

Appropriate research for psychotherapy – Building an Evidence-Base: Who’s Job is it?

Courtenay Young

Apart from the mono-culture of CBT championed by the NHS and NICE (or SIGN, in Scotland) (Fonagy & Pollecoff, 2013), and the debate about what type of psychotherapy works best (By the way – the answer seems to be ‘The Dodo-bird Effect’ where ‘everyone gets prizes’), there is the much more serious debate as to whether Randomised Controlled Trials (RCTs) are at all suitable for psychotherapy research (By the way – the answer seems not: see the classic article by Seligman, 1995). Yet these RCTs are still seen as the ‘gold standard’ – as far as Health Ministries and the NHS is concerned and the “common factors” theory in psychotherapy (Imel & Wampold, 2008), based on outcome research, is largely ignored.

I would therefore like to suggest that UKCP *should* be considering promoting, or running, or supporting, a research programme that is more beneficially oriented towards general psychotherapeutic practice (which, after all, is what it tends to represent) and yet such a programme would equally be capable of showing whether generic psychotherapy is both effective (more than something else, like antidepressants) and efficacious (in that the effect lasts significantly). Maybe this also has to be done for some of the various sorts of psychotherapy, (college by college); as well as for generic psychotherapy.

As Fonagy states, there seem to be three main components that are common to all successful psychotherapies: the first is the quality of the “working alliance”, the collaborative stance, or the therapeutic relationship.

There are several meta-studies (APA, 2012) that clearly demonstrate this. We also have statements like: "Psychotherapy is *beneficial*, [italics added] consistently so and in many different ways ... The evidence overwhelmingly supports the *efficacy* [italics added] of psychotherapy" (Smith et al., 1980, p. 184).

What emerges from all these is that there is very little difference between the different psychotherapies in this respect. Given a ‘good’ relationship or working alliance, people seem to do equally well, irrespective of the modality or method of psychotherapy. In fact, most of us could probably also ascribe to Whitbourne’s (2011) “13 Qualities to Look for in an Effective Psychotherapist”. The problem seems to be getting the various Health Ministries, or Boards, or Trusts – as well as the general public – to accept something of this basic premise.

Either the modalities tend to compete with each other, or are compared to each other (‘How evidence-based is this psychotherapy, compared to that type of psychotherapy? – and for what

ailment?') There is (rightly) a desire to use evidence-based therapies, but where lies the actual responsibility for producing the evidence-base for all the different psychotherapies? We are also – given the terms of the wider debate – immediately trapped into comparing RCTs for depression (and not anything else), or anxiety (and not anything else), without looking properly at whether the patient's depression and/or anxiety (as these states often go together), i.e. their 'condition' not their 'illness'; was as a result of a vitamin deficiency, a hormone imbalance, the death of a beloved, being made redundant, or due to an overwhelm of stress and financial worries.

Please let us try and step back for a moment, before the medico-scientific whirlpool sucks us in too far, and try and re-frame the terms of the debate and the research parameters much more according to our own needs and terminologies.

In the same issue of *The Psychotherapist*, David Zigmond (2013) posits four elemental questions, "primal to any likely successful engagement".... "These questions lie behind and beyond all systemic therapeutic psychologies. They are fundamental: if a scheme or intervention cannot answer these questions, my engagement is unlikely to be therapeutic ...". These questions are qualitative and focus on the client's experience; they are naïve; they assume little; they don't characterise; they step outside of normal research parameters, concepts and language. So, how do we balance these? How do we work with these?

This article is directly followed by Tim Swain's (2013) assessment of the recent UKCP membership survey in the light of on-going developments in the field of psychotherapy: he says, "We need to engage widely, to work in partnership, and to develop credible policies that we can take to political audiences." Whilst I do not totally agree with him about the last point, as we can often dilute our intentions and goals by kow-towing to politics, rather than just being clear about what works and what doesn't. Yes, we do need to become more involved politically, and the best medium for this is probably through the UKCP, but not just centrally; through the sections or colleges; and also regionally – I have been involved in planning mental health strategies for the future in Scotland by getting my name on such-and-such a list and quoting UKCP as my 'organisation'.

