due diligence required in accepting clients

- In search for the answer to this question Carey and his colleagues evaluated multiple leading therapies, including CBT, mindfulness, exposure, and expressive therapies, and managed to filter four underlying aspects that underpin therapy effectivity.
- As you can see, these four aspects of effective psychotherapy provided part of the rationale for MoL. This figure shows that MoL is not designed as yet another new technique, but as an overarching method that bundles aspects of effective therapy. There are a few benefits that come along with this representation

[Expected benefits]:

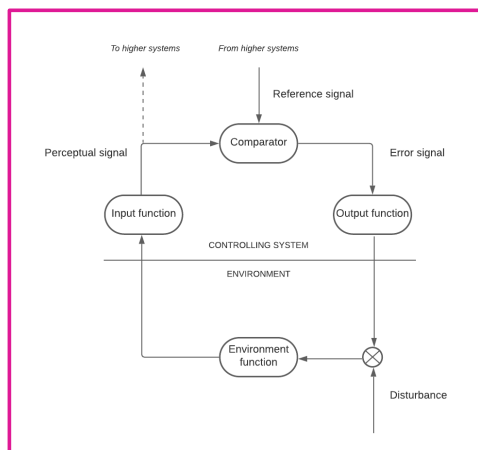
1. The first benefit is that MoL creates a transdiagnostic framework that emerged from similarities in existing therapies.
2. Secondly, starting from common aspects facilitates understanding and 'speaking the same language' across disciplines.
3. And thirdly, instead of compartmentalizing mental health care and trying to help your clients by fitting them into existing techniques and strategies, this premise has the potential to create one entry. This will simplify access to mental health care.

[Sidenotes] It is worth noting a few sidenotes here so as to avoid any misunderstandings:

- I am not advocating to throw all existing therapies overboard. MoL can be used alongside other techniques and strategies. The added value lies in the increased awareness of why what you do is effective. This can provide a more in-depth understanding of which professional attitudes and questions truly facilitate the change your client desires.
- Even though MoL has been designed to be applied to all kinds of problems, from daily struggles to severe depression, and from collegial disagreements to students with performance anxiety, this does not mean that you should take on every client regardless of your own educational and professional background. Due diligence is still required in deciding which clients you welcome in your practice.
- As I mentioned before these aspects of effective psychotherapy provide us with one part of MoL's rationale, but they do not yet explain how these aspects can be applied to resolving one's problems. This is where MoL's theoretical base comes in: Perceptual Control Theory.

Perceptual Control Theory (PCT)

A principles-based theory



Control

- Every individual controls their own perceptions to maintain all aspects of their well-being in a desired state.

Conflict

- Control and control loss as an explanation for psychological well-being and distress.

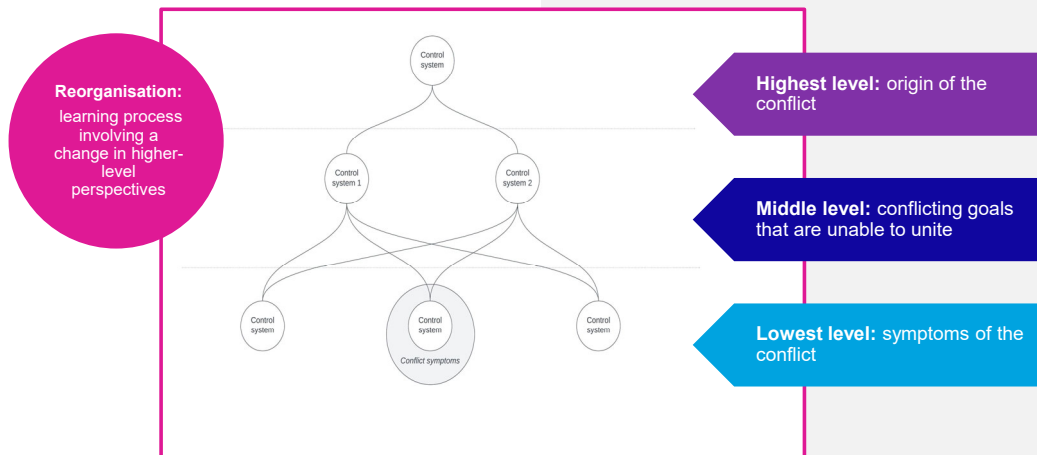
References

- Powers, W.T. (2005). *Behavior: The control of perception*. Benchmark Publications Inc.
- Carey, T.A., & Griffiths, R. (2022). Conflict within: Understanding psychological anguish and torment isn't as complex as we think. In E. Maisei, & C. Ruby (Eds.), *Humane alternatives to the psychiatric model: The Ethics International Press Critical Psychology and Critical Psychiatry series* (1 ed., pp. 206-222). Ethics International Press.
- Carey, T.A. (2016). *Health is control*. *Annals of Behavioural Science*, 2. doi: 10.21767/2471-7975.100013

