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CBT superiority is a myth

The idea of that Cognitive-Behavioural Therapy (CBT) is more effective than other types of therapy is a myth, according to leading psychotherapy experts attending a major conference at the University of East Anglia (UEA) today.

The US and UK researchers will present data and critical analyses that debunk the widespread belief in the superior effectiveness of CBT.

The major international conference will be hosted from July 6-10 by the University of East Anglia's Centre for Counselling Studies. Organised on behalf of the World Association for Person-Centered and Experiential Psychotherapy and Counselling, it is the first time the conference has been held in England and 400 delegates are attending from across the world.

Professors Mick Cooper and Robert Elliott (both University of Strathclyde), William B Stiles (Miami University) and Art Bohart (Saybrook Graduate School) will issue the following joint statement today:

“The government, the public and even many health officials have been sold a version of the scientific evidence that is not based in fact, but is instead based on a logical error. This is how it works: 1) More academic researchers subscribe to a CBT approach than any other. 2) These researchers get more research grants and publish more studies on the effectiveness of CBT. 3) This greater number of studies is used to imply that CBT is more effective.

“This is a classic example of the logical fallacy known as ‘argument from ignorance’ ie the absence of evidence is taken as evidence of absence.

“Although CBT advocates rarely make this claim so boldly, their continual emphasis on the amount of evidence is misunderstood by the public, other health care workers, and government officials, a misunderstanding that they allow to stand without correction. The result is a widespread belief that no one takes responsibility for. In other words, a myth.

“This situation has direct negative consequences for other well-developed psychotherapies, such as person-centred and psychodynamic, which have smaller evidence bases than CBT. These approaches are themselves supported by substantial, although smaller, bodies of research. The accumulated scientific evidence clearly points to three facts: 1) People show large changes over the course of psychotherapy, changes that are generally maintained after the end of therapy. 2) People who get

therapy show substantially more change than people who don't get therapy, regardless of the type of therapy they get. 3) When established therapies are compared to one another in scientifically valid studies, the most common result is that both therapies are equally effective. A case in point is person-centred and related therapies (PCTs): In a meta-analysis of more than 80 studies to be presented by Robert Elliott and Beth Freire at the Norwich conference, PCTs were shown to be as effective as other forms of psychotherapy, including CBT.

“In view of these and other data, it is scientifically irresponsible to continue to imply and act as though CBTs are more effective, as has been done in justifying the expenditure of £173m to train CBT therapists throughout England. Such claims harm the public by restricting patient choice and discourage some psychologically distressed people from seeking treatment. We urge our CBT colleagues and government officials to refrain from acting on this harmful myth and to broaden the scope of the Improving Access to Psychological Treatments (IAPT) project to include other effective forms of psychotherapy and counselling.”

Beyond this joint statement, Prof Cooper, in his lecture to the Norwich conference, will say: “The research consistently suggests that the kind of therapy that a practitioner delivers makes little difference to outcomes. More important is the client's level of motivation, how much they get involved with the therapeutic process, and how able they are to think about themselves in a psychological way. After that, the key ingredient seems to be the quality of the therapeutic relationship, with warm, understanding, trustworthy therapists having the best results.”

Last year Health Secretary Alan Johnson announced that by 2010, £173m a year would be spent on CBT as part of the UK Government's Improving Access to Psychological Therapies programme. The increased funding will allow 900,000 more people to be treated using psychological therapies.

Prof Cooper added: “The Government's decision to spend £173 million on CBT can only be applauded, but not all clients will benefit from that approach. There is clear evidence that some clients will do better with other forms of therapy. It all depends on who the client is, and what kind of treatment they can most make use of.”

Art Bohart, a world-leading psychotherapy theorist and researcher, will say: “There is evidence that some clients prefer an approach to counselling where the focus is on helping you explore and understand yourself. The outcome of this approach is that you make choices that move your life in new, more meaningful and personally satisfying directions. The counselor's expertise lies in his or her ability to create a relationship where you have companionship and support on your journey to understanding. Client-centered and psychodynamic counseling are examples. In contrast, other clients prefer an approach where the therapist takes the lead in teaching you particular cognitive and behavioural skills, such as how to think. Since both work about equally well it is important that both be available to the public.”

In the world of psychotherapy research, the finding that different therapies are about equal in their effectiveness is known as the ‘Dodo verdict’, after the Dodo in Alice in Wonderland who, on judging a race, declared ‘everybody has won and all must have prizes’. This conclusion continues to be hotly contested by some CBT advocates, but

the four researchers presenting at the Norwich conference are unanimous in calling for a more balanced, scientifically accurate reading of the available evidence.

Also speaking at the conference will be Pamela J Burry, whose mother 'Gloria' was a patient of Carl Rogers, one of the founding fathers of psychotherapy, and featured in the celebrated 1960s educational films, *Three Approaches to Psychotherapy*, more popularly known as '*The Gloria Films*'.

Notes to Editors:

1. The 8th International Conference of the World Association of Person-Centred and Experiential Psychotherapy and Counselling is held at the University of East Anglia from July 6-10.
2. For more information or to arrange interviews with Mick Cooper, Robert Elliott, William B Stiles and Art Bohart, please contact Annie Ogden at the UEA Communications Office on 01603 592764 or press@uea.ac.uk
3. The Centre for Counselling Studies is a major centre for the training of person-centred/humanistic counsellors/ psychotherapists and is based within UEA's School of Education and Lifelong Learning.
4. '*Living with the Gloria films*' by Pamela J Burry is published on July 1 by PCCS Books. For more information or to arrange an interview with the author, please contact Heather Allan on 01989 763900 or heather@pccs-books.co.uk, or visit www.pccs-books.co.uk.