Evidence Base Supporting the Efficacy of Humanistic Psychotherapy and Counselling

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UK Association of Humanistic Psychology Practitioners

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Section A: Introduction

The research evidence contained in this document is submitted in support of the efficacy of the Humanistic Psychotherapy and Counselling modality in response to the *Professional Standards Authority* (PSA) revision of the *Accredited Registers* (AR) Programme *Standard 1b Public Interest Considerations:*

> *We will decide whether it is likely to be in the best interests of patients, service users and the public to accredit a register, with consideration of the types of activities practised by its registrants. This will include, but not be limited to consideration of the following:*
>
> *i. Evidence that the activities carried out by registrants are likely to be beneficial.*
> *ii. Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration.*
> iii. *Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public*.
>
> (PSA, 2021a:2).

The latter two requirements are already accommodated within other standards.

The body of research evidence accumulated within this document is an expansion of the work conducted by Thomas et al (2008) for the *United Kingdom Council for Psychotherapy (UKCP): Humanistic and Integrative College* in regards to the statutory regulation of the Psychotherapy and Counselling profession under the *Health Professions Council (HPC).* Serious concerns raised by the counselling and psychotherapy profession were upheld by a High Court judgement and statutory regulation was abandoned in 2012. The Accredited Registers Programme was subsequently introduced as a voluntary quality assurance scheme in the same year.

It is noted that the PSA has not published the criteria for assessing such research evidence or an outline of the assessment process. The UKAHPP welcomes the PSA's initiative for register holders to contribute toward a collaborative submission of research evidence. However a collaborative submission cannot be assumed to be representative of the wider counselling and psychotherapy profession and professional organisations that have elected not participated in the AR programme.

Humanistic counselling and psychotherapy is often referred to as the 'third force' alongside psychoanalytical and cognitive behavioural modalities. The Humanistic modality includes approaches such as Client/Person-Centred, Experiential, Gestalt, Transactional Analysis, Psychodrama, Body Work, Art & Dance and Transpersonal amongst other theoretical variations of Humanistic Psychology. Integrative approaches grounded in Humanistic Psychology whilst assimilating concepts from other modalities are also supported by this submission.

Humanistic counselling and psychotherapy are the most common practiced approaches in the UK. They are primarily dialogistic and are offered to a diverse client group of different ages on a short-term to open-ended basis. They are established within the NHS and other public services and in private and voluntary settings. Although this submission is focussed on working with adults on an individual basis, some research may relate to work with other client groups in other settings.

The UKAHPP is an Organisational Member and founder member of the *Humanistic and Integrative College* the largest college within the UK Council for Psychotherapy (UKCP). The contribution of Humanistic innovators such as Carl Rogers, Abraham Maslow, Fritz Perls, Eric Bern, Kurt Goldstein, Roberto Assagioli, John Rowan and John Heron amongst others have been incorporated in the theory and practice of numerous professions including education, human resources, business management, medicine and research.

Humanistic approaches are informed by a common philosophical position about human nature, mental health, distress and the process of change. Central to this premise is that each client and therapist is unique, heterogeneous individuals engaged in an unfolding intra and inter-personal relationship, with the purpose of integrating the complexity of the client's unique experiences more fully within their awareness so as to allow the client's often thwarted actualising tendencies and self-healing capacities to emerge – allowing the client to achieve greater self-determination. Unlike the medical model of mental health and CBT approaches, including Improving Access to Psychological Therapies (IAPT) outcome, hence change is not pre-determined it is not prescribed by the therapist or the assumed authority of a third. Similarly, the client's experience is not reduced to a diagnostic classification such as depression, anxiety, bereavement etc.

Humanistic approaches adopt a holistic view of the person within the immediacy of the client's frame of reference and the 'here and now' dynamics of the therapeutic relationship. Such approaches are not restrained by the limitations of the medical and behaviour approaches where the patient (client) is assumed to be 'broken' and has to be 'fixed' – as if inappropriate to experience psychological distress and it has to be 'cut out' like some kind of psychological cancer. It is concerning that the American Psychiatric Association (2017) has reduced almost all unpleasant human experiences to diagnostic disorders. Constructive personality change emerges over time and in many instances the full benefits of therapy unfold long after therapy has been completed.

Thomas et al's (2008) introduction to the statutory regulation submission state:

> *'According to Ogles et al (1999), when taking into account a) naturalistic investigations of uncontrolled psychotherapy among heterogeneous patient groups, b) controlled studies of well-defined techniques applied to diagnostically homogeneous samples and c) meta-analyses in which one or both types of studies are discussed, With few exceptions...the results of these studies failed to find any consistent difference in outcomes among modalities or orientations' (Ogles et al. 1999:209). Of interest to this research report is less the lack of difference seen between the different modalities in terms of outcome - which has been well documented - and more the apparent congruence between the different research methodologies in terms of research findings relating to the efficacy of the therapeutic interventions investigated'.*
>
> (Thomas et al, 2008:5)

Overall, the research evidence points to the efficacy of Humanistic Psychotherapy and Counselling with heterogeneous and diagnostically homogeneous client populations.

Section B: The inclusion of controlled and non-controlled evidence

The meta-analysis of qualitative and quantitative psychotherapy outcome research, since the 1950's, has repeatedly demonstrated that clients who receive psychotherapy benefit more than clients who do not. The utilisation of the client's frame of reference (rather than the administration of techniques and the elimination of unpleasant symptoms) is central to positive psychological change. Lambert (1992) states:

- Techniques account for 15% of outcome variance [this is the factor NICE, CBT and the medical model place so much emphasis on]
- 15% of outcome variance is attributed to expectancy and the placebo effect [the same as techniques]
- 30% of the effectiveness is accounted for by common factors unique to the client-therapist relationship such responsiveness to intra/interpersonal resonance, empathy, genuineness, unconditional positive regard – this is also the domain of transference and countertransference.
- 40% of variance is accounted for by extra therapeutic change variables – factors unique to the client as an individual and their personal circumstances.

(Norcross & Goldfreid,1992:97).

This research highlights the importance of the therapeutic relationship, therapist conditions and factors unique to the client as an individual – the basis of Humanistic approaches. This is best summed up by Yalom (1989):

> *'The drama of age regression and incest recapitulation (or, for that matter, any therapeutic cathartic or intellectual project) is healing only because it provides therapist and patient with some interesting shared activity while the real therapeutic force - the relationship – is ripening on the tree'.*
>
> (Yalom, 1989:227).

Whilst acknowledging that there are levels of human distress and functioning that are not necessarily compatible with psychotherapy (Rogers, 1961:125-159) it is only when the therapist can meet the client with utmost respect and fully realises, in a psychotherapeutic context, that the client knows best about what is 'hurting' and is the authority for guiding what direction therapy should take, including the navigation of deeply buried trauma and distress, can therapy as collaborative enquiry can truly begin – the therapy is the reserach. No amount of psychotherapeutic formulation and assessment through the taking of case histories, the completion of psychometric tests and tick-box questions, not to mention compliance with regulatory standards, can subordinate this collaborative relational condition.

As a regulator and prescriber of centralised standardisation the PSA seems to struggle with the diversity within psychotherapy and the notion of mental health. It acknowledges that it is not equipped or qualified to assess the efficacy of treatments and therapies offered by registrants covered by the AR programme. The PSA says that it has been criticised for accrediting registered bodies of 'treatments' that are not offered by the NHS and *'for which there is little evidence base'* (PSA, 2020:12-13). As a consequence the PSA has introduced a new standard (1b) the efficacy of treatment and therapies offered by registrants – and which for assessment purposes has been aligned with the NHS, Cochrane and the National Institute for Clinical Excellence (NICE) the guardians of Randomised Control Trials (RCT) as the gold standard for assessing the efficacy of all health care treatments and therapies and cost effectiveness. NICE is responsible for the decline of well established and evidence based counselling and psychotherapy in the NHS – for the simple reason that it does not recognise other research methodologies to the same degree as RCTs. As a consequence the diversity of psychotherapy available in the NHS has been curtailed not necessarily on the grounds of therapeutic effectiveness. Service users have been reduced to passive recipients

of NICE determined treatments and are no longer free to choose what therapy they feel is in their best interests. The NHS tends to offer a handful of 'problem focussed/outcome oriented' Cognitive Behaviour type session, with or without psychotropic medication. There is a case to be made that the PSA ought to be more concerned about 'clients' paying for therapy in the private sector that could and should be available free at the point of access within the NHS.

NICE holds a position that is biased toward an illness model of mental health and imposes the values and traditions of alternative counselling and psychotherapy approaches despite a very substantial evidence-base to the contrary as demonstrated in this submission.

Thomas et al (2008) in preparation of statutory regulation of the counselling and psychotherapy profession made the following statements about the theoretical limitations and non-neutrality of Randomised Control Trials.

> *'It has been argued that for humanistic psychologists, of particular relevance is that RCT's typically cast clients as passive recipients of standardized treatments rather than active collaborators and self-healer' (Elliott, 2001:316), something which can put this type of research design at odds with a humanistic approach to psychotherapy. Also, that Randomised Control Trials 'do not warrant causal inferences about single cases... because they rely on an operational definition of causal influence rather than seeking a substantive understanding of how change actually takes place. In other words they are "causally empty..."* (Elliott, 2001:316).
>
> *Difficulties can be seen to arise in the argument that 'the RCT is not a theory-neutral evaluative method but rather a research method shaped by assumptions that originate in behaviourist theories of therapy' (Schmitt Freire, 2006:323). Connected to this is the argument that 'there is no neutral language or basic vocabulary shared by the competing (behaviourist and non-behaviourist) therapies theories that would enable the comparison of their observation reports' by use of an RCT (Schmitt Freire, 2006: p.323).*
>
> *These factors mean that, whilst recognizing the importance of evidence obtained through controlled experiments, relying solely on RCTs in relation to the evidence base for humanistic, and many integrative, psychotherapies limits the range of available evidence and does not enable the construction of an appropriately broad picture of existing research on the efficacy of the therapies investigated. The argument here is therefore that considering both evidence obtained from randomised -control trials and that from other, non-controlled, sources – both quantitative and qualitative research methodologies, and including single-client case studies - allows for a broader picture of available research evidence to emerge.*
>
> *Whilst there are arguments that the essential principles of humanistic, and many integrative psychotherapies, do not lend themselves to measurement, if this route is to be pursued, alongside practice-based evidence research other alternative research designs such as the Hermeneutic Single Case Efficacy Design (HSCED)* [and the Co-operative Inquiry Research paradigm] *(Elliott, 2001,2002) have shown the potential for a wealth of relevant and credible evidence to be obtained through non RCT- based research and have further challenged the need to rely exclusively on evidence obtained from Randomised Control Trials.*
>
> (Thomas et al, 2008:8-9).

The use of RCT's is seen as going against the core philosophy of Humanistic Psychology. Elliott & Freire (2010) have conducted a thorough analysis with care and precision - yet it is quantitative in orientation which pushes out proponents of other more Humanistic research methods. This imposes a positivist, psychometric view of researching human beings; and

indeed it can be argued that RCT's may have little to do with clients' lived experiences, tensions and quality of life.

The NICE Stakeholders Campaign (2021) which calls for a full and proper review of current guidelines has repeatedly drawn attention to the exclusion of relevant data including the reflection of service-users and client experience in the medium and long term. It recognises that service users are relegated to passive recipients of so called scientific research and that NICE's position leads to wholly unreliable guidelines and threaten service user choice and client welfare. The campaign stresses:

i. We would like to see NICE guidance endorse the principles of choice of psychotherapeutic approaches for patients [clients] since there is a significant risk that lack of choice will have a large negative impact on clinical practice.
ii. While the draft guidance acknowledges the importance of offering patients a choice of treatments the recommendations themselves do not reflect this principle. Instead, the guidance… proposes Cognitive Behavioural Therapy (CBT) as the first-line treatment, either alone or in combination with medicine.
iii. Recent meta-analyses have shown that patients matched to their preferred therapy are less likely to drop out prematurely and also achieve greater improvement in treatment outcomes (Cooper et al, 2017; Lindheim et al, 2014; Swift et al, 2011; Lin et al, 2005).
iv. Patients' choice of treatment is also important in the light of evidence from several randomised control trials (RCTs) that demonstrate differential responses to treatment types based on patient characteristics (Fournier et al, 2009; Wallace et al, 2013; DeRubels et al, 2014; Huibers et al, 2015).
v. A 'one size fits all' approach involving CBT as the default treatment will seriously compromise patient mental health through its application of an exceedingly limited range of psychological treatments when there is evidence for the efficacy of a wide range of treatments. [If Sigmund Freud and Carl Rogers were contemporary innovators in the field of psychotherapy, it is doubtful if their views would be accounted for within NICE's preferred research methodology and constrained view of the wider application and ethos of psychotherapy and counselling].
vi. We also regard it as unethical that practitioners should be advised to disregard patient choice among psychological treatments. The guidance therefore challenges the ethical practice of clinicians.
vii. Alongside many others writing about the social cause of mental distress Pilgrim et al (2009) summarise the strong interdisciplinary case for the importance of personal relationships in both the creation and amelioration of mental health problems.
viii. Even NICE (2009:628) recognises: "*despite considerable work on the aetiology of depression including neurobiological, genetic and psychological studies, no reliable classification system has emerged that links either to the underlying aetiology or has proven strongly predictive of response to treatment'* in addition the fact that "the construction of 'depression' as a clinical condition is contested amongst GPs (Chew et al 2000; May et al 2002; Pilgrim & Doric 2006): NICE, 2009:99-100).
ix. We maintain overall NICE's methodology has been inappropriately applied to psychotherapy in that:

- It adheres to an overly medicalised perspective on emotional distress
- There is a lack of triangulation
- It treats psychotherapy as if it were a drug for research purposes when a more appropriate metaphor might be therapy as dialogue
- It uses an inflexible hierarchy of evidence
- The relevance of the assumptions which underpin NICE's preferred research methodology (RCTs) for all psychological therapy approaches is questionable. NICE is effectively excluding the majority of existing [and well

established] psychological therapies (which do not operate from this standpoint) from being considered for inclusion in its recommendations.

