



22nd January 2007

From: The Board of the World Association of Person-Centered and Experiential Psychotherapy and Counseling (WAPCEPC)

Statement in response to the decision of the Gemeinsamer Bundesausschuss regarding Person Centered Psychotherapy (PCEP), 21st November 2006

The Board of the World Association for Person-Centered and Experiential Psychotherapy and Counseling (WAPCEPC) has noted with concern that the *Gemeinsamer Bundesausschuss* has recommended that patients in Germany with mental health needs should not be reimbursed by health-insurance for receiving person-centered psychotherapy (PCEP), or as it is known in Germany and other German speaking countries, *Gesprächspsychotherapie*.

A large empirical literature on the effectiveness of psychotherapy research, including studies published in German, clearly and strongly supports the use of PCE psychotherapies for a broad range of client problems. This literature includes data from five complementary lines of evidence:

1. Randomized comparative clinical trials and comparative outcome studies (Elliott, Greenberg & Lietaer, 2004; King et al., 2000; Stiles, Barkham, Twigg, Mellor-Clarke & Cooper, 2006; Bruce & Levant, 1990; Cornelius-White, 2007)
2. Controlled studies (with comparison against untreated controls; Elliott, 2002; Elliott et al., 2004; Bratton, Ray, Rhine, & Jones, 2005)
3. Naturalistic open clinical trials (Elliott, 2002; Elliott et al., 2004),
4. Predictive process-outcome research (Orlinsky, Rønnestad & Willutzki, 2004; Bohart, Elliott, Greenberg & Watson, 2002; Cornelius-White, 2007)
5. Patient preference research (King et al. 2000).

Each of these five lines of evidence has its own methodological strengths and limitations, but together they provide stronger evidence than any single line of research. For example, it is a long-established scientific fact that randomized comparative clinical trial studies are subject to strong researcher allegiance effects that compromise their conclusions, both generally in mental health treatment research literature (Robinson, Berman & Neimeyer, 1990; Luborsky et al., 1999; Herres et al., 2006) and specifically in the literature on PCEPs (Elliott et al., 2004). On their own, such studies therefore do not constitute a safe basis for deciding health care policy, and must be supported through the use of triangulating evidence.

We do not know in detail the basis of the decision by the *Gemeinsamer Bundesausschuss*. With regard to the existing empirical evidence, the decision is confusing, given the weight of the current evidence. For example, the results of a recent large-scale study published by

Stiles et al. (2006) indicate that Cognitive Behaviour Therapy, Psychodynamic Therapy and PCE psychotherapy are clinically and statistically equivalent in effectiveness in routine clinical practice.

In addition we understood that the *Gemeinsamer Bundesausschuss* may have been misinformed about the current practice and scope of PCEP, instead focusing on older or minimally relevant research. As with psychoanalytic and cognitive-behavioral therapies, PCEPs have continued to evolve over the past 60 years as they incorporated research results and new developments in theory and practice. It appears from the decision that only outdated outcome research was used, referring to studies from a very early developmental stage of PCE Psychotherapy (often referred to as 'classical client-centered therapy'), relevant in the 1950's but rarely used exclusively today. We suggest that had the *Gemeinsamer Bundesausschuss* taken the developments within PCEP over the past 60 years into consideration, it could not have come to its present conclusion.

The WAPCEPC and its 20 International Member organizations, including the *GwG*, promote a modern concept of PCE Psychotherapy with a rich variety of disorder specific approaches and methodological differentiations. Practice, research and developments within PCE Psychotherapy worldwide emerge from a well established culture of research projects, controlled and evaluated training programs, university work, peer reviewed journals, national and international conferences. The last world conference in 2006 took place in Germany and was organized by our German member *GwG*.

We argue that a decision of such an importance should not be based on a very small and selective segment of the available empirical evidence, biased with researcher allegiance effects and based on a representation of the approach that is outdated and has little relevance in today's practice and research. We do not believe that the *Gemeinsamer Bundesausschuss* and the German Ministry of Health would want to deprive patients in Germany of the benefits of a well developed, evaluated, and effective psychosocial treatment. We believe that the German Ministry of Health and the *Gemeinsamer Bundesausschuss* want to be fully informed of existing scientific knowledge and the true nature of current PCEP practice and offer policy decisions on the basis of a full understanding of that knowledge. We regret that the current decision would prevent patients in need of psychotherapy to have access to a method which has been proved to be effective, quick and economical and has been accepted by health care providers and supported for insurance reimbursement in many countries, including among others the USA, UK, Austria, Switzerland, Italy, The Netherlands and Belgium.

We therefore ask that the *Gemeinsamer Bundesausschuss* consider a revision of this decision. We welcome contact if we can be of further assistance.

On behalf of the World Association for Person-Centered and Experiential Psychotherapy and Counseling

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