Are the facts friendly? Person-centred therapy in an era of 'evidence-based' practice

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Celebrating 20 years of PCCS Books

Thanks to: Karen Cromarty, Robert Elliott, Beth Freire, Andy Hill, Stephen Joseph, Rosanne Knox, Ruth Levesley, Katherine McArthur, Jamie Murdoch, Joanna Omylinska-Thurston, Peter Pearce, Joanne Pybis, Nancy Rowland, Ros Sewell, Nick Turner, Sue Wiggins.

Aims

1. Review evidence in support of person-centred and experiential therapies
2. Consider challenges and developments

PERSON-CENTERED AND EXPERIENTIAL THERAPIES WORK

a review of the research on counseling, psychotherapy and related practices

edited by
mick cooper
jeanne c watson
dagmar hölldampf

Research – why care?

- De-individualising, reductionist, mechanistic, diagnostic, 'heady'….
  BUT
- Essential for influencing policy
- Can challenge our assumptions
- 'Voice' of service user
- Can help us develop and improve our work

'There is only one way in which a person-centred approach can avoid becoming narrow, dogmatic and restrictive. That is through studies -- simultaneously hard-headed and tender-minded -- which open new vistas, bring new insights, challenge our hypotheses, enrich our theory, expand our knowledge, and involve us more deeply in an understanding of the phenomena of human change.'
(Carl Rogers, 1986)

Outcome research

Pre- to post-therapy design

Quantitative assessment

Quantitative assessment

PCE therapy
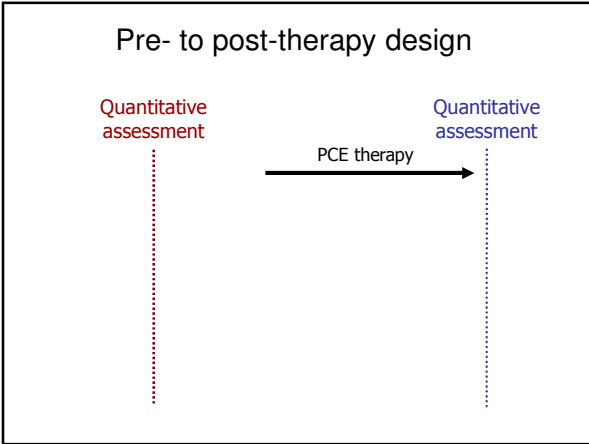
Changes in psychological distress for young people participating in school-based humanistic counselling
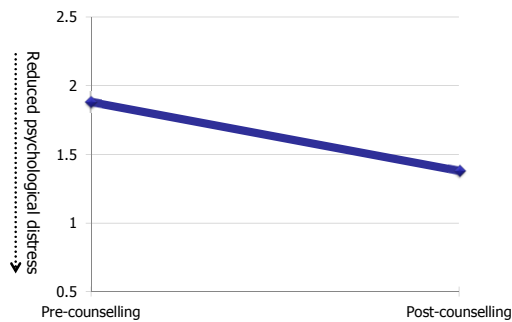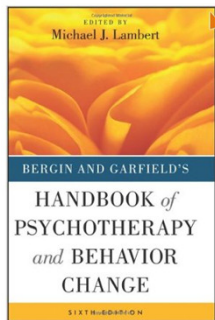

Cumulative pre-/post- data

- Data from **14,206** clients in *humanistic* therapy, from **186** studies (Elliott et al, 2013, in *Handbook of Psychotherapy and Behavior Change*)

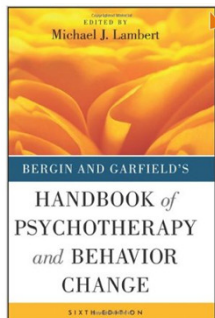## Cumulative pre-post data

- Humanistic therapies *associated with* large improvements:
  - end of therapy
  - < 1 year follow up
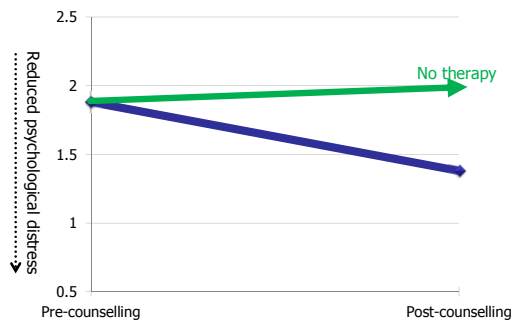 - > 1 year follow up

But, pre-/post-data only meaningful to extent that changes would not have happened otherwise

Reduced psychological distress

No therapy

2.5
2
1.5
1
0.5

Pre-counselling   Post-counselling

Maybe clients would have got even better without therapy?