- Guidance omits reference to certain modalities. Humanistic and Integrative Therapy, such as Transactional Analysis, Gestalt and Integrative Psychotherapy and Person-Centred [Psychotherapy] (Van Rijn et al, 2011; Van Rijin & Wild, 2013, 2016). [And] There is a growing evidence for body psychotherapy (Rohrocht et al, 2013, 2015). NICE rejects our references on the grounds that "they do not meet the study design criterion" (not an RCT or systematic review of RCTs).
- [NICE's preferred research methodology and limited view of psychotherapy and counselling, places constraints on the wider profession and if allowed to maintain its current momentum it with stifle innovation in the whole field of mental health and beyond – as 'one-size' will be forced on all].

On 28 May 2021 a statement was issued to all Accredited Register holders, by Mr Alan Clamp PSA Chief Executive, affirming the PSA's intention to ignore overwhelming concern within the wider field of counselling and psychotherapy about RCTs and the implementation of NICE guidelines by endorsing false assumptions about mental health, the process of change and 'scientific' research methodology:

> *'Not all the benefits of the activities of registrants can be evidenced through scientific means. Not all treatments will be able to meet the commonly agreed definitions of efficacy, which is the ability to produce a desired or intended result'*
>
> (PSA, 2021b:2)

The research evidence submitted in this document affirms that the efficacy of Humanistic psychotherapy approaches has been consistently evidenced through established scientific research methodologies for many decades. In recent years these service user access to these therapeutic approaches has been restricted by NICE in favour of Cognitive Behavioural approaches and the medical model. As such NICE (and the PSA) insists that the attainment of predetermined 'desired results' is the primary purpose of psychotherapy and must be open to psychometric measurement, the attainment of service user preferred therapies and alternative outcome determination cannot be accommodated within NICE's favoured research methodology RCTs) and are subsequently discounted – consequently mental health provision within the NHS is 'regulatory' not 'client' centred.

The PSA has rushed through the implementation of Standard 1b with little consultation with register holders and consideration of the long term implications for the public interest and service user choice. The efficacy of counselling and psychotherapy across all modalities and approaches is 'profession specific' yet the standard is assessing efficacy as a 'register specific' tick box requirement. It would be difficult for the PSA to suspend the accreditation of one register whilst approving the accreditation of another register which provides similar services. The PSA has since invited Register Holders to contribute toward a collaborative submission or submit evidence specific to their register. With the financial sustainability of the AR programme being a key consideration for the PSA, questions have been raised about the financial implications of delegating the assessment of efficacy submissions to external agencies such as NICE.

Although the efficacy of CBT and the medical model are seldom (if ever) scrutinised in accordance with the values and principles of alternative research methodology, out of political expedience the UKAHPP is complying with Standard 1b requirements, rendering unto Caesar what is Caesar's but without endorsing the assumed magnificence of the 'king's new clothes' in the form of RCTs. In the interest of the public, it is clear that the PSA should be promoting practices where the real 'research' is the 'therapy' a collaborative inquiry into the client's unique circumstances - the significance of which cannot be determined by the assumed authority of discriminatory research practices.

Humanistic approaches seek to evaluate and integrate new information from clinical practice, a wide range of relevant research including, infant observation studies, memory and consciousness studies, as well as research from other disciplines. One major area of research that affirms the conditions advocated by Humanistic approaches, yet again ignored by NICE has been conducted in the field of Neuroscience.

Neuroscience

Technological advances in brain imaging have shown that the human brain is continually built and re-built in response to experiences. These neuroscientific discoveries have had a significant impact on our understanding of how *'the brain's architecture is related to the problems, passions and aspirations of human beings'* (Cozolino, 2002) and how personality change and growth can occur.

Change and growth in psychotherapeutic relationships, especially within the Humanistic therapeutic tradition, has long been associated with relational qualities such as empathy, respect and genuineness. Feeling profoundly understood and accepted fosters a sense of wellbeing, which enables the client to engage in self-reflexivity and constructive personality change (Rogers 1959 & 1957).

Although all forms of psychotherapy were developed long before contemporary scientific understandings of the brain emerged, the most recent findings of current affective neuroscience are entirely consistent with and support all long-established psychotherapeutic theory and practice in that the psychotherapeutic experience can now be seen to enhance change in relevant neural circuits (Cozolino, 2002). Looked through the lens of contemporary neuroscience, empathically attuned relationships between therapist and client can be seen as *'implicit, inter-subjective communications… expressed in psychobiologically disregulated and regulated, bodily based emotional states, not just conscious, cognitive mental states'* (Schore, 2019:31).

The moments of deepest connection, when potential for change is optimal, occur when a synchronised shift from left to right brain dominance occurs in both therapist and client. When two right brains begin to interact, the therapist's right brain can *'empathise, synchronize and intersubjectively resonate with the dysregulated or regulated states of the patient's mind*' (Schore, 2019:64).

This is particularly true of the relational based models of psychotherapy and counselling developed 70 years ago, which has always been the essence of the Humanistic counselling and psychotherapy approaches (such as Rogers, 1959 & 1957). Humanistic therapists are able to establish deep, empathic therapeutic relationships with their clients to provide the conditions that optimise the possibility of healing, change and growth. Psychotherapy and counselling that is relational and affect-focussed *'is not the 'talking cure' but the 'affect communicating cure'* (Schore, 2019:32).

Categorisation of the literature:

The research evidence in this document supporting the efficacy of the Humanistic Modality has been structured within a hierarchical categorisation as follows:

1. Meta-analyses of outcome studies
2. Randomised Controlled Trials
3. Quantitative (non RCT) outcome studies
4. Qualitative research
5. Case Studies

For the purposes of this submission and where possible, the evidence contained within this categorisation has ascribed to a particular Humanistic approach for research purposes, it does not constitute division within the Humanistic modality and should be viewed as an indicator of the modality as a whole and the commonality across its various applications – not as stand-alone micro-modalities. It is primarily the maintenance of the therapist attitudinal conditions above the application of techniques that is at the heart of all Humanistic approaches.

As previously stated Humanistic therapists share a common philosophical position about human nature and the process of change, through an interpersonal and intrapersonal collaborative process. They are not pre-occupied with reducing the human condition to a set of manualised diagnostic factors or the attainment of predetermined outcomes and as such the efficacy of Humanistic approaches cannot be assessed in accordance with the restrictive and limiting assumptions inherent in the research paradigm employed by NICE.

Section B: Humanistic Research Data

1. Meta-Analyses

First Author	Approach/Sub Type	Outcome Evidence
Levitt 2016	Humanistic General	This article argues that psychotherapy practitioners and researchers should be informed by the substantive body of qualitative evidence that has been gathered to represent clients' own experiences of therapy. The current meta-analysis examined qualitative research studies analyzing clients' experiences within adult individual psychotherapy that appeared in English-language journals. This omnibus review integrates research from across psychotherapy approaches and qualitative methods, focusing on the crosscutting question of how clients experience therapy. It utilized an innovative method in which 67 studies were subjected to a grounded theory meta-analysis in order to develop a hierarchy of data and then 42 additional studies were added into this hierarchy using a content meta-analytic method—summing to 109 studies in total. Findings highlight the critical psychotherapy experiences for clients, based upon robust findings across these research studies. Process-focused principles for practice are generated that can enrich therapists' understanding of their clients in key clinical decision-making moments. Based upon these findings, an agenda is suggested in which research is directed toward heightening therapists' understanding of clients and recognizing them as agents of change within sessions, supporting the client as self-healer paradigm. This research aims to improve therapists' sensitivity to clients' experiences and thus can expand therapists' attunement and intentionality in shaping interventions in accordance with whichever theoretical orientation is in use. The article advocates for the full integration of the qualitative literature in psychotherapy research in which variables are conceptualized in reference to an understanding of clients' experiences in sessions.
Wampold 2015	Humanistic General (Common Factors)	The common factors have a long history in the field of psychotherapy theory, research and practice. To understand the evidence supporting them as important therapeutic elements Then the evidence, primarily from meta-analyses, is presented for particular common factors, including alliance, empathy, expectations, cultural adaptation, and therapist differences. Then the evidence for four factors related to specificity, including treatment differences, specific ingredients, adherence, and competence, is presented. The evidence supports the conclusion that the common factors are important for producing the benefits of psychotherapy.
Vos 2015	Humanistic General	A review the evidence on the efficacy of different types of existential therapies: a family of psychological

		interventions that draw on themes from existential philosophy to help clients address such issues in their lives as meaning and death anxiety. Method: Relevant electronic databases, journals, and reference lists were searched for eligible studies. Effects on meaning, psychopathology (anxiety and depression), self-efficacy, and physical well-being were extracted from each publication or obtained directly from its authors. All types of existential therapy for adult samples were included. Weighted pooled mean effects were calculated and analyses performed assuming fixed-effects model. Results: Twenty-one eligible randomized controlled trials of existential therapy were found, from which 15 studies with unique data were included, comprising a total of 1,792 participants. Meaning therapies (n = 6 studies) showed large effects on positive meaning in life immediately post intervention (d = 0.65) and at follow-up (d = 0.57), and had moderate effects on psychopathology (d = 0.47) and self-efficacy (d = 0.48) at post intervention; they did not have significant effects on self-reported physical well-being (n = 1 study). Supportive-expressive therapy (n = 5) had small effects at post treatment and psychopathology follow-up (d = 0.20, 0.18, respectively); effects on self-efficacy and self-reported physical well-being were not significant (n = 1 and n = 4, respectively). Experiential-existential (n = 2) and cognitive-existential therapies (n = 1) had no significant effects. Conclusion: Despite the small number and low quality of studies, some existential therapies appear beneficial for certain populations. We found particular support for structured interventions incorporating psychoeducation, exercises, and discussing meaning in life directly and positively with physically ill patients. It is important to study more precisely which existential intervention works the best for which individual client.
Lindheim 2014	Humanistic General	Indicate that clients involved decision making about the choice of therapy or received their preferred therapy report higher levels of satisfaction, better completion rates and superior outcomes.
Swift 2011	Humanistic General	This meta-analysis shows that patients matched to their preferred choice are less likely to drop out of therapy prematurely and achieve greater improvement.
Elliott 2004b	Humanistic General	Meta-analyses of Humanistic therapies, as a whole, support the hypotheses that they are efficacious and effective forms of therapy, with a large average pre-post effect size of 0.90, reducing down to 0.89 when compared against waiting-list or no-therapy controls'.'Statistical equivalence findings' were reported by comparative effects analysis 'with a unweighted mean difference in *ES* of .04 (*N*= 74 comparisons; *SD*= .56); weighted; .01 (*N*=1,375 clients). The author's state that this was an 'equivalence finding'- that PCPC was statistically equivalent to other EST's. This work laid the foundations for the new meta-analysis carried out by Elliott & Freire (2008) through a

		grant given by the British Association for the Person-Centred Approach, which was published in Elliott & Freire (2010).
Elliott 2002a	Humanistic General	A meta-analysis of 86 studies, including 31 controlled studies and 41 comparative treatment studies led to the conclusion that: a) Clients who participate in humanistic therapies show, on average, large amounts of change over time. b) Post therapy gains in humanistic therapies are stable; they are maintained over early (<12 months) and late (>12 months) follow-ups. c) In randomised clinical trials with untreated control clients, clients who participate in humanistic therapies generally show substantially more change than comparable untreated clients. d) In randomised clinical trials with comparative treatment control clients, clients in humanistic therapies generally show amounts of change equivalent to clients in non humanistic therapies, including CBT.
Carr 2007	Humanistic General	Cites Elliott (2004) study of 112 uncontrolled studies, 37 controlled studies, 55 studies where IHP contrasted with other treatments. Average duration of sessions was 22. Unweighted pre-post effect size was 0.99, the unweighted effect size based an comparison with untreated controls was 0.89. Weighted effect sizes were 0.86 for pre-post comparisons and 0.78 for treatment control comparisons. Average treated case post- therapy saw improvements In 80-84% compared to pre-therapy. Similar to results for CBT.
Lambert 1992	Humanistic General (Common Factors)	This research affirmed the importance of common therapeutic factors including therapist attitudinal conditions above therapist interventions (practical skills) in determining outcome.
Mitchell 1977	Client/Person-Centred	The results indicate that: a) Much of the earlier data arid some of the more recent data, 'when taken together, prove to be Inconclusive about many Issues. b) Many studies have not included high facilitators as defined by the Truax or Carkhuff scales and under such circumstances, it was virtually impossible to explore the full impact of empathy, warmth and genuineness on client change.
Elliott 2007	Client/Person-Centred	a) In analysis of 52 studies of pure p-c therapy, overall pre-post effect size is large (mean effect size [ES:] 0.91). Immediate post-therapy (mean ES: 0.84); early follow up [<lyr] (mean ES:1.14) and late follow up [>lyr] (mean ES 0.94). b) In 11 studies comparing p-c therapy to no treatment controls, effects large (mean difference pre-post ES is

