

Evidence for counselling and psychotherapy

Research is vital in providing evidence for the general and specific effectiveness of counselling and psychotherapy. Without research evidence, it is difficult for practitioners and service providers to justify to commissioners and clients the benefits of what they offer compared with the available alternatives.

Research is not only important for the justification of services, but also as a means of identifying and evaluating areas of service improvement and development.

Here we provide a broad overview of the evidence for the effectiveness of counselling and psychotherapy. As these are both 'umbrella' terms which cover a range of psychological therapies, the term 'counselling' is used here for brevity to encompass the phrase 'counselling and psychotherapy' and broader descriptions such as 'psychological interventions'.

For more detailed information about specific studies, and further information about different types of research, visit <http://bacp.co.uk/research/resources/index/php>

Types of evidence

Systematic reviews:

Provide a broad summary of similar studies which ask a particular type of research question, combining the findings to produce robust conclusions. Systematic reviews of randomised controlled trials (also known as meta-analyses) are viewed as the most reliable type of evidence base for clinical and policy decisions.

Randomised controlled trials (RCTs):

Studies in which participants are allocated at random to an intervention or control/comparison group. The outcomes of the groups are compared to determine the effect of the therapy intervention.

Practice-based evidence:

Studies which use pre- and post- measures to look at the effects of an intervention in a particular client group, without the use of a control/comparison group.

Systematic reviews and meta-analyses

A number of systematic reviews have been conducted which provide evidence that counselling has greater clinical effectiveness compared with usual care (e.g. Bower et al., 2011; Cape et al., 2010; Hill et al., 2008; Rowland et al., 2000), and that clients are highly satisfied with counselling received in primary care (Hill et al., 2008).

Counselling has been demonstrated to be as effective as CBT (Hill et al., 2008), and a review of studies comparing interventions for common mental health problems such as anxiety and depression found no significant differences between CBT, non-directive counselling, and problem solving therapy (Cape et al., 2010).

A recent meta-analysis comparing seven interventions for depression – interpersonal therapy; behavioural activation; cognitive-behavioural therapy (CBT); problem solving therapy; social skills training; psychodynamic therapy; supportive counselling – reported comparable efficacy, with all interventions being superior to a waitlist control condition (Barth et al., 2013). When compared with usual care, all interventions except for social skills training were significantly more beneficial, and similar results were found in comparison to no treatment (Barth et al., 2013).

Randomised controlled trials

In a comparison of non-directive counselling, CBT and usual GP care in the treatment of depression and mixed anxiety and depression, both psychological therapies reduced depressive symptoms to a significantly greater extent than usual GP care at 4-month follow up (Bower et al., 2000; King et al., 2000). Clients receiving non-directive counselling or CBT expressed more satisfaction with their treatment (King et al., 2000), and there were no significant differences in direct costs between the three interventions (Bower et al., 2000).

Practice-based evidence

Studies using routine outcome measures, such as Clinical Outcomes for Routine Evaluation (CORE), have reported reliable post-intervention improvement for counselling in three quarters of clients (Mellor-Clark et al., 2001), and demonstrated person-centred counselling to be an effective intervention for clients with common mental health problems (Gibbard & Hanley, 2008). Research undertaken within IAPT services has reported counselling and CBT to be equally effective in the treatment of depression, with approximately 40% of people moving to recovery in each intervention (Glover, Webb & Evison, 2010).

A meta-analysis of studies on outpatient individual and group CBT in routine clinical practice demonstrated that CBT was effective in reducing depression severity, with post-treatment gains being maintained 6 months after completion of therapy (Hans & Hiller, 2013).

In addition, investigations of counsellors' perceptions indicate that they have perceived clients as having changed in their experience of themselves or of their relationships, and to have benefited from the therapeutic relationship (Howey & Ormrod, 2002).

Comparisons with pharmacotherapy

Research has found that many clients indicate a preference for counselling over antidepressant medication, (e.g. Sharp et al., 2010; Unützer et al., 2003), and patients receiving counselling tend to be more satisfied with their treatment than those receiving CBT or usual care (Hakkaart-Van Roijen et al., 2006).

For some specific conditions, such as Obsessive Compulsive Disorder (OCD), psychological therapy has been found to be significantly more effective than pharmacotherapy (Cuijpers et al., 2013). Psychological therapy has also been reported to be significantly more efficacious than specific medications, such as tricyclic antidepressants, in the treatment of depressive and anxiety disorders (Cuijpers et al., 2013).

