

THE TIMES THEY ARE A-CHANGIN':

therapy and the search for evidence

Foreword to the special edition, by **Andrew Reeves**



It was 1964 when Bob Dylan wrote his prophetic piece, 'The times they are a-changin' about the development of counselling and psychotherapy

services in the UK over the next 50 years. Well, some have argued that it was not actually about counselling or psychotherapy, evidence-based practice or, indeed, practice-based evidence. But no-one could argue with the fact that, over that period, times have certainly changed. Even in the relatively short 25 years I have been working in the 'helping professions' the nature and pace of change has been quite profound. For instance, when I began training as a therapist finding a placement in a GP surgery (it was not even called primary care then) was a bit like hunting for hens' teeth, as counsellors and psychotherapists were not really embedded into such settings. Now, of course, there are very few primary care settings that do not either have access to psychological therapy services, or have a counsellor or psychotherapist working in the practice.

Likewise, the level of change at the macro and institutional level has also been reflected

at the micro level in therapy itself. Fads and fancies have passed us by, theoretical models have been born, died, or simply become unfashionable; like the 1970s jeans hanging in the wardrobe. There are now new priorities on the agenda that demand our attention: the management of demand for services; the 'sword of Damocles' that hangs over the heads of many services; the changing nature of ethics, values, law and policy; and the search for evidence.

The search for evidence: an affront to our cultural sensitivities?

In the same way that we could leave our houses unlocked, everyone was happy and the sun always shone, there seems to be a strongly perpetuated myth that in the 'good old days' we just knew that therapy worked. Yes, we had supervision to keep everything in order, but essentially clients came along, received the service (which, we believed, was generally better than what they might get elsewhere), and went away. Everyone was happy. We did not necessarily need to prove it worked because it was, well, just inherently good. It therefore came as a major affront to our cultural sensitivities when people began to suggest that we ought to find

ways of seeing if it worked, or whether people actually benefited from what we do. After all, the heart and soul of what we do as therapists, regardless of theoretical modality, is about respect of the very 'person' of the client: we hope they grow, are empowered, or at least find ways of managing adversity. How (and why) could/should you possibly measure that?

Yet, the truth is that we have been researchers since the advent of what we might now call counselling and psychotherapy. Across modalities, the profession has emerged and theories have been developed and enhanced through the process of research and critical questioning. In our individual practice most therapists place great emphasis on self-reflection: considering our work, benchmarking our services against values and ethics and, in supervision, systematically questioning all that we do for the integrity of our actions and the wellbeing of our clients.

In virtue of being editor of BACP's research journal, *Counselling and Psychotherapy Research* (CPR), I spend a considerable amount of time talking to practitioners across the UK about research and their relationship to it. Some embrace it willingly, some remain sceptical and a little frightened by it, while others reject it outright as antithetical to what therapy is about. For

some reason and in some way, a significant number of practitioners have created a demarcation in how they see what we do as therapists, and what we know about therapy. What we do as therapists is about relationships, being, experiencing, connecting with and understanding, while what we know about therapy is often confined to particular theories and approaches we have made a lifelong commitment to. Perhaps it is because finding evidence for the efficacy of therapy has, perhaps inevitably, become entwined with a 'my approach is better than yours' culture that sadly still permeates the world of counselling and psychotherapy, or in the fight for existence in the culture of funding and justification of our worth, rather than retaining its true meaning when Roth and Fonagy asked the question, *What Works for Whom?* That is, how can clients benefit from therapy and are there particular therapies that might be more helpful in certain situations or with particular clients?

Evidence-based practice and practice-based evidence: taking ownership

To summarise, my assertion is that research has been implicitly embedded into the thinking and work of counsellors and psychotherapists since Freud was a lad. Reflection and questioning is, and has always been, an integral part of our work; and we have nothing to fear, but lots to gain, by embracing a more systematic way of asking our questions. The dominant force in a systematic approach to knowing what works is probably best termed 'evidence-based practice', where practice is based on what research evidence tells us is most effective in given situations. Critics of this approach and its implications have charged that while all evidence is equal, some evidence is more equal than others, as Orwell astutely noted in his 1945 book *Animal Farm* (which I am sure might have been about counselling and psychotherapy too). The equality of research methods is undermined in a society where 'science' is still preferred above dialogue and the number-centred quantitative approach (that represents 'science') is favoured over its word-centred qualitative sibling.

The critics further assert that while efficacy may be demonstrated using

quantitative methods, efficacy may also equally be demonstrated using qualitative methods, even though it is not always perceived that way. A case in point is cognitive-behavioural therapy (CBT) which, by most evidence, is the current dandy of the pack. Treatment guidelines advocate the use of CBT for a plethora of presenting problems and, few would deny, it is a powerful and facilitative approach. However, CBT has an excellent evidence base, drawing on research methods that achieve the 'gold standard' of evidence, such as randomised controlled trials (RCTs). The place of person-centred or psychodynamic counselling for the treatment of depression has become tenuous, at best, not because such approaches are not helpful for people with depression, but because the evidence just does not quite stack up in the same favourable way. The implication of this is quite simple: commissioners want to fund CBT-type services, but are generally less interested in other approaches that might be equally efficacious but still need to be demonstrated as such.

On the other hand, practice-based evidence, a still-emerging paradigm in counselling and psychotherapy, is evidence that emerges from practice, as opposed to the other way round. Teams or groups of practitioners, perhaps in practice-based networks, pool wisdom and collect data to generate findings, using both qualitative and quantitative approaches to research. In this way evidence is grounded in what we do, born out of direct work. Both evidence-based practice and practice-based evidence have important roles to play in helping us to understand more about the shape, nature and actuality of counselling and psychotherapy. However, the challenge is for counsellors and psychotherapists to begin to own the process of research so that we can help influence the future of our profession rather than observe the nature of change by simply forming a commentary of it.

The bottom line: evidence in practice

For all the philosophical musings about the nature of evidence and its place in counselling and psychotherapy, the litmus test is ultimately: does it make any difference to either what we do, or the experience of clients? We can get closer to judging this by looking at some examples of how practice has been shaped and informed by research. CPR publishes approximately 35-40 papers per

year, all of which report on evidence with direct implications for practice and practitioners. While some of the research reported in the published papers is undertaken by academics, most is conducted by practitioners who report on small- and larger-scale studies that help us make more sense of particular issues, problems or dynamics.

One of the articles in this special issue of AUCC journal has appeared in CPR. Indeed, we hope you will agree that this special issue is an excellent example of how research and enquiry can make an important difference to how services are configured as well as their survival, through to innovative ways of delivering support and information to vulnerable people at times of need. The articles in this issue include gaining a clear insight into the nature of counselling in further and higher education, the development of an online resource for students with depression, the efficacy and value of a staff counselling service in a higher education setting, the use of single sessions with clients, and using research to understand the nature and outcomes in specific services.

And the future?

In 2003, Sting wrote, 'Let's just forget about the future/and get on with the past...' in his pessimistic song about how counselling and psychotherapy might develop over the coming decades (I suspect). While we might look longingly at how things were and might have been, the task is to look forward and think about what part we can play in shaping the future of counselling and psychotherapy. While there is a tendency for trends and ideas to run full circle, the culture of reflection and the need for the development of evidence is certainly here to stay. I would argue that we need not be fearful or suspicious of it, but instead positively consider how we can embed such approaches into the very heart of what we do for the benefit of those we support. In becoming active participants, we can attend to the danger of instead being passive bystanders as the parade marches on without us.

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Reference:

1 Roth A, Fonagy P (eds). *What Works for Whom?* 2nd ed. London: Guilford Press; 2006.