		0.78) c) In 28 studies comparing p-c clients with non-experiential therapies there was essentially no difference (mean difference in pre-post: ES: -0.4)
Greenberg 1994	Humanistic Experiential	Over 125 studies were reviewed and results indicated a positive valuation of experiential therapy in 4 areas: a) Depression - claim of "efficacious" ran be supported for experiential therapies in general and for PE therapy in particular. b) Anxiety disorders existing evidence mixed but sufficient to warrant: a verdict of "possibly efficacious". However, studies show that experiential therapies may be less efficacious than GB therapies. c) Trauma evidence suggests that PE therapies are "specific and efficacious" treatments. d) Marital Problems EFT for couples continues to gain research support as an experiential treatment for marital distress. With 10 pre-post studies (mean ES: 1.40), 6 controlled studies (mean ES: l.93, and 5 comparative outcome studies (mean ES: 0.89), EFT has the best: track, record of any experiential therapy.
Elliott 1996	Process Experiential	The results of 63 various outcome studies indicated that both uncontrolled pre-post and untreated control-referenced effect sizes were large (ES = 1.2.1 &. 1.04 sd respectively). Outcomes for experiential/ client centred treatments were statistically equivalent to non-experiential treatments generally (ES = +0.06; n = 38 comparisons) and specifically to cognitive behavioural interventions (ES = - 0.06; n = 26). The largest effect sizes were obtained for active, process-directive experiential therapies and marital problems.
Elliott 2002b	Process Experiential	The results of at 11 separate studies with various clinical populations and various subjects (the most common being major depression) indicated very large pre to-post effect: sizes; (ESs) for PE therapy (mean ES = 1.34 standard deviation).
Elliott 2001	Process Experiential	a) The 18 studies (mainly studying major depression) of individual PE therapy include 3 controlled studies, 6 comparative studies and 9 naturalistic or open trial studies. The research indicates the efficacy of PE therapy (mean pre-post ES = 1.26 where n = 18; standardised difference (from 2003 study by Elliott el al)). For: b) Controlled studies: mean ES = 0.89. Comparative treatment studies: mean ES = 0.55.
Elliott 2009	Person-Centred/ Experiential	Understanding and contributing to the evidence base that supports their practice is a key survival strategy for Person-Centred/Experiential therapists and counsellors. Building on previous meta-analytic studies (e.g., Elliott, Greenberg & Lietaer, 2004), we added another 80 predominantly recent outcome studies to the large sample previously reported, in order to provide an analysis of more

		than 200 quantitative outcome studies on person-centred, nondirective-supportive, process-experiential/ emotion-focused, and other experiential therapies. Consistent with previous versions of this meta-analysis, we found the following: (1) Clients in PCE therapies experienced large amounts of pre-post change. (2) Post therapy gains were maintained over early and late follow-ups. (3) In controlled studies, clients experienced large gains relative to untreated groups. (4) In general, PCE therapies appeared to be statistically and clinically equivalent when compared to non-PCE therapies. (5) In focused comparisons examining four different types of PCE therapy, CBT was clearly superior to nondirective-supportive therapies, but equivalent to bona fide person-centred therapy; emotion-focused therapy appeared to be superior to CBT; while other experiential therapies were equivalent to CBT in effectiveness. These results held regardless of whether analyses made use of all available studies or were restricted to RCT studies only. These results are consistent with complementary lines of evidence relating empathy to outcome (Bohart et al., 2002), and client treatment preference data. Taken together, the body of evidence clearly indicates that PCE therapies should offered to clients in primary care, NHS, and other mental health settings. Relying on multiple lines of evidence, such as provided in the present study, provides a sound basis for establishing public mental health policy.
Elliott 2010 & 2008	Person-Centred/ Experiential	The most comprehensive quantitative research document to support the effectiveness not only 'classical' PCPC yet also Person centred and experiential Psychotherapy and Counselling, using a sample of 180 outcome studies they 'provide multiple lines of evidence demonstrating that PCPC therapies are highly effective' *'PCPC therapies are associated with large pre-post client change'*. 14,000 clients were looked at from 186 studies. A weighted effect size of 1.01 was obtained. This is considered a 'to be a very large effect' and states that PCPC 'makes a big difference for clients. The authors note that this statistic is true 'for general symptom measures' as replicated by Stiles et al (2006, 2007). *'Clients pre and post therapy gains are maintained over early and late follow-ups'*: effect size of .99 'immediately after therapy vs. 1.12 for follow-ups less than a year after therapy. This is taken to endorse the PCPC philosophy of enhancing client self determination and self actualisation. '*Clients in PCPC therapies show large gains to clients who receive no therapy'*: assignment to therapy was often 'random'. An interesting occurrence was reported: 31 RCT's within the sample (550 PCPC clients) when analysed it was found that 'randomisation made almost no difference (controlled effect size = .78 *SD*). This is hugely important as it is assumed by social scientists that 'randomisation is necessary if we want to conclude that therapy causes direct client change' (2010: 10). This adds weight to PCPC concerns that RCT's are not consistent with its basic

		philosophy-phenomenology-people are unique and different. *'Broadly defined, PCPC therapies might be trivially worse than CBT'.* A small *ES(-.18 in the full sample; -.16 in the RCT's)* from 76 comparisons of which 63 were RCT's. The 'small effect' disappeared when researcher allegiance was taken into account. *'So called 'supportive' therapies have worse outcomes than CBT but other kinds of PCPC therapy are as effective or more effective than CBT'.* The 'supportive therapies' were 'watered down' versions of PCPC, not the 'bona fide' version, mostly used by CBT researchers, usually in the USA. Once these supportive therapies were removed PCPC was statistically equivalent to CBT 'in effectiveness-*ES* of .09.
Timulak 2010	Person-Centred and Experiential Psychotherapies	Reported on what outcomes and effects were noted in relation to PCPC. The first concern was that the field is dominated by the experimental methodology of RCT's and finding good qualitative studies was difficult. The field of humanistic psychotherapy was trawled through as PCPC sits within this arena. Nine studies were located: 4 on depression, 1 on anxiety, 1 on couple therapy, 1 on adult survivors of sexual abuse, 1 on financial worries/ generalised anxiety and 1 on relationship difficulties. Using a 'descriptive -interpretative framework' the authors began by formulating 'domains'. Secondly 'meaning units' were created by dividing the data up-these would produce a 'coherent meaning'. The different meaning units were compared and categorised and finally the final description and conceptualisation 'was inspected and methodological influences' cited. The results were as follows: the majority of the researchers were humanistic and proceeded from this point. The reported findings were 'more descriptive rather than interpretative', the descriptions from clients fitted well into the delineated categories however there was a recognition that the client presenting issues did not cover 'more serious problems e.g. psychosis but rather referred to outpatient only'. Meta category analysis, with these yielded from the clients initially are striking: clients 'typically' *appreciated 'experiences of the Self*', clients *'appreciated Vulnerability',* clients reported *'experience of Self Compassion',* a forth category labelled '*experiences of Resilience':* reporting that clients stay resilient and 'firm.' Clients reported consistent feelings of '*feeling empowered'*-of giving themselves credit for going into their issues, of making decisions and gaining control over their lives. The sixth meta category is that of clients reporting of 'mastering symptoms'-clients felt that they overcame and indeed mastered their symptoms and finally clients reported various instances of changes in their life circumstances, though some for example, being financially better off, were not linked to successful outcomes in therapy.
Hendricks 2001	Focusing	Of 91 studies reviewed: a) 27 of these studies have shown that higher

		experiencing correlates with more successful outcome in therapy. b) 23 studies found that focusing, measured by instruments other than the Experiencing Scale, correlated with successful outcome.
Bohart 2000	Active-Self Model	There is considerable evidence consistent with the idea that therapy is a process primarily in which human beings, with active-self healing capacities, use the therapy relationship to solve their problems, for example, in Jacobs (1995) and Selmi et al(1990) computer provided therapy was found to be as effective as professionally provided therapy. Clients who are involved are more likely to benefit. A key component of why the therapy relationship is important is to do with its capacity for fostering client involvement. The placebo effect also demonstrates the power of client self-healing. Layout of this paper different - argues primarily for client self-healing rather than a specific type of therapy.
Ryle 1995	Cognitive Analytic Therapy	a) Descriptive trials: Out of 4 studies, significant improvements occurred in nearly all measures and changes were maintained at follow-up where follow-ups took place. However, in Pollock & Kear-ColweII (1994) though the 2 female patients revised how they construed the relations of men to them, the view of how women related to men as victims was little altered. The problem was thought to be in the brevity of therapy, b) Controlled trials: Generally with the 5 studies (for a range of issues from anorexia to non-compliant asthma sufferers) showed significant improvements. However, in the study by Fosbury (1993) although significant improvement in HbAl occurred, these changes were not sustained in 9-month follow-up. In one study CAT was compared to educational behaviour therapy and objective measures were found to be similar, however, on subjective measures improvements were significantly higher.
Chandraiah 2021	Creative Arts Therapies	Statistically significant decrease in self-reported depression pre to N = 18 psychiatric outpatients with a range of diagnoses entered and 10 were included in study – those who attended more than 3 of the 8 sessions. Pre-post pilot study. Standardised measure of depression.
Cheng 2021	Creative Arts Therapies	The pooled SMDs for arts therapy were statistically significant for quality of life (0.58; 95% CI: 0.02-1.13; p = 0.04), anxiety (-1.10; 95% CI: -1.88 to -0.32), depression (-0.71; 95% CI: -1.19 to -0.23), pain (-1.01; 95% CI; -1.97 to -0.08), and fatigue (-0.59; 95% CI: -1.18 to -0.00). However, the summary SMDs for arts therapy was not significant for sleep disturbance, anger, vigor, tension, confusion, and stress. This meta-analysis shows that arts therapy has favourable effects on improving quality of life and depression among patients with breast and gynecological cancers. Arts therapy also has positive effects on improving anxiety, pain, and fatigue symptoms

		among patients with breast cancer.
Chilvers 2021	Creative Arts Therapies	Rich qualitative data and reporting of clinically significant change: reduced, and all scores fell from severe to moderate or below. 6 of discharged from mental health services at the end. Participants reported art making assisted with the expression and management of emotions. N = 3 participants diagnosed with borderline Personality disorder. A coproduced research article. Standard depression measure - PHQ-9. Three of 8 clients participated in the study. Thematic analysis.
De Lucia 2021	Creative Arts Therapies	Rich qualitative data. One veteran specifically mentions help with depression. Making art within the art therapy research framework was experienced helping put things into words and connect with others new ways. N = 10 veterans transitioning to civilian life. No formal diagnoses reported. Core searching to improve art therapy's ability to meet needs. Qualitative participatory action research.
De Witte 2021	Creative Arts Therapies	Empirical studies in the creative arts therapies (CATs; i.e., art therapy, dance/movement therapy, drama therapy, music therapy, psychodrama, poetry/bibliotherapy) have grown rapidly in the last 10 years, documenting positive impact on a wide range of psychological and physiological stress, trauma, depression, anxiety, and pain). However, it remains why the CATs have positive effects, and which therapeutic factors changes. Research that specifically focuses on the therapeutic factors mechanisms of change in CATs is only beginning to emerge. To gain into how and why the CATs influence outcomes, we conducted a scoping studies = 67) to pinpoint therapeutic factors specific to each CATs factors of CATs, and more generic common factors across all psychotherapy approaches. This review therefore provides an overview of empirical dealing with therapeutic factors and/or mechanisms of change, and analysis of these therapeutic factors which are grouped into domains. of 19 domains of CATs therapeutic factors is proposed, of which the are composed solely of factors unique to the CATs: "embodiment," and "symbolism and metaphors." The terminology used in change is clarified, and the implications for future research, clinical practice, education are discussed.
Rieger 2021	Creative Arts Therapies	Most of the studies focused on patients with cancer (92.3%). A significant effect was found on several outcomes that are important in psychosocial oncology: quality of life, psychological state, spiritual wellbeing, and mindfulness. The effect on fatigue was equivocal. This novel intervention demonstrates promise for the psychosocial care of patients with cancer.
Yang 2021	Creative Arts Therapies	Art therapy could positively affect the levels of depression [standardized mean difference (SMD), -1.36; 95% confidence interval (CI), (-1.63, -1.09); P < 0.00001] and

		blood glucose in diabetic patients [mean difference (MD), -0.90; 95% CI, (-1.03, -0.77); P < 0.0001], while it had no influence on the levels of anxiety [SMD, -0.31; 95% CI, (-0.93, 0.31); P = 0.32] and glycated hemoglobin [MD, 0.22; 95% CI, (-0.02, 0.46); P = 0.07]. Art therapy may have significant effects on the levels of depression and blood glucose for diabetic patients.
Aktas 2020	Creative Arts Therapies	Statistically significant improvement pre to post in depression, anxiety hopelessness. N = 8 women with PTSD related to domestic violence. Mixed methods, pre-post design. Standardised measures of hopelessness, anxiety and depression.
Alexander 2020	Creative Arts Therapies	Total mood disturbance on the Profile of Mood States significantly first 3 of 5 art therapy workshops. Depression-dejection reduced in significantly in two of them. Participants said art making helped them experiences into words. N = 33 veterans who were university students. No formal diagnosis reported. Mixed methods pilot for mood and distress. One-off art therapy workshops. Pre-post design. Profile of Mood States to assess different forms of mood disturbance including depression-dejection.
Bosman 2020	Creative Arts Therapies	Four articles described positive effects of art therapy on anxiety, depression, or quality of life in adults with cancer. Art therapy could possibly help decrease symptoms of anxiety and depression, and improve quality of life in adult cancer patients.
Parsons 2020	Creative Arts Therapies	Therapeutic factors in arts therapies, CBT, psychodynamic psychotherapy and counselling for depression: Active engagement, learning skills, developing relationships, expressing emotions, processing at a deeper level, gaining understanding, experimenting with new ways of being, integrating useful material
Xu 2020	Creative Arts Therapies	The pooled SMD of art therapy for depression was -0.73 (95% CI, -1.45 to -0.01; p = .046). In the age subgroup analysis, the summary SMD of art therapy for anxiety was -1.30 (95% CI, -2.45 to -0.14; p = .03) for a mean age of more than 55 years. The summary SMD of art therapy for depression was -1.01 (95% CI, -1.95 to -0.05; p = .04) for a mean age of less than 55 years. This meta-analysis revealed that art therapy demonstrates positive effects on depression but not anxiety in patients with breast cancer. There appears to be a critical age period for art therapy to alleviate anxiety or depression in these patients.
Brandão 2019	Creative Arts Therapies	Main techniques of art therapy used were: manual work (drawing, painting, and modeling), music, poetry, photography, theater and contemplation of art pieces. It can be understood that art therapy is a safe and reliable tool for treatment not only of depression but also of other mental disorders.