Reduced psychological distress

2.5
2
1.5
1
0.5

No therapy

Pre-counselling   Post-counselling
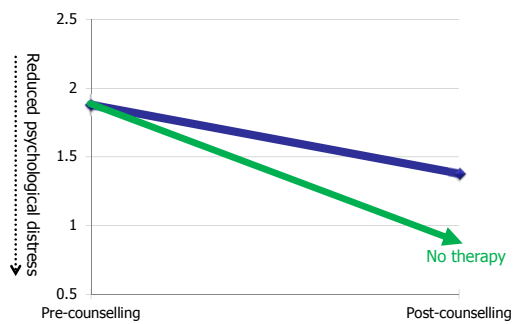
Randomised controlled trial (RCT)
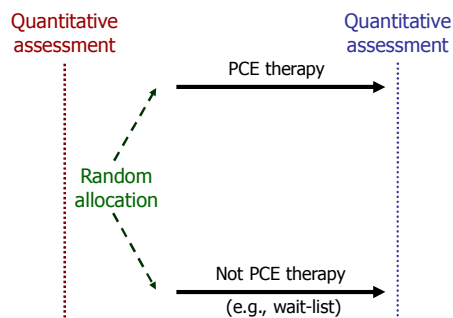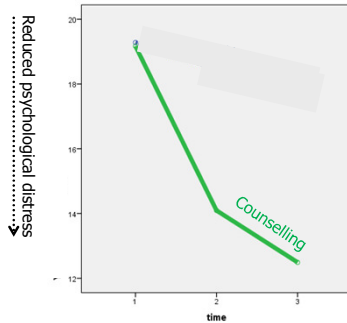
Quantitative assessment   Quantitative assessment

PCE therapy

Random allocation

Not PCE therapy
(e.g., wait-list)

School-based humanistic counselling

Reduced psychological distress

Counselling

time

- Combined data from three RCTs with 53 clients in counselling, and 57 in waiting list
- Up to 10 weeks of SBHC
- Audited for 'adherence' to PCE competences

School-based humanistic counselling

Reduced psychological distress

Waiting list

Counselling

time

- Combined data from three RCTs with 53 clients in counselling, and 57 in waiting list
- Up to 10 weeks of SBHC
- Audited for 'adherence' to PCE competences

Cumulative controlled data
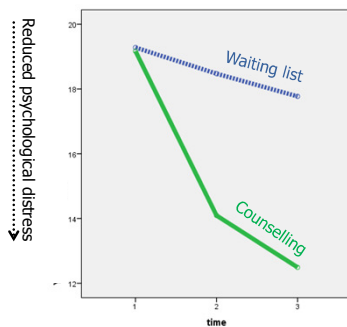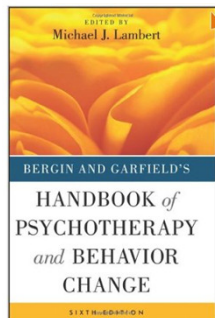
- Humanistic therapies *bring about* moderate to large improvements:
  - Relationships/interpersonal/trauma (best results)
  - Depression
  - Medical/physical issues
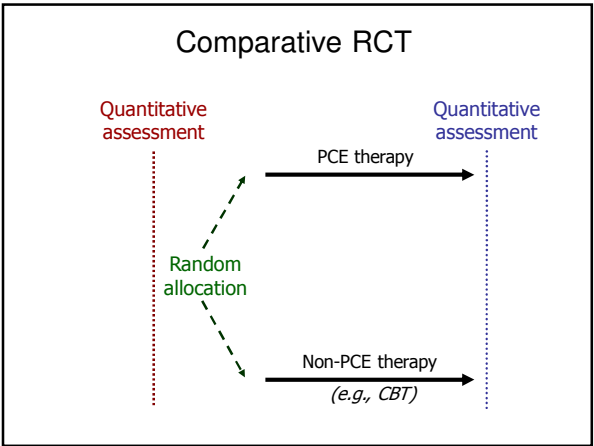 - Habit/substance misuse
  - Anxiety (poorest results)