- Perceptual Control Theory, first published by William T. Powers in 1973, provides a quite revolutionary explanation for the experience of psychological well-being and distress. Instead of explaining behavior as something that is elicited by our environment, PCT states that we are active agents controlling our own experiences. Powers also constructed a functional model that explains how we exert this control.
- PCT assumes that every individual controls their own perceptions, or experiences, to maintain all aspects of their well-being in a desired state. Given the variation in complexity of all these perceptions, Powers used a hierarchical structure to organize them. Simpler perceptions like sensations are organized on the lower levels of this hierarchy, and the more complex perceptions like goals and ambitions on the higher levels.
- Every level of the hierarchy contains many control systems that regulate one's perceptions. How we exert control is explained by the feedback loop depicted on this slide. The comparator function compares the perceptual signal to the reference signal or desired state, that comes from the more complex level above. If the perception is equal to the reference, no action is needed. If there is a difference, an error, you will act to decrease the difference. That is, in essence, negative feedback control.
- Control is everywhere, but loss of control is also quite common. One main cause of control loss is conflict. Conflict is the situation where you have two well-functioning control systems aiming for different values of the same variable. For example, it is almost 5 o'clock and on the one hand I want to finish perfecting this presentation, on the other I want to pick up my kids at daycare on time. I cannot do one without losing control over the other.
- This assumption is accompanied by the implication that the perception of control is relative to the person experiencing it. Maybe to me picking up the kids at 5PM is on time and I feel I have to hurry because it is almost 5 o'clock. However, if you usually pick up the kids at 6PM, you will experience 5 o'clock as having 'lots of time' to finish your work. This indicates our reference signals may differ from each other.
- But what if you do not have a solution at hand and control loss endures? Or if the desired state of something very important to you is not being met, like 'finishing my master's degree' or 'acting as a good mom'? These situations, when something salient to the individual's well-being is at stake and the solution to the problem is not obvious, can result in the experience of distress.

Experiencing psychological distress

Hierarchical conflict

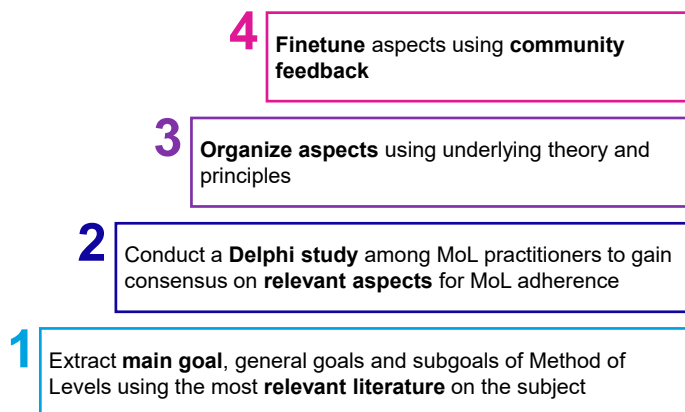


Reference
Carey, T.A. (2008). *Hold that thought!: Two steps to effective counselling and psychotherapy with the Method of Levels.*

- Powers figured that in these situations a learning process is needed, which he called reorganization. Reorganization involves multiple levels of the perceptual control hierarchy, as depicted on the slide in a simplified version.
- The symptoms of distress, for instance agitation and fatigue, are experienced at the lowest level involved.
- These symptoms arise from two conflicting goals at the middle level, for instance 'spend my time studying' and 'spend time with my kids'. Whenever I choose to study, I may feel like I am failing my kids, and whenever I spend time with my kids, I may feel like I am failing my studies. This results in always failing one of the two goals, when both are equally important to me.
- In general, I will be aware of the symptoms of distress. I may even be aware of the conflicting goals. But where do these conflicting goals originate? MoL assumes there is an unacknowledged higher-level goal involved that sets the incompatible references, and that needs to be acknowledged before I will be able to resolve my distress.
- For example, the higher-level goal that sets the references for the conflicting goals might be 'live a meaningful life'. Only when I acknowledge this is what I am striving for, can I set new reference signals that no longer conflict with one another and thus resolve my conflict.
- The explanation of psychological distress using the principles of control, conflict and reorganization completes the picture of the theoretical foundation for MoL therapy. However, it does not yet clarify what is required from the practitioner in applying the aspects of effective therapy and facilitating reorganization. Hence the need for an effective accreditation procedure.