Dunphy 2019	Creative Arts Therapies	Depression experienced by older adults is proving an increasing global burden, with rates generally 7% and as high as 27% in the USA. This significantly increase in coming years as the number and proportion in the population rises all around the world. Creative arts interventions, dance movement, drama, and music modalities, are utilized internationally depression and depressive symptoms in older adults. This includes by trained arts therapists as well as other health and arts professionals. systematic review of studies on creative arts interventions for older experiencing depression examined: outcomes of four creative arts dance movement, drama, and music); with particular attention paid documented as contributing to change in each modality; and mechanisms considered to result from these processes. Our analysis of 75 articles dance, 4 drama, and 41 music) indicates mostly significant quantitative qualitative findings, particularly for interventions led by creative arts Mechanisms of change gleaned from the studies that were common modalities include physical (e.g., increased muscle strength; neurochemical such as endorphin release), intra-personal (e.g., enhanced self-concept, strengthened agency and mastery; processing and communication cultural (e.g., creative expression, aesthetic pleasure), cognitive (e.g. memory), and social (e.g., increased social skills and connection), considered to contribute to reduced depression and symptoms. Recommendations for future research includes stronger focus on testing of processes mechanisms.
Blomdahl 2018	Creative Arts Therapies	Significantly reduced depression in art therapy, and more return to treatment as usual alone. N=79. Multicentre randomised controlled trial. Art Therapy + treatment as usual versus treatment as usual alone. 43 AT, 36 TAU.
Bourne 2018	Creative Arts Therapies	This study investigated the effects of dramatherapy group work with the ages of 18 and 65 years, who have mental health problems. A review was undertaken using a meta-ethnography to synthesise the relevant research. Database searches identified 111 records, from included in the review. There was a combined total of n = 194 participants eleven of the studies; plus one study that did not give exact participant The included studies were either qualitative or mixed method, with designs: case studies, interviews, focus groups, observations, questionnaires & evaluations, and use of a variety of measurement tools. There was populations including: adults with intellectual disabilities, adult offenders, community service users, and in-patients. Participants were from different settings. Overall findings were encouraging and included; social interaction, improved self- awareness and empowerment. .
Ciasca 2018	Creative Arts Therapies	Significant improvement in depression and anxiety in art therapy compared control. N = 56 women over 60 years old with major depression and on antidepressants . 31 had art therapy, 25 no art therapy. Randomised. Standardised

		depression and anxiety scales.
Dunphy 2018	Creative Arts Therapies	Most significant quantitative or positive qualitative findings, particularly for interventions led by creative arts therapists. Mechanisms of change gleaned from the studies that were common across modalities include physical (e.g. increased muscle strength; neurochemical effects, such as endorphin release), intra-personal (e.g., enhanced self-concept, strengthened agency and mastery; processing and communication of emotions), cultural (e.g., creative expression, aesthetic pleasure), cognitive (e.g., stimulation of memory), and social (e.g., increased social skills and connection), that were all considered to contribute to reduced depression and symptoms. Recommendations for future research includes stronger focus on testing of processes and mechanisms.
Blomdahl 2017	Creative Arts Therapies	Participants reported becoming more aware of inner dialogues through support of the therapist. N = 10 interviewed. Qualitative. Phenomenology.
Nan 2017	Creative Arts Therapies	Clay art therapy was better than visual art activities for depressive health, and body–mind–spirit well-being. N = 106. Randomised controlled trial. Clay art therapy versus visual art activities (non-therapy). Pre, post and 3-week follow-up.
Rigby 2016	Creative Arts Therapies	A systematic review of randomised controlled trials on the effectiveness of creative interventions on psychological outcomes in adults with cancer found evidence that such interventions can help with stress, anxiety, depression, quality of life, mood, coping, and anger.
Schouten 2015	Creative Arts Therapies	In half of the included studies, a significant decrease in psychological trauma symptoms was found in the treatment groups, and one study reported a significant decrease in depression.
Boehm 2014	Creative Arts Therapies	Results on depression showed a mean difference of −0.30 [−0.60; 0.00] (). This difference was not significant. Arts therapies seem to positively affect patients' anxiety (standardized mean difference: -1.10; 95%, confidence interval: -1.40 to -0.80) but not depression or quality of life. The review indicates that arts interventions may have beneficial effects on anxiety in patients with breast cancer.
Blomdahl 2013	Creative Arts Therapies	Eight therapeutic factors: self-exploration, self-expression, communication, understanding and explanation, integration, symbolic thinking, creativity, and sensory stimulation. No general conclusions could be drawn regarding circumstances, but the results indicate that art therapy can be performed successfully in a wide variety of clinical situations.
Thyme 2007	Creative Arts Therapies	Reductions in depression were significant and similar in both therapies. N = 39 women with dysthymic disorder or

		depression. Randomised controlled trial.18 art therapy, 21 verbal therapy. Pre, post & 3-month follow-up. Not on anti-depressants. Standardised measures
Carswell 2018	Creative Arts Therapies	The five research articles included were all set in bone marrow transplant units. A variety of outcomes were explored, including anxiety, depression and stress. While some statistically significant improvements were identified, there was a lack of consistency and rigour in methodology across the studies.
Weiskittle 2018	Creative Arts Therapies	Positive changes such as continuing bonds with the deceased and meaning making. Modest and conflicting preliminary evidence was found to support treatment effectiveness in alleviating negative grief symptoms such as general distress, functional impairment, and symptoms of depression and anxiety.
Van Lith 2016	Creative Arts Therapies	Thirty articles were identified that demonstrated an art therapy approach to a particular mental health issue including clients with depression.
Lin 2021	Dance/Movement Therapy	A quasi-experimental design was adopted to examine this hypothesis along with the use of questionnaires and a repertory grid technique (RGT). The former was used to objectively examine changes in depression and MUS distress levels, while the RGT was used to examine any changes in subjects' psychological construct system in terms of their intra- and interrelationships in their personal context. A case study at the end presents the effectiveness of TBMA. The results showed that TBMA was more effective for reducing the distress of MUS than for reducing depression. However, its effectiveness for managing the rigid perception of social roles also cannot be strongly asserted. Nevertheless, the client in the case study showed significant improvement in lower levels of depression and MUS distress, and in psychological construct integration after treatment. This research is expected to contribute to indigenous psychology by providing an example of the adoption of a Western-developed research method (RGT) and intervention (TBMA) while retaining cultural sensitivity. TBMA is introduced as an alternative treatment for managing depression and MUS distress in Taiwan.
Hyvönen 2020	Dance/Movement Therapy	This multicenter research investigates the effects of dance movement therapy (DMT) on participants diagnosed with depression. In total, 109 persons participated in the study in various locations in Finland. The participants were 39 years old, on average (range = 18–64 years), and most were female (96%). All participants received treatment as usual (TAU). They were randomized into DMT + TAU (*n* = 52) or TAU only (*n* = 57). The participants in the DMT + TAU group were offered 20 DMT sessions twice a week for 10 weeks in addition to standard care. The measurement points included pre-treatment measurement

		at the baseline, post treatment measurement at the end of the intervention, and a follow-up measurement 3 months afterward. The observed effects of the intervention among participants in the DMT+TAU group were a greater reduction in depression and in indicators of physical and psychological distress in comparison to the participants who received TAU-only. At the 3-month follow-up, the corrected between-group effect sizes (ESs) were medium and in favor of the DMT + TAU group (*d* = 0.60–0.72). These results are in line with the increasing number of research studies showing the benefits of DMT intervention among participants with depression, and these results indicate that DMT may improve the effectiveness of standard care.
Santos 2020	Dance/Movement Therapy	The studies had small samples but indicated improvements in the cognitive or psychological component, especially in depression and anxiety; higher willingness to participate in other social activities; and improvements in self-care and family and social roles. The evidence also suggests gains in the biological dimensions, with improved body structure and function.
Federman 2019	Dance/Movement Therapy	The objective of this study was to examine whether 'attentive movement', is an effective method for treating depression. A quantitative research methodology design was used. Fifty participants took part in attentive movement group therapy sessions once a week for 12 weeks. All completed the Beck Depression Inventory (BDI) and a demographic questionnaire. A mixed-design ANOVA was performed; the between-group variables included the study groups (control/experimental) and the within-test group comparison examined measurement time (time1/time2). Results revealed a significant effect for measurement time ($F(1,44) = 27.78$, $p < .001$), which indicated a significant reduction in the symptoms of depression from the first measurement ($M = .98$, $SD = .39$) to the second measurement ($M = .72$, $SD = .50$). The level of depression following treatment in the experimental group was significantly lower than in the control group. The research hypothesis was confirmed.
Karkou 2019	Dance/Movement Therapy	Qualitative findings suggest there was a decrease in depression scores in favour of DMT groups in all studies. Subgroup analysis performed on depression scores before and 3 months after the completion of DMT groups suggested changes in favour of the DMT groups. When sensitivity analysis was performed, RCTs at high risk of bias were excluded, leaving only studies with adult clients up to the age of 65. In these studies, the highest effect size was found favouring DMT plus TAU for adults with depression, when compared to TAU only.
Koch 2019	Dance/Movement Therapy	Analyses yielded a medium overall effect (d = 0.60), with high heterogeneity of results (I (2) = 72.62%). Sorted by outcome clusters, the effects were medium to large (d =

		0.53 to d = 0.85). Results suggest that DMT decreases depression and anxiety (medium effect size) and increases quality of life and interpersonal and cognitive skills, whereas dance interventions increase (psycho-) motor skills. Larger effect sizes resulted from observational measures, possibly indicating bias. Follow-up data showed that on 22 weeks after the intervention, most effects remained stable or slightly increased.
Pessoa 2019	Dance/Movement Therapy	Dance therapy can combine psychological and emotional benefits in the face of the natural and progressive loss of certain cognitive and sensorimotor abilities in the elderly. Considering the multidimensionality and complexity of the phenomenon of aging, the results of this review allow the conclusion that dance therapy is a highly relevant intervention that demonstrates benefits in physical, psychoemotional, and social aspects. These benefits improved functional autonomy and existential renovation. It is suggested that future studies investigate the effectiveness of dance therapy as a potential tool for inactive and healthy aging process.
Murillo-García 2018	Dance/Movement Therapy	The overall effect size for pain was -1.64 with a 95% CI from -2.69 to -0.59 which can be interpreted as large. In addition, significant improvements were observed in quality of life, depression, impact of the disease, anxiety, and physical function. Dance-based intervention programs can be an effective intervention for people suffering from fibromyalgia, leading to a significant reduction of the level of pain with an effect size that can be considered as large. However, findings and conclusions from this meta-analysis must be taken with caution due to the small number of articles and the large heterogeneity.
Silva 2018	Dance/Movement Therapy	None of the studies considered psychosocial factors as primary outcomes. Secondary outcomes assessed fear of falling, depression, and training enjoyment, but no study showed evidence of an effective impact on these variables. The meta-analysis revealed that there was little or no difference of Technology-Mediated Dance Interventions on depression (SMD -0.06, 95% CI -0.59 to 0.47; P = 0.83; three trials). Existing evidence to support the effectiveness of technology-mediated dance interventions and their impact on psychosocial factors in older adults is weak and with a high risk for bias. The findings of this review may inform future, more rigorous research in the area.
Archer 2015	Dance/Movement Therapy	The studies reported improvements in anxiety and depression, quality of life, coping, stress, anger and mood. However, few physical benefits of CPIs were reported; there was no significant impact of a CPI on physical aspects of quality of life, vigour-activity or fatigue-inertia or physical functioning. One study was assessed as high quality, seven studies were assessed as satisfactory and two studies were assessed to be of poorer quality.

