

Newsletter November 2017

Our last NWRPA seminar was on Friday the 10 November 2017. Dr. Alan Priest talked about *How are we doing? Evidencing experience.*

Alan both focussed on his topic and encouraged a wide ranging discussion of an issue our members felt deeply about. Many of those present practice therapy in organisations where evidence based accountability is part of their everyday work.

Dr Alan Priest is a UKCP Registered psychotherapist, lecturer and researcher at the University of Salford with over 20 years experience in both NHS and private practice.

Our profession has become increasingly concerned with convincing others (like funding providers) that we do good work – that is, with establishing an 'evidence-based practice'. This session invited us to consider the process by which experience can become evidence, what we mean by 'evidence' and how it should be used. Alan showed us how the nature of evidence is intertwined with the concept of 'attention' and made a case for the value of 'not knowing'.

In our everyday work we are increasingly concerned with convincing others of the value of what we do. This is often an imposed necessity but we should also be asking ourselves the same question.

This is a question we can answer through our direct experience of our clients. They will tell us what is or is not working for them. However this may not count as evidence. If we tell a purchaser of services that therapy works because our clients say so, this is not usually taken as convincing.

For Rogers the client is the expert which means they should be the ones who have the say in whether therapy is effective. Effectively the customers of therapy services are purchasers, and not therapy clients, which give the purchasers the greater power.

Most current methods of gathering evidence are based on symptom questionnaires like CORE (Clinical Outcomes in Routine Evaluation), BDI (Beck Depression Inventory) and the PHQ-9 (Patient Health Questionnaire). These outcome measures are often used for the needs of managers rather than clinicians and often conflict with a humanistic approach to therapy. (Alan called this a Haynes Manual approach to therapy).

This kind of approach seems to have bypassed discussions of how we can measure distress, the effect of the therapeutic relationship and the impact of therapeutic organisations.

It is intriguing that IAPT (Improving Access to Psychological Therapies) NHS services are the ones with the worst evidence for outcomes while being the services that are most closely based on evidence based principles and where there is a reliance on Cognitive Behavioural Therapy rather than a more diverse range of therapies.

Alan thought that the way we use evidence based evaluations are part of the recent trend to left brain thinking; of concentrating on tasks and details rather than the right brain activities of patterns, wholes and possibilities.

The predominant methods of gathering evidence for the usefulness of therapy can only find what is being searched for. These methods exclude the more narrative approaches which are better suited to finding unanticipated facts.

What has happened is that the viability of certain kinds of evidence have become institutionally more important than either validity or reliability. Validity means that a measure captures what you are interested in. Reliability is where a measure produces similar results under consistent conditions. It is questionable whether CORE, BDI or PHQ-9 are reliable and valid indicators of therapeutic change.

Alan summarised his conclusions as Priest's Rules of Evidence.

- The same thing will be defined differently depending upon the perspective of the observer
- The same thing can take many forms
- The same purpose or result can be achieved in differing ways
- The same outcome or purpose can be achieved by different quantities of the same thing
- The same thing may be called different things
- The same thing can be valued differently in different times.

The best evidence of the value of this seminar was the enthusiasm and interest of the all those attending. **So thank you Dr Alan Priest.**