

# The Research-Engaged Therapist: Why Counsellors Need to Embrace Systematic Investigation

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## Introduction

For most people the mere mention of ‘research’ triggers their eyes to glaze over, brain activity to shut down, and it precipitates a quick retreat into a Homeresque state of mindless bliss. But before you reach for a can of Duff, read a few more paragraphs and see if I can paint a more inspiring canvas of the need for research in counselling and psychotherapy. So, why does research matter? Firstly, the results of research help to inform practice, for example, research has

over the decades helped provide definitive proof of the effectiveness of therapy (Cooper, 2008; Lambert, Masters & Ogles, 1991). Also, new psychotherapeutic approaches have been developed empirically, for example, cognitive behavioural therapy and brief solution-focused therapy (Beck, 1976; De Shazer & Dolan, 2007; Skinner, 1974).

Secondly, the publication of research is a reliable and accessible way to share knowledge, and gain new insights, all of which informs practice and can increase the effectiveness

of treatment (McLeod, 2013). Most research adds just a little to the body of knowledge, but occasionally substantial advances are made. Kuhn argued that ‘normal science’ involves working within a particular paradigm and within that paradigm changes are incremental or innovative, but that occasionally a paradigm shift occurs, causing a radical change in understanding (Howard & Myers, 1991). An example was Freud’s introduction of the concept of the unconscious mind as the hidden motivation for much of human behaviour. Prior to Freud, behaviour was largely seen as the product of a religious ‘good vs. evil’ tension, with the lower social classes assumed to be more susceptible to the temptations of the devil. Freud’s ideas were, therefore, both revolutionary and egalitarian (Freud, 1920).

However, there are also pragmatic reasons to take another look at research. In a market which is becoming increasingly crowded with newly qualified therapists, an ever greater number of clients will also need to present for treatment in order to maintain the livelihoods of a growing profession. However, not all those in a position to refer clients do so with enthusiasm. Some general practitioners (GP’s), health insurance companies and the

Health Services Executive (HSE) have mixed feelings concerning the efficacy of counselling and psychotherapy (Culliton, 2014). For example, one study reports that only 10-20% of those reporting to GP's who need counselling will get a referral (McHugh, Brennan, Galligan, McGonagle & Byrne, 2013). [For a comprehensive review of GP referral issues see (Ward, 2014)]. Indeed, it seems that 'it does not convince the public at large for counsellors to assert that, in their personal experience, most clients gain a great deal from therapy' (McLeod, 2013, p.5; Stratton & McDonald, 2012). If personal endorsement is not enough, perhaps what is needed is a more substantive Irish-based body of objective knowledge concerning the effectiveness of therapy? But, is 'scientific' knowledge more valuable than personal experience, and what exactly is knowledge anyway?

### **The Nature of Knowledge**

Information can be divided into four types of knowledge, or ways of knowing (McLeod, 2013). Personal knowledge refers to the understanding derived from our direct experience of the world, including our emotional experience and one's way of making sense of the world (Jarvis, 2010). Practical knowledge refers to skills learned over time, whereas theoretical knowledge is comprised of ideas of concepts which allow people to describe and explain current events leading to predictions of what may happen in the future. For example, the Donegal postman's approach to weather forecasting is based on his theory that nature somehow

knows what type of summer is coming and that flora and fauna signal that knowledge through a change in behaviour. Theories give rise, in turn, to research knowledge, which is gained from testing the predictions of theories in a systematic way. Research knowledge allows us to expand our understanding by drawing on the wisdom of many people, a process which casts light on our own personal experiential knowledge, which is always quite limited, relatively speaking (Cooper, 2008).

However, regardless of the type of knowledge involved, accepted 'facts' sometimes turn out to be untrue, such as the medieval belief that the earth was at the centre of the universe, so how can we be sure what to believe? According to Popper, and broadly agreed in the scientific world, scientific truths must be falsifiable, that is, it must be possible to devise an experiment or argument which allows for the possibility of a claim being found to be either true or false (Popper, 2005). The demand for testability of psycho-therapeutic interventions caused proponents of Freud's psychoanalysis some difficulty. How can the ego, id or superego be tested? How can the unconscious mind be measured? Skinner (1974) and others, of course, shouted loudly that psychoanalysis was unscientific, untestable and he suggested quite persuasively that we should forget about the mind and focus on behaviour instead. Behaviour can be observed directly, and modified without any need for speculation concerning the mind. Currently, Cognitive Behavioural Therapy and Solution-Focused Brief Therapy are in vogue, in part, because they

produce observable results which can be verified through research methods (HSE, 2015).

