For the definitive version of this article, see:

Miller, J. H. (2010) Current views on the therapeutic value of homework in counselling and psychotherapy. Counselling Psychology Quarterly, 23(2), 235-238.

RESEARCH DIGEST

Evidence-based practice and the future of counselling: the debate revisited

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Introduction

When looking for possible *Digest* topics this quarter, I came across a series of articles promoting evidence-based practice for medical general practitioners. In recommending this series for counsellors, I thought it useful to re-visit what Prochaska and Norcross (2007) considered to be one of the most important professional issues of the decade; the development of evidence-based practice in mental health. In looking to medically-based articles, I was also influenced by Kivlighan's (2008) comment on group therapists' resistance to using evidence-based research in their practice. He suggested that 'incorporating research from the **whole field** of group dynamics can increase the empirical basis for evidence-based practice', p.1284 [my emphasis]. Kivlighan's article has been available for a few years but it is still worth revisiting and I would particularly recommend reading his quick summary of a group of articles in a special issue of the *Journal of Clinical Psychology: In Session.* While these articles focus on group therapy, Kivlighan's suggestions demonstrate how practitioners can apply understanding of therapy research to specific cases, help practitioners become more comfortable in using research-supported treatments, and encourage use of assessment tools to enhance their learning and improve group outcomes. Kivlighan's article, of course, promotes one side of the debate on the appropriateness of using evidence-based practice to guide counselling and psychotherapy practice.

As early as 2006, Hansen had taken a different view, examining what was then termed the Best Practice Movement to determine whether it was consistent with the traditional values of the counselling profession. He noted a number of mismatches that this Movement had with the values of counselling. First, he noted that using best evidence as best practice for addressing specific client problems sits uneasily beside common factors research demonstrating that 'specific ingredients account for only 1% of the variance in outcomes' (Wampold, 2001, p.204). Second, he noted that Best Practice depends on DSM diagnoses which, he suggested, have questionable external validity. Third, he noted that the conceptualisation of counsellors as technicians and clients as disordered individuals is a concern because this is a 'departure from the humanistic values that have shaped the counselling profession' (Hansen, 2006, p. 157). Finally, Hansen warned that the adoption of Best Practice by counsellors could have a stifling effect on the high value placed on diversity in counselling theory and practice. This, of course, is the very reason that counsellors are challenged to adopt evidence-based practice in their work; to avoid the accusation that they are open to considering new ideas and methods for helping their clients, regardless of the empirical support for such methods. The two articles reviewed for this *Digest* focus on current views about evidence-based practice; one from psychotherapy and one from medicine.

1. Thomason, T. C. (2010). The trend toward evidence-based practice and the future of psychotherapy. *American Journal of Psychotherapy, 64*, 1, 29-38.

In this article, Thomason articulates clearly the controversy surrounding the promotion of evidence-based practice and evidence-supported treatment. He notes that some therapists feel the emphasis on using these approaches is misguided because it 'moves psychotherapy further into the medical model' p.30, and others assert that because there is good evidence that psychotherapy is generally helpful there is no need to prove effectiveness. Others can see that if third-party funders continue to require more accountability, psychotherapists will need to prove the effectiveness of their treatments if they expect to receive payment. And this indicates the central issue, counselling associations (especially in North America) have already supported the development of evidence-based practice in order to establish the credibility and effectiveness of interventions, and comply with the mandate of external funding agencies for the use of evidence-based practices (Murray, 2009).

Thomason notes that while arguments on both sides of the controversy have merit, the proponents of evidence-based practice seem to be winning the debate. He refers to the predictions of Cummings (2006) while considering the future of psychotherapy if this trend continues. Namely, practice will probably follow two paths: evidence-based treatments for specific disorders (paid for by third party funders); general counselling and psychotherapy for problems with living (not paid for by third party funders). The problem with this prediction is that evidence-based treatments have not been identified for many psychological disorders so people with these disorders will not receive funding assistance. Furthermore, a list of evidence-based treatments implies that any therapy not on the list is ineffective, which is, of course, not correct.

I recommend that counsellors and therapists read this article to remind themselves of the controversy surrounding the medicalisation of psychotherapy, and the impact the adoption of evidence-based practice will have on determining what kinds of counselling and psychotherapy will be conducted and funded. As Thomason concludes, 'psychotherapists cannot afford to be complacent; given the economic challenges sure to face America in the coming years, current trends toward supporting and requiring evidence-based practice and evidence-supported treatment will continue' p.37.

Despite this warning, I found the following pro-evidence-based medical practice article useful.

2. Maskrey, N., Underhill, J., Hutchinson, A., Shaughnessy, A., & Slawson, A. (2010). Getting a better grip on research: the maze of the most busy life. *InnovAiT 3*, 3, 172-179.

This article is the final one in a series of five describing the use of evidence to support decisions made in clinical practice. The authors first summarise the previous four that outline the science of evidence-based medicine, consider the extent to which it informs practice and suggest what clinicians and managers can do to improve the use of evidence in consultations. The focal point of these articles is the view that GPs should have the ability to demonstrate that they base their treatment and referral decisions on best available evidence. The common theme, determined through an ethnographic study, is that GPs rarely review methods and contents of trials, and that their decisions are primarily based on knowledge they gained while training, brief summaries, seeing what other people do, talking to local colleagues and relying on personal experience (Gabbay and le May, 2004). On reading this, I wondered if a similar pattern would be found if we studied therapists' decision-making strategies, especially those who need to use DSM diagnoses in order to meet the requirements of third party funders.

The authors also suggest that innovation can be stifled when practitioners are too busy to explore new treatments. In an attempt to redress this problem they explore sociological studies on the ways individuals adopt innovation. They note that such attributes as the relative advantage, the simplicity, the fit with ones values, beliefs and ways of working and the observable impact of an intervention are deemed important for the adoption of an innovation. The authors therefore

provide a diagrammatic strategy for practitioners to use when confronting new information and determining if they should use it in their practice.

While I can see value for busy counsellors in reading this section of the article, it is the final section where reference is made to the involvement of patients in decisions about what treatment is best for them that is of particular value. Sociological studies demonstrate that patient benefit is only one of the many factors determining the uptake of evidence-based interventions. The authors therefore suggest that the practitioner needs to be confident about the evidence before suggesting a new treatment to a patient. Again, the solution provided is a strategy for finding the best available evidence in the most efficient manner. For GPs the most effective strategy seems to be what is called 'hot-synching'; spending up to an hour a week reviewing summaries of evidence produced by trusted, public sector organisations.

So what use do I see in this article for counsellors? First, it highlights the concern hinted at by Hansen (2006) that evidence-based practice has the potential to constrain practitioners' search for new ways of working with diverse clients. Second, it highlights the importance of 'working with', rather than 'doing to' clients. And third, I see value in exploring the suggested strategies for finding relevant articles in professional journals and optimising professional development time by reviewing their content once a week.

At the beginning of this *Digest,* I indicated that my exploration of articles beyond those with a counselling focus encouraged me to look again at the debate on the place of evidence-based practice in counselling and psychotherapy. I did not set out to provide definitive answers to the questions raised. In considering the view of Klein (2005), however, that it is normal for human beings to ignore information that does not fit with their expectations, I hope that this *Digest* encourages you, too, to revise your expectations, to read the articles described and think again about your best practice.

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