		There is initial evidence that CPIs benefit adult cancer patients with respect to anxiety and depression, quality of life, coping, stress, anger and mood; there was no evidence to suggest that any one type of CPI was especially beneficial. However, more and better quality research needs to be conducted, particularly in the areas of drama and dance/movement therapies.
Bradt 2015	Dance/Movement Therapy	We found no evidence for an effect of dance/movement therapy on depression (standardized mean difference (SMD) = 0.02, 95% confidence interval (CI) -0.28 to 0.32, P = 0.89, I 2 = 0%) (two studies, N = 170) in women with breast cancer. The individual studies did not find support for an effect of dance/movement therapy on mood, mental health, and pain. It is unclear whether this was due to ineffectiveness of the treatment, inappropriate outcome measures or limited power of the trials.
Meekums 2015	Dance/Movement Therapy	There was no reliable effect of DMT on depression (SMD -0.67 95% CI -1.40 to 0.05; very low quality evidence). A planned subgroup analysis indicated a positive effect in adults, across two studies, 107 participants, but this failed to meet clinical significance (SMD -7.33 95% CI -9.92 to -4.73). One adult study reported drop-out rates, found to be non-significant with an odds ratio of 1.82 [95% CI 0.35 to 9.45]; low quality evidence. The low-quality evidence from three small trials does not allow any firm conclusions to be drawn regarding the effectiveness of DMT for depression.
Šumec 2015	Dance/Movement Therapy	Strategies such as general exercise, robotic assisted training, Tai Chi, Qi Gong, Yoga, dance (such as tango or ballet), box, virtual reality-based, or neuro-feedback-based techniques and so forth can significantly improve the stability in these patients. Beside this physical outcome, many methods have also shown effect on quality of life, depression level, enjoyment, and motivation to continue in practicing the method independently.
Koch 2014	Dance/Movement Therapy	The pooled estimate of eight trials showed support for an effect of dance or DMT on depression (SMD = 0.36; see Table 3); results were consistent across the eight trials (I2 = 0%).
Mala 2012	Dance/Movement Therapy	A need to undertake a full systematic review of the literature and to follow a Cochrane Review protocol and procedures.
Huang 2021	Music Therapy	Music therapy had a significant effect in relieving dyspnea (mean difference: -0.69, 95% CI -0.80 to -0.58, P < .001) and anxiety (standardized mean difference: -1.87, 95% CI -2.72 to -1.02, P < .001) in adults with COPD. Compared with the control group, music had no statistically significant effect on depression or St George Respiratory Questionnaire score. However, when it came to improving sleep quality, music reduced the total Pittsburgh Sleep

		Quality Index score (P < .001). In addition, the pooled results showed that there was a significant improvement in systolic blood pressure (mean difference: -7.45, 95% CI -10.95 to -3.96, P < .001) and diastolic blood pressure (mean difference: -4.07, 95% CI -7.03 to -1.12, P = .007) in the music group compared to the control. Music therapy is effective in reducing dyspnea and anxiety in subjects with COPD. Additionally, music therapy may also improve sleep quality and physiological parameters of subjects with COPD. However, our conclusions need to be supported further by larger and longer well-designed trials.
Cohen 2020	Music Therapy	RCTs and CTs, meta-analysis included. Moderate-quality evidence shows that music therapy added to standard more effective in the first three months than standard care alone for symptoms based on clinician-rated outcomes (standardized mean = −0.98; 95% CI, −1.69 to −0.27) and patient-reported outcomes (95% CI, −1.37 to −0.34; three randomized controlled trials [RCTs]; clinical trial [CCT]; n = 142).
Gramaglia 2019	Music Therapy	Positive effect of MI on the outcomes measured was supported. Greater reductions of anxiety and depression were observed in breast cancer patients with 75% decrease of depressive symptoms reported in the reviewed studies. The increasing evidence about MI effectiveness, tolerability, feasibility and appreciation, supports the need of MI implementation in Oncology, Radiotherapy and Surgery wards, and promotion of knowledge among health operators.
Li 2020	Music Therapy	Compared with standard care, music therapy can significant increase the score of overall quality of life in patients with cancer. In addition, music therapy was found to be more effective for decreasing the score of anxiety, depression, and pain. Music therapy can improve the overall quality of life of patients with cancer, with an observed optimal intervention duration of 1-2 months. Meanwhile, anxiety, depression, and pain are improved as well. Nevertheless, high-quality trials are still needed to further determine the effects of music intervention in supportive cancer care.
Tang 2020	Music Therapy	Music therapy Meta-analysis of 55 RCTs exhibited a significant reduction in depressive symptom −0.66; 95% CI = -0.86 to -0.46; P<0.001) compared with the control music medicine exhibited a stronger effect in reducing depressive −1.33; 95% CI = -1.96 to -0.70; P<0.001). Among the specific music therapy methods: recreative music therapy 95% CI = -2.63 to -0.20; P<0.001), guided imagery and music (SMD = -1.08; 95% CI = -1.72 to -0.43; music-assisted relaxation (SMD = -0.81; 95% CI = -1.24 to -0.38; P<music and imagery (SMD = -0.38; 95% CI = -0.81 to 0.06; P = 0.312), improvisational music therapy (SMD = -0.27; 95% CI = -0.49 to -0.05; music and discuss (SMD = -0.26; 95% CI = -1.12 to 0.60; P = 0.225 exhibited a

		different effect respectively. Music therapy and music medicine exhibited a stronger effect of short and medium length compared with intervention periods.
Li 2019	Music Therapy	The result revealed that music therapy significantly reduced depression at six, eight, and 16 weeks. This study also supported that music therapy significantly improved depression when the results of six studies with medium-term interventions were pooled. However, no evidence of effect of music therapy on depression was observed at three, four, 12 weeks, and five months during intervention, and one and two months after the cease of music therapy. Music therapy without a music therapist involved did not significantly reduce depression at any time. Medium-term of music therapy might be appropriate in reducing depression for people with dementia.
Aalbers 2017	Music Therapy	Cochrane Systematic Review of 9 RCTs. Moderate -quality evidence of large effects favouring music therapy and TAU over TAU alone for both clinician-rated depressive symptoms (SMD -0.98, 95% CI -1.69 to -0.27, 3 RCTs, 1 CCT, n = 219) and patient -reported depressive symptoms (SMD -0.85, 95% CI -1.37 to -0.34, 3 RCTs, 1 CCT, n = 142).
Garza-Villarreel 2017	Music Therapy	We found that music reduced self-reported chronic pain and depressive symptoms. Next to pain, the following were secondary outcomes: anxiety, depression, fatigue, quality of life, disability, and biological parameters. We found that music reduced depression (4 RCTs, SMD -0.82 [-1.08,-0.56], Z = 6.12, P < 0.001). The effect size was moderate for chronic pain and anxiety, while depression had a high size effect. Heterogeneity was high for pain, anxiety, and depression, with an I2 = 60%, 85% and 88%, respectively. We also found that music had a greater effect when the patient chose the music, compared to when the researcher chose it. Music may be beneficial as an adjuvant for chronic pain patients, as it reduces self-reported pain and its common comorbidities. Importantly, the analgesic effect of music appears higher with self-chosen over researcher-chosen music.
Leubner 2017	Music Therapy	RCTs and longitudinal studies (28 studies with a total number of 1,810 participants. In 26 studies, a statistically significant reduction in depression levels time in the experimental (music intervention) group compared to a or comparison group (n = 2). In particular, elderly participants showed impressive improvements listened to music or participated in music therapy projects. Researchers settings more often than individual sessions and our results indicated better outcome for those cases
Quach 2017	Music Therapy	Eight of nine studies that specifically used a depression-measuring instrument showed significant decreases in depression. All studies reviewed showed some benefits of music therapy in improving emotional well-being in older

		adults with chronic diseases. Listening to music, playing an instrument, singing, or a combination of these was useful in relieving depression and improving overall mood.
Zhao 2016	Music Therapy	Meta-analysis suggests that music therapy plus standard treatment has statistical significance in reducing depressive symptoms among older adults (standardized mean differences = 1.02; 95% CI = 0.87, 1.17). Music therapy has an effect on reducing depressive symptoms to some extent. However, high-quality trials evaluating the effects of music therapy on depression are required.
Petrovsky 2015	Music Therapy	There was inconclusive evidence as to whether music interventions are effective in alleviating symptoms of anxiety and depression in older adults with mild dementia due to the poor methodological rigor. However, with improved designs guided by a deeper understanding of how music engages the aging brain, music may emerge as an important adjunct therapy to improving the lives of older adults with mild dementia.
Tsai 2014	Music Therapy	Music interventions were significantly effective in ameliorating anxiety (g = -0.553), depression (g = -0.510), pain (g = -0.656), and fatigue (g = -0.422) in cancer patients. Subgroup analyses revealed that age and who selected the music were major factors influencing the effect size on anxiety reduction. Music interventions were more effective in adults than in children or adolescents and more effective when patients, rather than researchers, chose the music.
Chan 2011	Music Therapy	17 studies included randomized controlled and Quasiexperimental trails of music listening in reducing Depressive symptoms in adults Music listening over a period of time helps to reduce depressive symptoms adult population.
Xue 2011	Music Therapy	RCTs and quasiexperimental studies 17 studies included If conducted over a period of time, particularly 2–3 weeks, music listening effective for reducing depressive symptoms. All types of music can listening material, the choice of music listening depends on the preferences listeners.
Chan 2010	Music Therapy	17 Studies. i.e. Randomised controlled trials, quasiexperimental studies, interrupted time series (ITSs) and controlled before and after designs were included but no meta-analysis provided. The evidence offers some support that music listening over a period reduce depressive symptoms in the adult population. Music listening for the purpose of reducing depressive symptoms recommended over a short period of time or for a single episode of though daily intervention does not seem to be superior over weekly recommended that music listening session be conducted repeatedly span of more than three

		weeks to allow an accumulative effect to recommended that the listeners are given choices over the kind of listen to. All types of music can be used as listening material, depending preferences of the listener.
Gold 2009	Music Therapy	15 studies included: 8 RCTs, 3 CTs, 4 pre/post; Meta-analysis included for RCT. Music therapy, when added to standard care, has strong and significant effects on global state, general symptoms, negative symptoms, depression, anxiety, functioning, and musical engagement. Significant dose-effect relationships were identified for general, negative, and depressive symptoms, as well as functioning, with explained variance ranging from 73% to 78%. Small effect sizes for these outcomes are achieved after 3 to 10, large effects after 16 to 51 sessions.
Maratos 2008	Music Therapy	Cochrane *Systematic Review of 5 RCTs.* Music therapy is accepted by people with depression and is associated improvements in mood. However, the small number and low methodological of studies mean that it is not possible to be confident about its effectiveness
Zaretsky 2007	Cognitive Interpersonal Psychotherapy	Although psychological models of bipolar disorder fail to inform the psychotherapy treatment to the same extent as in unipolar depression, manualised, adjunctive, short-term psychotherapies have been shown to offer fairly consistent benefits to bipolar patients. CBT, family-focused therapy, and psychoeducation offer the most robust efficacy in regard to relapse prevention, while interpersonal therapy and CBT may offer more benefit in treating residual depressive symptoms.
Greenberg 2006	Emotion Focused	a) A number of randomised clinical trials in EFT have shown them to be effective in both individual and couples forms of therapy. b) Process experiential (PE) therapy has been shown to be highly effective in 3 separate trials. c) Emotionally focused couples therapy (EFCT) was found to be effective in treating couples' distress. d) Short-term dynamic psychotherapy (STDP) has been found effective in treating personality disorders. e) Emotion focused trauma therapy (EFTT) has been found effective in treating adult survivors of childhood abuse who suffer from psychological trauma.
Pennebaker 2000	Emotion Focused	Results from 4 RCTs and 3 other EFT studies with distressed couples indicated: a) Significantly improved DAS scores and in most studies over half of the EFT-treated couples met criteria for recovery (i.e. no longer martially distressed). b) Only infrequent instances in which EFT-treated couples experienced deterioration in their relationship over the course of the treatment. c) The resulting overall mean effect size was 1.28.

Baucom 1998	Emotion Focused	a) Evidence supports the efficacy of several family treatment approaches for improving relapse rates for patients with schizophrenia. b) By far the most widely evaluated approach to couples therapy is behavioural marital therapy (BMT), and findings to date indicate that it is an efficacious intervention for treating relationship distress. Other approaches (e.g. emotion focused, insight orientated, and cognitive) to marital therapy also appear to benefit distressed couples, although much less research has been so far conducted. c) Findings from the BMT studies indicate that marital therapy is likely to be most beneficial for depressed individuals who are experiencing co-occurring marital discord. d) Few relapse data were reported for follow-up periods beyond the termination of the treatment.
Greenberg 1988	Emotion Focused	Analysis of studies indicates a significant improvement for clients of Emotion focused therapy compared to problem solving, integrative systems and no-treatment control groups.
National Institute for Clinical Excellence 2005	Stress Management	7 RCT studies compared stress management with waiting list or other psychological interventions. a) There was limited and inconclusive evidence for clinical effects on some measures compared with waiting lists. b) There was no consistent differences in effectiveness compared with other treatments. This may be due to the overlap of stress inoculation training with the cognitive components of trauma-focused CBT. The RCTs that compared trauma-focused CBT or eye movement desensitisation and reprocessing (EMDR) with relaxation training only, found clearer differences favouring the trauma-focused psychological treatments.
Prochaska 1992	Transtheoretical	Treatment programmes designed to help people progress just one stage in a month can double the chances of participants taking action on their own in the near future. Successful change of the addictions involves a progression through a series of stages. Most self-changers and psychotherapy patients will recycle several times before achieving long term maintenance.
Rosendahl 2021	Body Psychotherapy	A total of 2,180 references were screened, of which 113 studies were scrutinized in detail and 18 RCTs finally included. The observed effect size (ES) demonstrated medium effects of BPT on primary outcomes psychopathology and psychological distress. In case of significant statistical heterogeneity, exploratory subgroup analyses revealed diagnosis and the degree of control group activity as noteworthy moderators. For secondary outcomes, evidence was scarce, and an improvement could be demonstrated only for coping abilities. The identified evidence indicates that BPT is beneficial for a wide spectrum of psychic suffering.