MoLFI: determining desired state

Steps in designing the Method of Levels Feedback Instrument (MoLFI)



Latest version on the MoLFI available here:

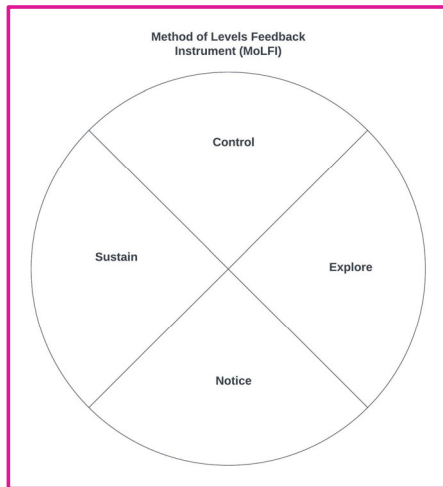


Reference
Jongejan, E. (2022). *First steps in a Method of Levels accreditation process* [Unpublished Master's thesis]. Open Universiteit.

- Determining what the practitioner needs to adhere to in order to apply the aspects of effective therapy and demonstrate the desired state of MoL-skills has been the first part of designing our accreditation procedure.
- [Extract main goal, general goals and subgoals]. The first step in this process was to extract the practitioner's goals using the most important literature on Method of Levels.
- [Conduct a Delphi study]. After extracting these goals, a Delphi study was conducted among practitioners to gain consensus on the aspects relevant to MoL adherence.
- [Organize aspects using underlying theory and principles]. The aspects that at least 70% of the practitioners found relevant provided the base for the preliminary version of the adherence scale.
- [Finetune aspects using community feedback]. This version was further finetuned using community feedback. If you are interested in the current version of the MoLFI, you can find it on the website of PCT's international association: iapct.org.
- For today I prefer not to just recite the content of the MoLFI, but also give you more insight how we combined all the information into one coherent adherence scale.

Latest version of the MoLFI available on: <https://www.iapct.org/themes/method-of-levels/molfi/>

MoLFI: combining all elements



The practitioner facilitates reorganisation by adhering to the dimensions of:

- **Control:** keep the client in control
- **Explore:** provide an open space for exploration
- **Notice:** bring all involved perceptions into awareness
- **Sustain:** stay with what is bothering the client

- The individual aspects of the by themselves MoLFI did not yet provide structure for what skills are important for a practitioner. By organizing the aspects we discerned four important dimensions of MoL adherence.
- Control during an MoL session is facilitated by allowing the client to set the limits, the pace and the topic of the change process. Through this a safe space is created for the client to explore and change their perceptions.
- By exploring the problem, the client discovers everything that is connected to the experienced distress. As mentioned, the client leads this process. The practitioner is the one who encourages the client to express what they experience in an open and non-judgmental way.
- The third dimension, notice, is based on the idea that the client might express, verbally or non-verbally, a glimpse of the other perceptions involved in the conflict. During this process, the practitioner has to be sensitive to disruptions and background thoughts, and responds to their occurrence immediately. For example, the practitioner may point to a shift in facial expression, a movement in the body, or an unsolicited remark about what's being said. This will enable the client to broaden and deepen their awareness, which will increase the depth and the impact of the reorganisation process that will take place.
- If the practitioner notices a disruption or background thought, the practitioner moves to sustaining awareness on what is bothering the client. Sustaining awareness on what is bothering the client is done through asking detailed, specific, and short questions about the current topic of conversation, and staying with whatever difficult sensations arise. This means that the practitioner allows the reorganization to take place.
- During an MoL session the MoL practitioner needs to balance these dimensions. The overall goal is to facilitate the client to effectively reorganize the problem that is bothering them, so that they can regain control.
- The MoLFI clarifies what is expected from the practitioner's skills. The next challenge we faced is how to assess the practitioner's adherence to the MoLFI.

Creating an accreditation procedure

Designing steps

1. Delphi study among MoL practitioners to determine accreditation essentials
2. Design preliminary accreditation procedure
3. Finetune preliminary procedure and attract pilot candidates
4. Run a pilot

Best practices

- Gain consensus and be clear what is and what is not to be included
- Include different perspectives and use applied knowledge
- Leave as little as possible to the imagination
- Get your accreditation out there!

Reference

Lawley, J. & Linder-Pelz, S. (2016). Evidence of competency: exploring coach, coachee and expert evaluations of coaching. *Coaching: An International Journal of Theory, Research and Practice*. doi: 10.1080/17521882.2016.1186706

The 'I don't know-student' I mentioned in the beginning of my presentation came to mind frequently during this process. Somehow, she had been able to pass exams and write reports that met the threshold set by my professors, and yet we might doubt her true skill level. One simple explanation could be that my reference for the desired state of Social Worker-skills was different than the one that was used by the Rotterdam University. Maybe my standards were higher than the minimum level of competence necessary. Another explanation could be that the way our skills were assessed did not completely reveal our level of competence. This raises the question: what should be included in a procedure that truly assesses the desired state of skills and level of competence?

