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

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Celebrating 20 years of PCCS Books

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

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)
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

Maybe clients would have got even better without therapy?

Randomised controlled trial (RCT)
School-based humanistic counselling

- 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/interrpersonal/trauma (best results)
  - Depression
  - Medical/physical issues
  - Habit/substance misuse
  - Anxiety (poorest results)
Comparative RCT

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

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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?)

Qualitative data on outcomes of humanistic therapies (9 studies, Timulak and Creaner, 2010)

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

Therapeutic relationship is at the heart of humanistic practices. Quantitative and qualitative research indicates that it is a key predictor of successful therapeutic outcomes.
‘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.

**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.

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.
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.)

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13
2. Developing, adopting and promoting measures that measure what we care about

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<thead>
<tr>
<th>STRATHCLYDE INVENTORY - 18+21</th>
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<tbody>
<tr>
<td>OVER THE LAST MONTH</td>
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<tr>
<td>1. I have been able to be spontaneous</td>
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<tr>
<td>2. I have confided in others about my worries, feelings or behaviour.</td>
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<td>3. I have tried to be what others think I should be</td>
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<td>4. I have treated my own emotions to hurt others</td>
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<td>5. I have been able to satisfy personal relationships</td>
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<td>6. I have felt afraid of my own emotional reactions</td>
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<td>7. I have found it difficult to express</td>
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3. Closing the research-practice loop

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

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’)