Röhricht 2013	Body Psychotherapy	Patients with chronic depressive syndromes (more than 2 years symptomatic) and a total score of ≥20 on the Hamilton Rating Scale for Depression (HAMD) were randomly allocated to either immediate BPT or a waiting group which received BPT 12 weeks later. BPT was manualized, delivered in small groups in 20 sessions over a 10 weeks period, and provided in addition to treatment as usual. In an intention to treat analysis, primary outcome were depressive symptoms at the end of treatment adjusted for baseline symptom levels. Secondary outcomes were self-esteem and subjective quality of life.Thirty-one patients were included and twenty-one received the intervention. At the end of treatment patients in the immediate BPT group had significantly lower depressive symptom scores than the waiting group (mean difference 8.7, 95% confidence interval 1.0–16.7). Secondary outcomes did not show statistically significant differences. When the scores of the waiting group before and after BPT (as offered after the waiting period) were also considered in the analysis, the differences with the initial waiting group remained significant.
May 1998	Body Psychotherapy	Of 20 studies that: looked into the effects of body psychotherapy: a) 15 found that body psychotherapy had beneficial effects of one sort or another across different client variables e.g. age, ethnicity, etc. and that the benefits were widely ranging too, from improved locus of control to improved sexual functioning. b) Some of the research indicated that body psychotherapy is more effective in improving general functioning and life satisfaction, rather than specific behaviours or habits, such as over-eating or smoking. c) Research suggested that the number of those harmed by body psychotherapy is relatively small, no indication of it being larger than other type of psychotherapy.
Behr 2010	Child Psychotherapy	Looked at 83 studies regarding PCPC with children and young people, 34 of which were RCT's, the rest in naturalistic settings. The conclusions from the review of the studies are: Very strong evidence to support the use of PCPC with children suffering from anxiety, traumatic stress and anxiety disorder. Treatment much better than 'no treatment' Even with co-morbidity, treatment with PCPC therapies is successful. Strengthens the child's capacity to problem solve and 'integrate. Special finding of underlining the 'special value' of PCPC relationship.
Weisz 1987	Child Psychotherapy	Psychotherapeutic treatments for children associated with significant improvements
Wright 1976	Child Psychotherapy	Comparing 24 published studies. Improvements in outcome most common when sessions >30.
TOTAL NUMBER OF META ANALYSES		**96**

2. Randomised Control Trials

First Author	Approach/Sub Type	Outcome Evidence
Barkham 2021	Person-Centred Experiential v Cognitive Behavioural Therapy	From Nov 11, 2014, to Aug 3, 2018, 9898 patients were referred to step three treatments in the Sheffield IAPT service for common mental health problems, of whom 761 (7·7%) were referred to the trial. Of these, we recruited and randomly assigned 510 participants to receive either PCET (n=254) or CBT (n=256). In the PCET group, 138 (54%) participants were female and 116 (46%) were male, and 225 (89%) were White, 16 (6%) were non-White, and 13 (5%) had missing ethnicity data. In the CBT group, 155 (61%) participants were female and 101 (39%) were male, and 226 (88%) were White, 17 (7%) were non-White, and 13 (5%) had missing ethnicity data. The 6-month modified intention-to-treat analysis comprised 401 (79%) of the enrolled participants (201 in the PCET group; 200 in the CBT group) and the 12-month modified intention-to-treat analysis comprised 319 participants (167 in the PCET group; 152 in the CBT group). The 6-month per-protocol analysis comprised 298 participants (154 in the PCET group; 144 in the CBT group). At 6 months post-randomisation, PCET was non-inferior to CBT in the intention-to-treat population (mean PHQ-9 score 12·74 [SD 6·54] in the PCET group and 13·25 [6·35] in the CBT group; adjusted mean difference −0·35 [95% CI −1·53 to 0·84]) and in the per-protocol population (12·73 [SD 6·57] in the PCET group and 12·71 [6·33] in the CBT group; 0·27 [95% CI −1·08 to 1·62]). At 12 months post-randomisation, there was a significant adjusted between-group difference in mean PHQ-9 score in favour of CBT (1·73 [95% CI 0·26–3·19]), with a 95% CI exceeding the 2-point non-inferiority margin. There were two deaths, one death by suicide in the PCET group and one due to chronic obstructive pulmonary disease in the CBT group. Both were assessed by the responsible clinician to be unrelated to the trial. In terms of using emergency departments for depression-related events, four people (three in the PCET group; one in the CBT group) made more than a single use and six people (three in the PCET group; three in the CBT group) made a single use. One patient in the PCET group had no patient treatment for a depression-related event.
King 2014	CBT comparison with non-directive counselling	Most evidence in the UK on the effectiveness of brief therapy for depression concerns cognitive behaviour therapy (CBT). In a trial published in 2000, we showed that non-directive counselling and CBT were equally effective in general practice for patients with depression and mixed anxiety and depression. Our results were criticized for including patients not meeting diagnostic criteria for a depressive disorder. In this reanalysis we aimed to compare the effectiveness of the two therapies for patients with an ICD-10 depressive episode. Patients with an ICD-

		10 depressive episode or mixed anxiety and depression were randomized to counselling, CBT or usual general practitioner (GP) care. Counsellors provided nondirective, interpersonal counselling following a manual that we developed based on the work of Carl Rogers. Cognitive behaviour therapists provided CBT also guided by a manual. Modelling was carried out using generalized estimating equations with the multiply imputed datasets. Outcomes were mean scores on the Beck Depression Inventory, Brief Symptom Inventory, and Social Adjustment Scale at 4 and 12 months. A total of 134 participants were randomized to CBT, 126 to counselling and 67 to usual GP care. We undertook (1) an interaction analysis using all 316 patients who were assigned a diagnosis and (2) a head-to-head comparison using only those 130 (41%) participants who had an ICD-10 depressive episode at baseline. CBT and counselling were both superior to GP care at 4 months but not at 12 months. There was no difference in the effectiveness of the two psychological therapies. We recommend that national clinical guidelines take our findings into consideration in recommending effective alternatives to CBT.
Kella 2021	Dance/Movement Therapy	Treatment group N=52 (Continuous outcome) BDI at Pre-Intervention: Mean=21.498; SD=8.6; Post-intervention: Mean 15.87; SD=9.71; 3 Months follow-up: Mean=13.85; SD=8.33 Control/ Waiting list/ Standard Care N=57 (Continous outcome) BDI at Pre-Intervention: Mean=22.4o; SD=8.0; Post-intervention: Mean 20.55; SD=9.98 3 Months follow-up: Mean=20.84; SD=10.27.
Jeong 2005	Dance/Movement Therapy	Primary Outcome: The primary outcome measure used that provided scores for emotional distress was the Symptom Check List-90-Revision (SCL-90-R) (Derogatis 1977). This measure includes a subscale for depression (13 items, each with a maximum score of 4). The measure was used before and after the intervention with both the treatment and the waiting list control groups. Raw scores were converted to a T score, in order to compare with a non-patient population in Korea; the scores presented do not therefore reflect the maximum possible raw score of 52. No follow up was reported. Treatment post mean: 46.4; SD: ± 10.2. Control post mean: 46.1; SD: ± 5.7. Secondary outcome: Interpersonal sensitivity, measured by another subscale of the SCL-90-R (9 items, each with a maximum score of 4). Given that these measurements were converted to a T score, the figures presented below do not reflect the maximum possible raw score of 36. Treatment post mean: 44.3; SD: 8.2. Control post mean: 51.1 ; SD: ± 6.7
Xiong 2009	Dance/Movement Therapy	Primary outcome measure: 24-item Hamilton Rating Scale for Depression No other measurements noted and no follow-up data was reported of treatment. Continuous outcome: HAM-D at 4 weeks (end of treatment): Intervention: mean: 10.13; SD:± 3.20 (n = 38)

		Control: mean 17.20; SD: ± 8.34 (n = 38)
Erkkila 2021	Music Therapy	In a 2 x 2 factorial randomised controlled trial, working-age individuals participants (74% female), their age ranging from 19 to 57 years (*M* depression were allocated into groups based on four conditions derived the presence or absence of two enhancers (RFB and LH). All received therapy over 6 weeks. Outcomes were observed at 6 weeks and 6 primary outcome was the Montgomery Asberg Depression Rating score. Results: There was a significant overall effect of treatment for outcome favouring the breathing group (d = 0.50, 95% CI 0.07 to 0.93, The effect was larger after adjustment for potential confounders (d 0.16 to 1.08, p = 0.009). Treatment effects for secondary outcomes, anxiety (anxiety scale of Hospital Anxiety and Depression Scale) and (RAND-36), were also significant, favouring the breathing group. The enhancer did not reach significant treatment effects.
Carbonell 1999	Psychodrama	Significant decreases in experimental group's self reported difficulties in withdrawn behaviour and anxiety/depression
Rezaeian 1997	Psychodrama	Psychodrama significantly more effective than conventional psychiatric treatment for depression. As such, psychodrama group therapy proved to be "a reliable, effective and affordable' treatment.
Ragsdale 1996	Psychodrama	Significant improvements found in experimental group in area of hopelessness, feelings of guilt and shame, loneliness and emotional expressiveness. However, no significant improvements shown in interpersonal skills, gender stress, anxiety, anger and PTSE symptomatology.
Stallone 1993	Psychodrama	Participation in psychodrama led to decrease in 'unacceptable behaviours' (amongst inmate population).
Cooke 1999	Gestalt	Experimental group's symptoms (of depression) lower following 5 week treatment than (wait-list) control group. Treatment effects also maintained at 5 week follow up. Also significant decreases in anxiety with increases in self esteem.
Clance 1994	Gestalt	Threefold gain for men in the experimental group compared to the control group. For females, experimental group responded to treatment in a way that was 'measurably significant'
Serok 1993	Gestalt	Increase in participants (long-term prison inmates) taking responsibility for their behaviour, less projection, better social adaptation and mutual acceptance and tolerance for difference.
O'Leary 1990	Gestalt	Person centred gestalt groups 'can offer the skilled facilitator a viable means of facilitating the personal growth of graduate students.

Clarke 1986	Gestalt	Affective intervention shown to be more effective than cognitive behavioural intervention (or no treatment control) for reducing indecision. Both counselling approaches more effective than no treatment in facilitating movement through the stages of decision making.
Conoley 1983	Rational Emotive and Gestalt	Both treatments reduced blood pressure and lowered 'Feeling' Questionnaire scores more than the control condition. Measure failed to differentiate significantly between either experimental treatment.
Machado 2007	Client/Person-Centred	Client centred therapy is less effective than exercise in reducing disability (low back pain).
Paivio 1995	Experiential Therapy and Gestalt	Therapy achieved clinically meaningful gains for most clients and significantly greater improvements than the psycho-educational group on all outcome measures. Treatment gains for experiential therapy group were maintained at follow up.
Greenberg 1998	Process Experiential	(Client-Centred compared to Process-Experiential). Treatments showed no difference in reducing depressive symptomatology at termination and 6 month follow up; experiential treatment had superior effects at mid-treatment on depression and at termination on total level of symptoms, self esteem and reduction of interpersonal problems. The addition, to the relational conditions, of specific active interventions at appropriate points in the treatment of depression appeared to hasten and enhance improvement.
Reeker 1996	Process Experiential	Higher satisfaction for CBT - accounted for by inexperience of student PE therapists and fact that all therapists had grounding in PE prior to CBT training.
King 2000	Comparison between brief Non-Directive Counselling & Cognitive Behavioural Therapy	At 4 months, both psychological therapies had reduced depressive symptoms to a significantly greater extent than usual GP care. Patients in the psychological therapy groups exhibited mean scores on the Beck Depression Inventory that were 4-5 points lower than the mean score of patients in the usual GP care group, a difference that was also clinically significant. These differences did not generalize to other measures of outcome. There was no significant difference in outcome between the two psychological therapies when they were compared directly using all 260 patients randomised to a psychological therapy by either randomised allocation method. At 12 months, the patients in all three groups had improved to the same extent. The lack of a significant difference between the treatment groups at this point resulted from greater improvement of the patients in the GP care group between the 4- and 12-month follow-ups. At 4 months, patients in both psychological therapy groups were more satisfied with their treatment than those in the usual GP care group. However, by 12 months, patients who had received non-directive counselling were more satisfied

		than those in either of the other two groups. There were few differences in the baseline characteristics of patients who were randomised or expressed a treatment preference and no differences in outcome between these patients. Similar outcomes were found for patients who chose either psychological therapy. No significant differences between the groups after 4 and 12 months.
Morrell 2009	Comparison between CBT & PCA	A cluster randomised trial in which Health Visitors would assess and work women who had post natal depression. The intervention was HV training in the assessment of PND with either a Cognitive-behavioural approach or a person-centred approach. At six months, the CB group had a average score of 32.9 on the Edinburgh PND Scale, and in the PC group this was 35.1. The clinical and statistical significance was that the approaches stayed consistently similar as the research progressed making the result clinically and statistically significant-both were effective, had similar outcomes and were better than treatment as usual.
Watson 2006	Process Experiential	Significantly higher levels of emotional processing in PET than CBT groups. Results indicate PET clients are less distant and more engaged with their emotional experience than CBT clients.
Watson 2005	Process Experiential	Process experiential therapists rated as more 'highly regarding' of their clients than cognitive behavioural therapists. Otherwise no significant differences found in terms of therapist empathy, acceptance and congruence.
Watson 2003	Process Experiential	Botli CBT and PET groups showed decrease in symptoms of depression and improvement in self-esteem and dysfunctional attitudes. Significantly greater decrease in client's self reports of interpersonal problems in PET than in CBT
Gray 1988	Feminist	91% of participants in feminist training therapy group rated experience as positive and indicated higher score on Feminist Therapy attitude survey than control group.
Crumbaugh 1979	Logotherapy	Closed end logo-analysis groups are superior to open-end groups, but both are superior to controls in improving patients' sense of meaning and purpose in life.
Zuehlke 1975	Logotherapy	Effectiveness of logotherapy validated by significant post treatment differences in the reported scores between experimental and control groups.
Richards 2006	Spiritually Sensitive	Patients in the spiritually sensitive group tended to score significantly lower on psychological disturbance and eating disorder symptoms post-therapy compared to patients in the other groups, and higher on spiritual well-being. Weekly results showed that patients in the spiritually sensitive group improved significantly more quickly during the first 4 weeks of treatment.