- [Delphi study among MoL practitioners]. We started by asking MoL practitioners what should be included in the accreditation procedure. As a result of this study we defined three essential elements for accreditation: recordings, supervision and PCT knowledge.
- [Design preliminary accreditation procedure]. Based on these we drafted the preliminary accreditation procedure.
- [Finetune preliminary procedure and attract pilot candidates]. Our third step was to finetune our drafts and start inviting MoL practitioners to sign up for our pilot.
- [Run a pilot]. Running the pilot is where we currently are. We aim to run our pilot in two rounds before finalizing accreditation.

During the accreditation design we also discovered a few best practices I would like to share with you. The best practices on the slide are related to the design steps next to it.

- [Gain consensus and be clear]. The Delphi study helped us to gain consensus in the MoL community and clarified our view on what should and should not be included in our accreditation procedure.
- [Include different perspectives and use applied knowledge]. During the preliminary procedure design we discovered the necessity of looking at the practitioner's skills from different angles. Specifically, we consider the experience of the practitioner, the client and two independent reviewers. In addition, we decided to assess understanding of PCT principles by having the candidates apply those principles in recordings they need to submit for review. This requires active use of knowledge and prevents candidates from just reciting PCT principles.
- [Leave as little as possible to the imagination]. Providing clear instructions on what documents should be submitted and what the requirements are prevents questions from popping up. It also limits the rejection of cases due to incomplete applications. Working in a shared environment online prevents the creation of numerous documents with the same name and simplifies access to the latest versions of these documents.
- [Get your accreditation out there]. Looking through PCT glasses, perfection is a utopia and control

loss is part of the deal. There will always be something to improve. Since delay is the beginning of defeat, I would recommend getting your accreditation procedure or assessment out there at the point where you feel it is good enough to start applying it.

Pilot phase...and then?



Finalize accreditation procedure



Share knowledge by publishing article



Acknowledge and address current limitations



Get MoL out there!

- [Finalize accreditation procedure]. After each round of the pilot, we will collect feedback and adjust our procedure accordingly. For now, MoL accreditation will be granted by the IAPCT. In the future we hope to get MoL accredited at professional associations around the world.
- [Share knowledge]. As we believe our experiences might be useful to others, we will publish an article about designing an accreditation from first principles after finishing the pilot.
- [Acknowledge and address current limitations]. Of course, there are several aspects that should be explored further. For instance, research on reliability and validity of the MoLFI and on effectiveness of MoL in different settings is desirable.
- [Get MoL out there!]. We aim to raise awareness on MoL and hope that this conference, where several people have been passionately sharing their experiences with PCT and MoL, contributes to this goal!

What can you do?



Stay curious



Use PCT to explain everyday activities



Learn more about MoL

Full accreditation procedure available via:

<https://www.iapct.org/themes/method-of-levels/mol-accreditation/>

Reference

Carey, T.A. (2008). *Hold that thought!: Two steps to effective counseling and psychotherapy with the Method of Levels*. New View.

As mental health care professionals it is vital that we can truly help our clients. To achieve this, we need to be able to clearly establish what effective psychotherapy is and how it should be applied.

So what can you do? Some suggestions:

- If you experience a difference in opinion with a client, your colleague, or maybe your teenager at home, try to remain curious what they are controlling for. Why is this issue important to them and what is their desired state?
- Challenge yourself to use PCT's feedback loop to explain how you control everyday activities, like writing presenter notes and picking up your kids at day care.
- If this presentation sparked your interest, please take a leap of faith, and dive a little deeper into the world of PCT and MoL. Tim Carey's 'Hold that thought' is an easy introduction to the subject and is available online for free. You can also reach out to me or my colleagues. We will be happy to discuss any questions you may have.

With the knowledge I have now on MoL and PCT, I sometimes think back on my former clients. One of the boys of the Iraqi family I mentioned in my introduction contacted me on LinkedIn a few years back. Going through his case file, he was trying to reconstruct what had happened to him and his brothers. Throughout his story it was tangible he felt a lot of things were done to him and he had perceived no possibility to control these experiences. I will not claim MoL is a panacea that could have prevented the trauma he experienced. But at the very least it might have given him the idea that his pain and misery were acknowledged. And at best it would have helped him to resolve the experienced distress at his own terms. And isn't that what truly helping people is about?

Thank you!



Contact:

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Thank you very much for listening to my story today. I look forward to your thoughts and questions, so we can all learn to truly help our clients together.