This paper does not mean to imply that any doubt exists about the effectiveness of other therapies, although initial outcome studies found unfavourable results concerning psychotherapy. For example, in an early meta-analysis Eysenck (1952) concluded that 'the figures fail to support the hypothesis that psychotherapy facilitates recovery from neurotic disorder' (p. 323). Since then, at least '60,000 academic papers have been published on counselling and psychotherapy research' (Cooper, 2008, p.9). At this point, any doubt about the effectiveness of therapy as opposed to no treatment has been banished, at least in academic and counselling circles. Indeed, the 'evidence for the effectiveness of psychotherapy is overwhelming' (Carr, 2007, p.20).

Nonetheless, who has not (perhaps often) been on the receiving end of a 'counselling is a load of rubbish,' monologue by the all-knowing self-righteous? Given the reluctance of some GP's to refer (Ward, 2014), it is clear that the existing evidence alone is not enough to convince those who remain dubious. Perhaps we Irish are somewhat doubtful of British and American research and need to see the facts as they are on our own hallowed ground? [Some Irish research already exists (Carr, 2007, HSE, 2015, McHugh, 2013)]. Bizarrely, in spite of the existing evidence, it does indeed seem that more research is needed, and that Irish research might be convincing if conducted on a large scale and if the results

were disseminated in a savvy user-friendly way. And who better to conduct that research than counsellors and psychotherapists who are in regular contact with the client population?

### Current Attitudes Towards Research

The opening line of this paper suggested that ‘eyes glaze over’ at the mention of research. The astute reader may have noticed that the claim was not referenced, and indeed the view expressed was no more than the personal opinion of the author. Like most people, the author is convinced that his views are correct, but are they? In 2013, the IACP surveyed members on a range of topics including members’ views on research, and the results seemed to contradict the pessimistic opening claim of this article. According to that study, during counselling and psychotherapy training 64% of respondents undertook training in research, and 57% had been engaged in carrying out research (Ryan, 2013). A belief that research helped to improve client outcomes was shared by 78% of respondents. Overall, the attitude to research seemed very positive. However, 43% also said that ‘I don’t want to disseminate my research in any way,’ which seemed odd. A lot of work goes into any research project, so it didn’t make sense that so many would engage in research and not publish, as the report implied. The report suggested that a lack of confidence might account for this anomaly (Ryan, 2013), but the current author wondered if the research referred to by members was actually student research

completed for the purpose of meeting a training requirement. The question that consequently arose was, How many therapists engage in research once qualified?

The author decided to put the exhortation to ‘do research’ into practice in order to answer that question. A questionnaire was empirically derived, which collected biographical data, qualification, practice information, and both attitudes towards and experience with research. The survey was piloted with five IACP members, and some adjustments were made. Participants were invited using a random cluster sampling method. That is, five participants were randomly sampled from each of the IACP member counties or city districts using a web-based random number generator (randomnumbergenerator.intemodino.com). In the event that a member had no email listed, the next person on the list was substituted. A 30 question survey was circulated using the surveymonkey.com software to 200 IACP members. Fifty four responses were received, representing a response rate of 27%.

In comparison to the 2013 survey mentioned above (Ryan), this survey found that 77% of respondents had a research module included in their counselling training (of those, 76% had 30 hours or less training in research). As part of their training, 75% conducted research, but only 18% had done any research since training. When asked if they had done research *outside of college, but not published, only 13% said ‘Yes.’ These figures suggest that the 2013 figures showing that*

*members had conducted research, but didn’t want to publish (43%) were referring largely to student assignments. The true figure for psychotherapists conducting research as practitioners seem to be much lower at 13%.*

The reasons given for not conducting research are informative. Forty percent stated that a lack of time was the reason, while 23% cited a lack of funding to support research. A further 25% were concerned about possible mathematical, statistical and other ‘complications.’ Seven percent felt that research could not capture the therapeutic experience and the remaining answers cited various reasons such as a lack of confidence. Interestingly, a majority (91%) cited either time, money or technical challenges as a reason for avoiding research, although 50% also cited some doubts as to their competence to conduct research.