And, yes! There are numerous set-backs: the fiasco of the IAPT experiment: a good idea that didn't work as it got watered down and taken over by certain vested interests; and the NICE (or SIGN) guidelines that (supposedly) warn GPs against 'the uncertainty of the effectiveness of counselling and psychodynamic psychotherapy' for the treatment of depression, but NICE and SIGN openly acknowledge that they exclude many research studies, sometimes on the grounds that they are not RCTs.

There is also some other significant research ‘out there’ on the effectiveness of counselling (see BACP Research: www.bacp.co.uk/research/resources/) and about counselling and psychotherapy from sites like Dr Greg Mulhauser’s Counselling Resources, (counsellingresource.com/lib/research-library/bibliography), but comparatively little specific to psychotherapy (Nathan et al., 2000). So, it seems again surprising to me that there is not a similar “Research” page on the UKCP website.

There have been a couple of Research conferences in 2011 (*Effectiveness in psychotherapy: exploring the roles of the working alliance and therapeutic presence*) and 2012 (*Researching experience in psychotherapy and counselling: reflexivity, embodiment and change: The essential mystery behind the creative and therapeutic meeting*), but little tangible that has come out from them. There was also a UKCP Research Faculty workshop held in Edinburgh 2012, written up by Sheila Butler & Liz McDonnell (Butler & McDonnell, 2012).

There is little ‘hard data’ easily available – and the medico-political argument is not being properly challenged. I think that this is a task for the UKCP, in this country, and the European Association for Psychotherapy (EAP), across Europe, especially as we (both organisations) are dedicated to seeing psychotherapy as an independent profession and not being subsumed under psychology or psychiatry.

Courtenay Young is a registered UKCP psychotherapist, who has also served on the UKCP & EAP Board at various times, in various capacities. He is currently Editor of the *International Journal of Psychotherapy* and lives and works near Edinburgh, Scotland, working as a counsellor/psychotherapist in the NHS as well as having a private practice.

E-mail: courtenay@courtenay-young.com Website: www.courtenay-young.com

References

- APA (2012). The recognition of psychotherapy effectiveness. American Psychology Association: www.apa.org/about/policy/resolution-psychotherapy.aspx, accessed 16/07/2013.
- Butler, S. & McDonnell L. (2012). Engaging in research and inquiry: Research Faculty workshop. *The Psychotherapist*, 53, p. 23.
- Fonagy, P. & Pollecoff, M. (2013). Interview with Peter Fonagy. *The Psychotherapist*, 53, pp. 16-18.
- Imel, Z., & Wampold, B. (2008). The Importance of Treatment and the Science of Common Factors in Psychotherapy. In: *Handbook of Counseling Psychology*, (4th ed.) (pp. 249-262). New York: John Wiley & Sons.
- Nathan, P.E., Stuart, S.P. & Dolan, S.L. (2000). Research on psychotherapy efficacy and effectiveness: Between Scylla and Charybdis? *Psychological Bulletin*, Vol. 126 (6), pp. 964-981.

- Seligman, M.E.P. (1995). The Effectiveness of Psychotherapy: The Consumer Reports Study. *American Psychologist*, Vol. 50, No. 12, pp. 965-974. Accessed: 16/7/13: horan.asu.edu/cpy702readings/seligman/seligman.html
- Smith, M.L., Glass, G.V, & Miller, T.I. (1980). *The benefits of psychotherapy*. Baltimore: Johns Hopkins University Press.
- Swain, T. (2013). From little acorns, mighty oaks. *The Psychotherapist*, 53, pp. 20-21.
- Whitbourne, S.K. (2011). 13 Qualities to Look for in an Effective Psychotherapist. *Psychology Today*: www.psychologytoday.com/blog/fulfillment-any-age/201108/13-qualities-look-in-effective-psychotherapist: accessed 16/07/13.
- Zigmond, D. (2013). Understanding the Other: Four elemental questions for therapeutic psychology: a personal view. *The Psychotherapist*, 53, pp. 18-19.