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Michael J. Lambert

BERGIN AND GARFIELD'S

HANDBOOK *of* PSYCHOTHERAPY *and* BEHAVIOR CHANGE

SIXTH EDITION

Comparative RCT

Quantitative assessment — PCE therapy — Quantitative assessment

Random allocation

Non-PCE therapy (e.g., CBT)

Emotion-focused therapy vs. CBT for depression
(Watson et al, 2003)

Depression (BDI) — CBT, EFT — Pre / Post

Emotion-focused therapy vs. CBT for depression
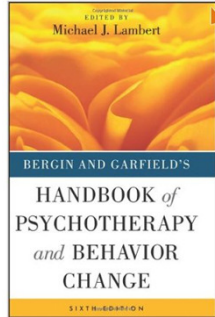(Watson et al, 2003)

Interpersonal problems (IIP) — CBT, EFT — Pre / Post

Direct comparisons

- Person-centred therapy approximately equivalent to CBT
- Emotion focused therapy does better than CBT
- High process-guiding PCEs do slightly better than low process-guiding PCEs (but allegiance effects?)

BERGIN AND GARFIELD'S
HANDBOOK *of* PSYCHOTHERAPY *and* BEHAVIOR CHANGE
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Qualitative data on outcomes of humanistic therapies
(9 studies, Timulak and Creaner, 2010)

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- **Greater self-appreciation**: e.g., accepting vulnerabilities, greater self-compassion, feeling empowered, healthier emotional experiencing
- **Greater appreciation of self-in-relation**: e.g., feeling supported, better relationships
- **Changed view of self/others**: e.g., insight

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Outcome research: Summary

Person-centred and experiential therapies, *by established standards*, are generally as effective as other therapies (including CBT); particularly the more active, 'process-guiding' approaches

_____
_____
_____
_____
_____
_____
_____

Process-outcome research

_____
_____
_____
_____
_____
_____

Therapeutic relationship is at the heart of humanistic practices

Quantitative and qualitative research indicates that it is a key predictor of successful therapeutic outcomes
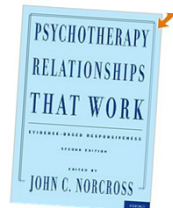
_____
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'Promising but insufficient research'

1. Congruence/genuineness
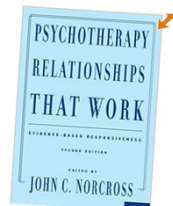2. Repairing alliance ruptures
3. Managing countertransference

'Probably effective' elements

1. Goal consensus
2. Collaboration
3. Positive regard
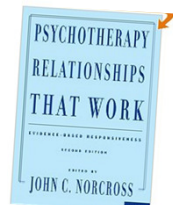

'Demonstrably effective' elements of the relationship (Norcross, 2011)

1. Therapeutic alliance
2. Cohesion in group therapy
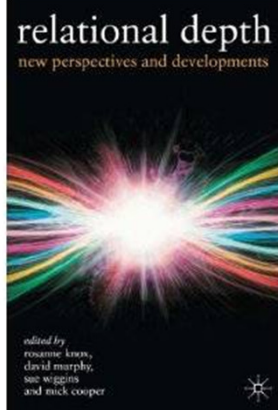**3. Empathy**
4. Collecting client feedback

Recent research suggests that **depth** of therapeutic relating may be a particularly strong predictor of outcomes

relational depth
new perspectives and developments

edited by
rosanne knox,
david murphy,
sue wiggins
and mick cooper

Genuine care emerging from client interviews as key determinant of good outcomes

'It felt as though my counsellor, without breaching boundaries, went beyond a professional level/interest – and gave me such a human, compassionate response – something I couldn't put a price on... I think I had only expected to receive from her professional self.... [I]t felt like she was giving from her core.'
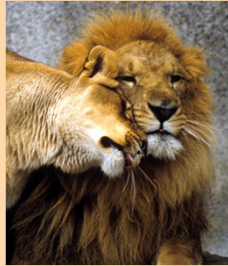
Deepened experiencing