Garyfallos 2002	Cognitive Analytic Therapy	Considerable improvement mirroring previous study (Garyfallos 1998) but also showing that the gains of the therapy can be sustained during the time period of the follow-up, i.e. 4-8 years.
Garyfallos 1998	Cognitive Analytic Therapy	Significant improvement of experimental vs. control group indicating effectiveness of CAT for this patient group
Dunn 1997	Cognitive Analytic Therapy	Increasing percentage of patients having attended first session complete therapy, and increasing numbers who attend follow up suggests changes implemented after previous audits have been positive. Only 18.5% patients referred on for further treatment following 16 sessions, indicating satisfactory impact of this number of sessions.
Fosbury 1997	Cognitive Analytic Therapy	No statistical difference between CAT and Control (diabetes specialist nurse education)
Agras 1995	Cognitive Interpersonal	Significant reduction in symptoms (Binge Eating Disorder) compared to wait-list control group, however, IPT led to no further improvement for those who had not improved during CBT (initial 12 week) phase.
Kirby-Green 2001	Cyclical Psychodynamics Therapy	CPT did not seem to reduce the co-dependence of the families in the study, however, it may have helped some individuals gain some insights into how the past has unconsciously influenced their pattern of behaviour and contributed to the cycle of dysfunctional family dynamics.
Dessaulles 2003	Emotion Focused	Both EFT and pharmacotherapy were equally effective in symptom reduction, however, on some measures females receiving EFT had made greater improvements by the follow-up than those receiving pharmacotherapy.
Cloutier 2002	Emotion Focused	Statistical and clinical improvements in marital functioning had occurred post-EFT intervention and these treatment effects were largely maintained over a 2-year follow-up.
Giese-Davis 2002	Emotion Focused	Report of suppression of negative affect decreased and restraint of aggressive, inconsiderate, impulsive, and irresponsible behaviour increased in the treatment group as compared with controls over 1 year in the group.
Walsh 2002	Emotion Focused	Results suggest EFT not effective in treatment of somatoform disorders. Results show increased reporting of symptoms at post-test.
Paivio 2001	Emotion Focused	Clients receiving EFT achieved a significant improvement in multiple domains of disturbance. Clients in delayed treatment wait list showed minimal improvement over wait interval but significant improvement after EFT. Effects maintained after 9 month (average) follow up.
Denton 2000	Emotion Focused	Participants in the treatment group had significantly higher levels of marital satisfaction after 8 weeks than wait-list participants.

Johnson 1998	Emotion Focused	Significant decrease in psychiatric symptomatology (bulimic subjects) following treatment with CBT and EFFT. EFFT reduced binge frequency by 52% (an effect comparable with CBT).
Walker 1996	Emotion Focused	There was significant clinical improvements in marital functioning as well as decreases in marital distress at post treatment and at 5-month follow-up in comparison to controls.
MacPhee 1995	Emotion Focused	Significant gains from pre to post treatment compared with wait list control largely maintained at follow up.
Dandeneau 1994	Emotion Focused	Significantly higher EFT and CMT group post-test means compared to controls on the self-report measures of intimacy. At 10-week follow-up, EFT group means were significantly higher than CMT on self-reported intimacy and adjustment.
Shear 1993	Emotion Focused	EFT was less effective for symptoms of panic disorder than treatment with either cognitive behaviour therapy or *Imipramine*. Results obtained with EFT similar to placebo. Results suggest low efficacy of EFT for treatment of panic disorder.
Goldman 1992	Emotion Focused	Integrated systemic therapy (IST) and EFT were both found to be superior to the control and to be equally effective in alleviating marital distress. However, IST couples showed greater maintenance of gains from termination to 4-month follow-up on marital satisfaction and goal attainment.
James 1991	Emotion Focused	EFT and communication training achieved superior gains compared to control. EFT superior on target complaints at follow up.
Johnson 1985	Emotion Focused	Results indicated that the perceived strength of the working alliance between couples and therapists and general therapist effectiveness were equivalent across the treatment groups and that both groups (CBT and Emotion focused) showed significant improvements compared to control on goal attainment, marital adjustment, intimacy levels and target complaint reduction. Emotion focused superior to problem solving on marital adjustment etc and this continued in follow up.
Adesso 1974	Emotion Focused	Significant increase in positive self-references for Experimental Group and corresponding decrease in negative self-references compared to no significant change in control group.
Lieberman 1971	Emotion Focused	Though these findings were incomplete at time of publication and therefore merely illustrative, an overwhelming majority of participants saw the group as a constructive experience. Overall however, although there were measurable differences between the experimental

		population and the control subjects, the magnitude of these differences was not impressive.
Yalom 2005	Encounter Groups	Approx. one-third of participants at the termination of the group and at: 6-month follow-up had undergone moderate or considerable positive change whilst about one-fifth had undergone negative change or were casualties. The control population showed much less change, either positive or negative. Maintenance of change was high: of those who changed positively, 75% maintained their change for at least 6 months.
Lieberman l972a	Encounter Groups	Of 16 participants who received a high-impact post-therapy, only 9 retained their change fully. However, of 31 participants judged as having changed a moderate amount post-therapy, 18 maintained this change, 6 lost it, and 7 added to their change.
Lieberman 1972b	Encounter Groups	Main differences in group outcomes due to variance in leader behaviour and thus substantial differences between groups; Cumulatively, 33% of those who participated in groups benefited, just over 1/3 remained unchanged and the remainder experienced a negative outcome. Of the 33% who experienced a positive outcome, at 6 month follow up, 75% of these maintained benefit.
Yalom 1971	Encounter Groups	Of 170 participants that completed therapy, 16 were considered "casualties", i.e. experienced enduring negative outcome caused by participation in the group.
Shapiro 1987	Prescriptive Therapy	Results favoured prescriptive therapy over exploratory therapy - this difference was most consistent and substantial over the study as a whole for the SCL-90, where more than twice as much improvement was observed during Prescriptive than during Exploratory therapy.
Holroyd 2001	Stress Management Therapy	Antidepressant medication and stress management therapy are each modestly effective in treating chronic tension-type head-aches. Combined therapy may improve outcome relative to monotherapy.
Treasure 1999	Transtheoretical	There were no differences between MET and CBT in terms of reducing bulimic symptoms - this suggests that the transtheoretical model of change may have some validity in the treatment of bulimia nervosa although current measures of readiness to change may require modification. Overall, readiness to change is more strongly related to improvement and the development of a therapeutic alliance than the specific type of treatment.
Rohricht 2006	Body-Orientated Psychological Therapy	Patients receiving BPT attended more sessions and had significantly lower negative symptom scores after treatment (PANSS negative, blunted affect, motor retardation). The differences held true at 4-month follow-up. Other aspects of psychopathology and subjective

		quality of life did not change significantly in either group.
Lutz 2007	Body Psychotherapy	After 6 months of therapy patients (n=253) showed significant improvement with small to moderate effect sizes. At the end of therapy (2 years maximum) a large effect was attained on all sales for patients (n=160). Follow up data (n=40) indicates results lasting.
Lutz 2003	Body Psychotherapy	After 6 months of therapy, patients (n=78) have significant Psychotherapy improvement in levels of impairment and psychopathology. After 2 years, large effect sizes are reached on all scales.
Boholst 2003	Transactional Analysis	Ego states perceived to have changed significantly after 6 weeks. Validated by repeated measures MANOVA which yielded significant effects on the experimental participants' perception of each others' eqo states.
Novey 1999	Transactional Analysis	Results confirm that therapy lasting more than 6 months is (40%) more effective than that lasting less than 6 months. Therapy limits due to insurance limitations significantly decrease effectiveness. Also, TA significantly more effective than psychiatrists, psychologists, social workers, marriage guidance and physicians as recorded in Seligman 1995 'Mental Health' based on the Consumer Reports.
Hlongwane 1990	Transactional Analysis	Significant difference between total self concept scores of treatment and control groups but this was not the same on all measures used raising questions about relevance of TA to black adolescents in current South African context.
Jesness 1975	Transactional Analysis	Improvement on psychological measures favoured the transactional analysis programme; the behaviour ratings slightly favoured the behavioural programme. Subjects from both behavioural modification and TA programmes did better than other groups
TOTAL NUMBER OF CONTROLLED STUDIES		**67**

3. Non-Controlled Quantitative

First Author	Approach/Sub Type	Outcome Evidence
Pybis 2017	CBT comparison with generic counselling	Counselling received more referrals from patients experiencing moderate to severe depression than CBT. For patients scoring above the clinical cut-off on the PHQ-9 at intake, the pre-post ES (95% CI) for CBT was 1.59 (1.58, 1.62) with 46.6% making RCSI criteria and for counselling the pre-post ES was 1.55 (1.52, 1.59) with 44.3% of patients meeting RCSI criteria. Multilevel modelling revealed a significant site effect of 1.8%, while therapy type was not a predictor of outcome. A significant interaction was found between the number of sessions attended and therapy type, with patients attending fewer

		sessions on average for counselling [M = 7.5 (5.54) sessions and a median (IQR) of 6 (3–10)] than CBT [M = 8.9 (6.34) sessions and a median (IQR) of 7 (4–12)]. Only where patients had 18 or 20 sessions was CBT significantly more effective than counselling, with recovery rates (95% CIs) of 62.2% (57.1, 66.9) and 62.4% (56.5, 68.0) respectively, compared with 44.4% (32.7, 56.6) and 42.6% (30.0, 55.9) for counselling. Counselling was significantly more effective at two sessions with a recovery rate of 34.9% (31.9, 37.9) compared with 22.2% (20.5, 24.0) for CBT.
Van Rijn 2016	General	Supports the effectiveness of Transactional Analysis.
Van Rijn 2013	Comparison Transactional Analysis and Integrative Counselling	Supports the effectiveness of Humanistic psychotherapies – person-centred ,transactional analysis , gestalt and integrative approaches.
Mullis 1999	Adlerian	Both parent education programmes *'Active Parenting Today'* and *'Active Parenting of Teens'* resulted in significant change in parental perceptions of behaviour. They generally viewed their children's behaviour as being more responsible or helpful after the programme.
Crystal 2001	Existential	Results for self-esteem, self-efficacy, locus of control, and mobility either with another person or alone did not change significantly post-test. However, cognitions did change in the anticipated direction. Participants appeared to have less anxiety in terms of their thought processes and interpretations of feared situations.
Morgan 1997	Feminist	The participants significantly decreased on depression, social maladjustment, self-blame and post-traumatic stress response scores, while having no significant increase on anger scores. In three-month follow up there was no significant change on the 5 main variables.
Klagsbrun 2005	Focusing - with Expressive Arts Therapy	3 of the measures showed significant improvements post-test, indicating that with practice the participants were better able to identify and locate experiences that have bodily as well as mental components. If the "high experiencers" were factored out, participants showed significant improvements in their attitudes towards their bodies post-test, though if factored in there was no significant change.
Davis 1994	Process-Experiential	Evidence of positive link between therapist response modes (e.g. Process-Experiential or non) and treatment outcomes.
Elliott 1994	Process-Experiential	Results supported the psychometric status of the SIS as internal reliability and convergent validity data were good and construct validity was supported by several lines of evidence.

Wade 2007	Spiritually Sensitive	Results suggest that clients who seek and receive explicitly labelled Christian therapy, as well as those who seek and receive secular therapy, tend to feel close to their therapists and perceive therapy to be effective. Those clients who have strong religious commitments respond particularly well when therapists use discernable religious interventions.
Rajagopal 2002	Spiritually Sensitive	Significant decrease in anxiety and a trend towards decreased depression; participants who continued to use the Prayer Wheel had a decrease in depression scores, whilst those who did not had an increase in depression scores.
Videka-Sherman 1985	Integrative (Active-self Model)	Neither involvement in Compassionate Friends nor psychotherapy resulted in improvement in mental health or social functioning for bereaved parents - analyses suggest that it is a highly distressed sample with few signs of recovery and negative change occurred in the marital role.
Satterfield 1987	Multi-Modal	In a follow-up study to Satterfield (1981) the official arrest and institutionalization data for felonies was measured with the findings that 30% of the boys on stimulant medication alone had at least two arrests for felonies, as compared to 13% given multi-modal treatment and 7% of those who had continued in therapy for two to three years or more.
Satterfiekd 1981	Multi-Modal	Sub-Group who continued in psychotherapy for two or three years was further ahead educationally, had less anti-social behaviour, was more attentive at school, better adjusted at home and more 'globally' improved than boys who received less than two years of treatment.
Duignan 1994	Cognitive Analytic Therapy	Time limited group using CAT was effective - outcome measures included BDI, GHQ, CCEI, Significant reduction on all measures compared with Individual CAT group.
Brockman 1987	Cognitive Analytic Therapy - contrasted with Interpretative	Both INT and CAT samples showed significant reduction on BDI and GHQ scores, and the CAT sample also showed significant reductions in CCI-T (total) scores. When matched on initial BDI and CCI-0 (obsessionality) scores, the two approaches had the same effect on TP and TPP ratings. The mean GPS score was higher for CAT sample patients. For NSA outcome measure, the effect: size was 0.38 for both. For GPS, the effect size approaches 0.5.
Johnson 1997	Emotion Focused	Overall, therapeutic alliance 'predicted successful outcome'. The task dimension of the alliance predicated couples' satisfaction (marital therapy).
Taltman 1997	Emotional Focused	Overall, therapeutic alliance 'predicted successful outcome'. The task dimension of the alliance predicted couples' satisfaction (marital therapy).
Johnson	Emotion Focused	Significant changes in key indicators found after