Concerning the suggested necessity to convince stakeholders that counselling and psychotherapy work, 38% reported an increase in the number of clients asking questions about the effectiveness of therapy, while 23% of respondents had the experience of a GP refusing to refer patients to counselling, which adds support to the argument that more research is needed in order to satisfy stakeholders that counselling is legitimate and effective. Of 14 qualitative responses to the question as to why GP’s did not refer, the majority of GP’s either felt competent themselves to counsel patients or lacked confidence in psychotherapy.

Eighty-seven percent of respondents felt that research

was relevant to their practices, and when asked if they would be interested in doing research in their own practices 31% said 'Yes,' and 44% replied 'Maybe,' meaning that 75% of respondents are potential researchers! However, when asked to draw a comparison between collecting data and analysing data, 58% were unsure about data analysis. But, when asked 'How likely are you to engage in research if a simple online method were made available for you to use?' - 44% were very likely, 22% somewhat likely, and 20% likely giving a total of 86% of the sample who, given support, may be future researchers in counselling and psychotherapy.

The validity of the current survey was based upon a sample of 200 members from the 2223 IACP members listed on the IACP website. A 90% confidence interval (the likelihood that the findings represent the views of the membership as a whole) was used and the number of people who responded was 54. The margin of error was 12%.

### Limitations of the Survey

One limitation of the study was its brevity (30 questions). A more comprehensive survey would have elicited additional relevant information. For example, a question which was overlooked might have enquired as to any tension between GP's and therapists who disapproved of medications, an issue known to exist for some (Blackburn, 1995). The response rate was low enough to lead to a high margin of error (12%); a more acceptable margin of error would be 6% - 8%.

### Discussion

It is encouraging to see that so many IACP members value research and see exploration as being relevant to their own practices. It was also heartening to discover that a large number of therapists would consider doing research if a simple method was made available online (McDonnell, Stratton, Butler & Cape, 2012). Such a method could be comprised of a simple screening questionnaire such as the Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM, n.d.). The CORE – OM is a 34 item measure, which assesses clients on four dimensions, i.e. a) subjective well-being, b) problems/symptoms, c) life/social functioning, and d) risk/harm. The CORE, which is in the public domain, could be directly accessed by clients online, and completed at the outset of therapy and again at the close of treatment. The data could be centrally analysed relieving the individual therapist of a need to engage with statistics. Such an approach, if applied nationwide, would result in very decisive results due to a large sample size, which would give outcomes considerable statistical power.

Apart from the question of therapy effectiveness and the need to convince sceptics of its value, there are other topical counselling issues which would benefit from further research in an Irish context. The experience of those clients who don't improve or even get worse needs more attention (Bates, 2006, Cooper, 2008). It is reported 'that about 1 in 10 clients deteriorate following therapy and that marginalized clients

with particularly troublesome disorders and negative attitudes to psychotherapy are vulnerable to dropping out of psychotherapy and deterioration' (Carr, 2007, p.31). Another old chestnut which still hasn't been resolved is the question: Do psychotherapeutic modalities differ in the types of difficulties to which they are best suited? (Roth & Fonagy, 2005). And of course the current trend towards (sometimes very) brief therapy needs further clarification regarding its effectiveness (McHugh & al., 2013).

Furthermore, an area of interest touched upon in this survey, was that of the research training received by students while studying counselling and psychotherapy. The norm appears to be that trainees receive 30 hours of training or less. One wonders if that is enough or do students need greater attention given to research, to include perhaps some training in statistics?

### Conclusion

It seems, given the increasing demands of stakeholders for reassurance that therapy is effective, that counsellors and psychotherapists can no longer rely on exhortation and testimonial as a means of convincing the unpersuaded. In addition, an ever increasing number of newly qualified counsellors will result in too many fish sharing the same small pool of clients. In order for counselling to remain a viable profession, the number of people availing of counselling needs to keep pace with the number of therapists. In short, the psychotherapy field needs to evolve with the changing times and



adapt to circumstances. If the public was awash with Irish-based research evidence that dispelled doubts over therapy effectiveness, it seems likely that utilisation of counselling services would increase significantly. And who better to conduct that research than ourselves? If you've made it this far go get yourself a can of Duff. You have earned it! ☺

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