- Deeper levels of client experiencing associated with better outcomes
- Therapist responses and methods that deepen levels of experiencing (e.g., two chair dialogue) tend to lead to greater positive change
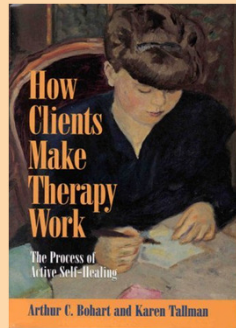
The active client

Contemporary research indicates that 'client factors' are the principal drivers of therapeutic change: e.g., client engagement, participation, hope

How Clients Make Therapy Work
The Process of Active Self-Healing
Arthur C. Bohart and Karen Tallman

Process-outcome research: Summary

PCE model of therapeutic change is strongly supported by evidence *across* therapies:

1. Clients actively improve their wellbeing…
2. In the crucible of a deeply caring, collaborative relationship…
3. With a facilitator who can help them deepen their levels of experiencing

Psychological research

SELF-ACTUALIZATION
Pursue Inner Talent Creativity Fulfilment

SELF-ESTEEM
Achievement Mastery Recognition Respect

BELONGING - LOVE
Friends Family Spouse Lover

SAFETY
Security Stability Freedom from Fear

PHYSIOLOGICAL
Food Water Shelter Warmth

WiFi

The healing power of human relating

- Feeling connected to others is one of best predictors of mental wellbeing
- E.g., people with depression tend to have relationships that are less intimate and confiding

Being congruent

People who score higher on measures of authenticity have greater wellbeing and lower psychological distress
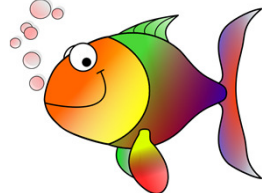
(Stephen Joseph)

Intrinsic motivations

Self-determination theory (Ryan and Deci): Internally motivated people have more vitality, wellbeing and self-esteem

Self-concordance model (Sheldon and Kenny):

- pursuit of intrinsic goals (e.g., relatedness) associated with higher wellbeing

Psychological research: Summary

As hypothesised in person-centred theory, the experience of authentic, open and intimate relationships (in or out of therapy) is associated with greater psychological wellbeing

5 key challenges

1. More outcome research

- Rigorous pre-/post- studies: e.g., BAPCA PRN (see prn.bapca.org.uk)
- RCT studies: e.g., PRaCTICED trial of CfD vs. CBT for depression (Barkham et al.)

2. Developing, adopting and promoting measures that measure what we care about

STRATHCLYDE INVENTORY - 16 (v.1)

Client ID _____ Male ☐ Female ☐ Age _____ Date ___/___/___ Session_____

Please read each statement below and think how often you sense it has been true for you DURING THE LAST MONTH. Then mark the box that is closest to this. There are no right or wrong answers – it is only important what is true for you individually.

OVER THE LAST MONTH	Never	Only Occasio- nally	Some- times	Often	All or Most of the time
1. I have been able to be spontaneous	☐	☐	☐	☐	☐
2. I have condemned myself for my attitudes or behaviour	☐	☐	☐	☐	☐
3. I have tried to be what others think I should be	☐	☐	☐	☐	☐
4. I have trusted my own reactions to situations	☐	☐	☐	☐	☐
5. I have experienced very satisfying personal relationships	☐	☐	☐	☐	☐
6. I have felt afraid of my emotional reactions	☐	☐	☐	☐	☐
7. I have looked to others for approval	☐	☐	☐	☐	☐

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3. Closing the research-practice loop

Learning from the evidence to develop our practices to test out to develop…

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4. Findings ways to communicate to clients our *authentic care*

5. Strengthening links with psychological research

Challenges: Summary

From a strong starting point, we have the potential to develop research that can inform and improve our evidence-base and practice

Conclusion

For person-centred therapists, the 'facts are friendly', they show...

- PCE therapies bring about positive improvements in wellbeing
- They are based on well-established therapeutic and psychological principles
- We can develop our evidence, understandings and practices

Thank you

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Slides available from:
http://pure.strath.ac.uk/portal/
(search 'Mick Cooper')

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