It has been suggested that a combination of psychological therapy and anti-depressant medication may produce the most significant positive outcomes for clients (Baker et al., 2002). For example, interpersonal therapy has been shown to be effective as a combination treatment for depression (Cuijpers et al., 2011), and CBT notably improves outcomes when utilised as an adjunct therapy in acute psychiatric inpatient treatment of depressive disorders (Köhler et al., 2013).

Cost effectiveness

Counselling is reported to be cost-effective compared with standard treatment in primary care (King et al., 2000) and early intervention services (Hastrup et al., 2013). Comparisons of counselling, CBT and usual care have found no significant differences in direct costs between the three interventions (Hakkaart-Van Roijen et al., 2006).

Counselling is also reported to be cost-effective in other areas of clinical application, such as for bulimia nervosa (Crow et al., 2013) and postnatal depression (Morrell et al., 2009). However, other studies have reported uncertainty (Mukuria et al., 2013) and inadequate evidence (Rodgers et al., 2012) regarding the cost-effectiveness of counselling.

Clinical applications

Research can be a valuable tool in demonstrating the clinical applications of counselling for various presenting issues, and with different client groups.

For example, studies of the treatment of personality disorders indicate that dialectical behaviour therapy (DBT) is more effective than treatment as usual for women with borderline personality disorder (Brazier et al., 2006), whilst cognitive analytical therapy (CAT) appears to be effective for a range of personality disorders and superior to treatment as usual (Mulder & Chanen, 2013).

Counselling has been identified as a valid treatment option for anorexia nervosa, with all studies in a systematic review of clinical effectiveness demonstrating an improvement in patients given counselling (Pittock & Mair, 2010). In particular, family therapy was found to be effective, and there was some evidence for the effectiveness of CBT. CBT-based interventions have been shown to have potential use in the management of bulimia nervosa (e.g. Jones & Clausen, 2013; Vaz, Conceição & Machado, 2013), and there is also evidence for therapy-assisted self-help as being an effective first-level treatment in a stepped-care approach for bulimia nervosa (Mitchell et al., 2011). A recent meta-synthesis of qualitative studies investigating helpful and unhelpful aspects of eating disorder treatments found that clients appreciated and valued counselling (Timulak et al., 2013). Furthermore, among specific helpful aspects were interventions that are integral to current empirically-based treatments; clients identified aspects of standard CBT treatments, such as a structured approach, use of monitoring tasks and cognitive restructuring, and behavioural activities (Timulak et al., 2013).

There is evidence supporting the efficacy of counselling in substance misuse disorders, with research demonstrating that mindfulness-based interventions can reduce consumption of various substances, as well as being associated with a reduction in craving (Chiesa & Serretti, 2013). A systematic review of prevention and intervention strategies for populations at risk of engaging in violent behaviour identified small to moderate effects for CBT and for all counselling interventions combined (Hockenull et al., 2012).

Existing research into interventions for children and young people has provided some support for the use of solution focused brief therapy (SFBT) and parent training programs as interventions for child behaviour problems (e.g. Bond et al., 2013; Leijten et al., 2013). A systematic scoping review of the evidence for counselling for children and young people identified CBT and play therapy as particularly effective interventions for anxiety and conduct/behavioural problems (McLaughlin et al., 2013). A range of therapeutic approaches, including CBT, interpersonal psychotherapy, psychodynamic and family therapies emerged as efficacious in the treatment of adolescent depression (McLaughlin et al., 2013). Research with this particular client group has also identified strong evidence of the effectiveness of self-care support interventions for children and young people with long-term physical health conditions such as cystic fibrosis, asthma and diabetes (Kirk et al., 2013).

Summary

The current research evidence indicates that counselling can be an effective intervention for a range of presenting issues, from common mental health problems, to personality disorders, substance misuse, and long term health conditions, and that it can be utilised successfully with various client groups. Different counselling interventions are reported to have comparable treatment efficacy, and can have greater clinical effectiveness than usual care and other forms of treatment such as pharmacotherapy. Counselling also has the potential to be a cost effective intervention when compared with the available alternatives.

Further information

Further information and resources can be found on the dedicated research areas of the BACP website <http://www.bacp.co.uk/research/>

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Notes

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