1985		treatments compared to after an initial 8 week waiting period.
Beutler 2003	Prescriptive Therapy	Findings suggest that patient factors alter the patient's prognosis and that the fit of treatment to patient appears to be the most powerful variable.
Dahl 1983	Primal	Of the 11 patients who stayed in treatment, 8 were definitively improved on all outcome variables. 1 patient had an affective psychosis triggered by the treatment.
Derisley 2000	Transtheoretical Therapy	Results suggest that the Transtheoretical Model may not be directly generalisable to outpatient psychotherapy populations, However, Contemplation did predict premature termination and engagement. This implies that with adaptation the model may be a useful adjunct to psychotherapy assessment.
Stiles 2006	Comparison between CBT, Person-Centred and Psychodynamic	All 6 groups (including CBT & PCT) averaged significant marked improvement (pre-post effect size = 1.36). The effect size for Psychodynamic Therapy group was 1.23.
Stiles 2008	Comparison between CBT, Person-Centred and Psychodynamic	Stiles et al (2006, 2008) conducted two large naturalistic, unrandomised studies in the UK concerning primary and secondary care. In the first CBT, PCPC and Psychodynamic therapy all achieved similar reductions in the CORE-OM scores from pre to post therapy-8.9, 8.7 and 7.7 respectively. (Cooper 2008:52). 'Clients experiencing significant improvement across the three therapies was not significantly different': 62%, 57.6% and 48% (Cooper: 52). The study was replicated in 2008 with a larger sample and found 'almost identical results'. These findings are consistent with the 'Dodo bird effect' that these treatment approaches, practiced with bona fide practitioners, consistently across a range of settings are consistent with previous findings reported herein that 'theoretically different approaches tend to have equivalent outcomes'. (Stiles et al 2006: 555). The team add that missing data, non-randomisation, lack of a control group and limited treatment specification place limits on the study.
Clark 2008	Commentary	Clark et al (2008) accuse Stiles et al (2008) of conducting an uncontrolled study and disagree with the former's interpreting of the data. Clark et al feel that CBT is indeed difficult to deliver within the constraints of the NHS primary care structure whereas PCPC is not. (Researcher allegiance!!). With regard to the equivalence and dodo bird arguments, Clark et al state it is all in the way one 'reads' the literature-if one reads the comparative outcome literature from the dodo bird perspective, one will find it; if one does not, one will not find it. Again, the latter put forward the argument that as CBT are good at monitoring the outcomes of their therapy, this is why NICE

		commission them! Stiles et al responded (2008) thus: As Clark et al are public proponents of CBT, they responded and defended from their frame of reference. There was no serious differential distributions. Pre-test scores on the same measure reflected post treatment scores-a good indicator within psychotherapy research. Practice-based design research is equally as valid a methodology as RCT's and RCT design and trials within psychotherapy are still a hot point of debate.
West 1994	Body-Centred	Overall, 77% of clients were highly satisfied or satisfied. None were highly dissatisfied. Of those that sought further therapy, 83% of those that did so had stated they were dissatisfied after the initial therapy-indicating they retained belief in therapy despite unsatisfactory experiences. Evidence also points to importance of presence of Rogers Core Conditions and to the helpfulness of Reichian techniques in exploring early childhood, identifying feelings, expressing feelings and gaining self-insight. Reichian techniques were less effective in helping clients to control feelings.
TOTAL NUMBER OF NON-CONTROLLED STUDIES		**26**

4. Qualitative (Excluding Case Studies)

First Author	Approach/Sub Type	Outcome Evidence
Bahlmann 2001	Encouraging	Results indicate that the Encouraging-Training Schoenaker-Concept is effective. After having followed the training, the participants reported a stronger sense of self-worth, a stronger feeling of sychological wellbeing, a more active way of coping with their problems, a more optimistic view, a decrease in psychological and physical complaints, a decrease in the distress felt in social situations, and an increased use of social skills.
Quinn 2008	Client/Person Centred	Work into US servicemen returning from Iraq and Afghanistan with PTSD. Quinn's interim findings whilst working with servicemen experiencing and having been diagnosed with PTSD are: PCPC enables the soldiers to stay close to their felt experiencing. Enduring therapist congruence is a central aspect to enabling the soldiers to access their own experiencing in a congruent manner.
Timulak 2001	Client/Person-Centred	Using IPR analysis of 38 experiences of 6 clients, clients and counsellors indicated positive client experiences were associated with empowerment, safety and insight. Also important were freedom in the relationship, assurance of the relationship, importance of counsellor's presence and unfolding of client's personal meaning.

Schore 2021	Neuro-Scienc	In 1975, Colwyn Trevarthen first presented his groundbreaking explorations into the early origins of human intersubjectivity. His influential model dictates that, during intimate and playful spontaneous face-to-face protoconversations, the emotions of both the 2-3-month-old infant and mother are nonverbally communicated, perceived, mutually regulated, and intersubjectively shared. This primordial basic interpersonal interaction is expressed in synchronized rhythmic-turn-taking transactions that promote the intercoordination and awareness of positive brain states in both. In this work, I offer an interpersonal neurobiological model of Trevarthen's intersubjective protoconversations as rapid, reciprocal, bidirectional visual-facial, auditory-prosodic, and tactile-gestural right brain-to-right brain implicit nonverbal communications between the psychobiologically attuned mother and the developing infant. These co-constructed positive emotional interactions facilitate the experience-dependent maturation of the infant's right brain, which is in an early critical period of growth. I then address the central role of interpersonal synchrony in intersubjectivity, expressed in a mutual alignment or coupling between the minds and bodies of the mother and infant in face-to-face protoconversations, as well as how these right brain-to-right brain emotional transmissions generate bioenergetic positively charged interbrain synchrony within the dyad. Following this, I offer recent brain laterality research on the essential functions of the right temporoparietal junction, a central node of the social brain, in face-to-face nonverbal communications. In the next section, I describe the ongoing development of the protoconversation over the 1st year and beyond, and the co-creation of a fundamental energy-dependent, growth-promoting social emotional matrix that facilitates the emergence of the highly adaptive human functions of mutual play and mutual love. In the final section, I discuss the clinical applications of this interpersonal neurobiological model of intersubjectivity, which has a long history in the psychotherapy literature. Toward that end, I offer very recent paradigm-shifting hyperscanning research that simultaneously measures both the patient and therapist during a psychotherapeutic interaction. Using the Trevarthen's two-person intersubjective model, this research demonstrates changes in both brains of the therapeutic dyad and the critical role of nonverbal communications in an emotionally-focused psychotherapy session. These studies specifically document interbrain synchronization between the right temporoparietal junction of the patient and the right temporoparietal junction of the

		clinician, a right brain-to-right brain nonverbal communication system in the co-constructed therapeutic alliance. Lastly, I discuss the relationship between the affect communicating functions of the intersubjective motivational system and the affect regulating functions of the attachment motivational system.
Schore 2014	Neuro-Science	This article discusses how recent studies of the right brain, which is dominant for the implicit, nonverbal, intuitive, holistic processing of emotional information and social interactions, can elucidate the neurobiological mechanisms that underlie the relational foundations of psychotherapy. Utilizing the interpersonal neurobiological perspective of regulation theory, I describe the fundamental role of the early developing right brain in relational processes, throughout the life span. I present interdisciplinary evidence documenting right brain functions in early attachment processes, in emotional communications within the therapeutic alliance, in mutual therapeutic enactments, and in therapeutic change processes. This work highlights the fact that the current emphasis on relational processes is shared by, cross-fertilizing, and indeed transforming both psychology and neuroscience, with important consequences for clinical psychological models of psychotherapeutic change.
Dales 2008	Neuro-Science	This paper examines attachment theory in the context of the biology of affect regulation and the convergence of these in psychotherapeutic processes. Because of recent advances in understanding how the infant brain/mind/body is shaped by the infant's first social experiences, the purpose of this investigation is to extract those underlying mechanisms that expand adaptive and regulatory capacities and to review their application within the therapeutic relationship. Interdisciplinary advances are indicating that just as the infant-mother relationship is fundamentally a psychobiological dyadic system of emotional communication and affect regulation, this same system underlies the essential mechanisms that adaptively sustain subsequent relationships-including the therapeutic alliance. This review highlights the importance of right-hemisphere-to-right-hemisphere emotional and relational processes-moving away from the traditional emphasis on "left-brain" verbal and cognitive processes-thereby underscoring the necessity for therapist understanding of implicit, nonverbal communication as well as self-integration and awareness in order to help increase their client's capacity for the same. We propose a model of therapeutic communication that takes these factors into account for the therapist, the client and the relationship.
Windle 2020	Music Therapy	Current study explored the lived experiences of the participants in Ten individuals participated in semi-structured interviews. These were a music therapist, research psychologist and lived experience researcher,

		interpretative phenomenological analysis (IPA). Three superordinate identified: „the group as a happy and safe place", „music stimulates and song writing aids expression into words" and „uncertainty, unmet ending were challenging". Findings underscore the importance of early cohesion and the role of music and song-writing in promoting enjoyment, exploration and a sense of achievement.
Moran 2011	Creative Arts Therapy	Playback theatre is a community-building improvisational theatre in personal story told by a group member is transformed into a theatre spot by other group members. Playback theatre combines artistic social connection based on story-telling and empathic listening, thus together modes thought to promote healing. Here, we explore the playback theatre to promote recovery in the field of mental health. two playback courses for a total of 19 adults in a university-based recovery, and collected qualitative reports pre–post self-report measures personal growth and recovery. We also developed a self-named the playback impact scale that includes items related to creativity, confidence in performing, social connectedness and seeing one's stories. We find significant enhancement in the playback impact scale week playback course. The qualitative reports indicate recurring themes enhanced self-esteem, self-knowledge, as well as fun and relaxation, sense of connection and empathy for others. These preliminary results playback theatre can serve as an effective practice for enhancing processes from serious mental illness.
Zubala 2013	Creative Arts Therapy	There is growing evidence that arts therapies may be under-used 'global burden' of depression. However, the experiences of arts therapists, methods, tools and ways of working with this client group remain unclear. therapies in the UK are a form of psychotherapy. They use arts media therapeutic relationship as means of therapeutic change and include disciplines: Art Therapy (AT), Music Therapy (MT), Dance Movement Psychotherapy (DMP) and Drama Therapy (DT). In 2011, all arts therapists registered in the UK were invited to complete an online questionnaire their practice in general and specifically in relation to clients with depression. Arts Therapies Survey received 395 responses. Arts therapists who with depression were identified and compared to those who do not depression on a range of factors, including preferred theoretical approaches style of working. Arts therapists who pecialise in depression tend Psychodynamic principles more often, are more likely to be older and work with groups, in health settings and with adults more often than adolescents. These quantitative findings enable the description of practice of arts therapies with depression in the UK and are intended reference for arts therapists themselves and other professionals interested treatment of depression. Qualitative data gathered in the survey will a separate paper, with the aim of deepening the understanding

		already of Music therapy
Sharma 2001	Feminist	Feminist therapy criticised for failing to acknowledge the diversity among immigrant and racially visible women who have been abused. Report shows how needs of these women differ from those in the dominant culture.
Kerr 2001	Cognitive Analytic Therapy	Of 4 participants, unsuccessful with two due to severity of (psychotic) symptoms, but other two showed the approach to be containing and effective with ‘rapid subsidence' of disturbed and non-compliant behaviour. Decrease in 'psychotic' psychopathology of patients. In one patient, improvement led to transfer to an open ward within a week.
West 1994	Body-Centred	Clients mainly sought therapy to help with relationship difficulties or to assist with feelings of depression, anxiety, panic attacks and/or with grieving, anger and sadness. Generally, clients found that exploring, accepting and expressing feelings was the most important part of the therapy, followed by self acceptance and feeling accepted by another. Other helpful aspects included insight, exploring childhood, the relationship with the therapist, therapy being a safe place, the expression of negative emotions and changes in relationships.
Kyle 2004	Psychosynthesis	Use of IPR with 12 therapists. Evidence suggested that psychosynthesis benefitted clients by: presenting clients with a non-threatening experience; refuge of practitioner's way of 'being' in the therapeutic relationship; facilitation of making creative use of pain, crisis and failure; growing in awareness and enhanced consciousness; exploring repressed and difficult feelings; re-identification more authentically and holistically with true personalisty and essential self; greater sense of own potential.
Gelbond 2003	Psychosynthesis	Parents and siblings 'have attested to' a greater richness in their lives, a new unexpected dimension, learning about love and joy, learning what it is to be given to, acceptance of mental illness in their children. Creation of 38 groups and a State Alliance for Alliance for Mentally ill.
Solovyov 1996	Transpersonal Therapy	Significant importance of elements such as free breathing in improvement of psychopathological symptoms. Progress in terms of self reliance, self estimation and the decrease of anxiety levels.
TOTALNUMBER OF QUALITATIVE STUDIES		**15**

5. Case Studies

First Author	Approach/Sub Type	Outcome Evidence
Sajnani 2018	Drama Therapy	This chapter presents a collaborative discourse analysis of four accounts drama therapy in the treatment of depression in adults. The authors questions about their practice by email and then engaged in a collaborative of the resulting data through the use of an online document sharing (Google Docs). Primary outcomes highlight the primacy of psychodynamic, and cognitive behavioral approaches to care, indicate a between context and how depression is conceptualized, and reveal on the embodied, imaginative, externalizing, expressive, relational, functions of drama therapy with this population.
Lavergne 2004	Art Based Therapies (Art Therapy[and Internal Family Systems])	In this 10-session IFS group therapy programme integrated with art therapy Amelia became more expressive with her art as therapy progressed whilst Reena found expressing herself through art easier. Post-therapy both girls gave very positive feedback about the therapy and its helpfulness in helping them to express and process their emotions following their traumatic life event.
Tillett 1994	Gestalt	Client was a 25 yr old female who was in therapy suffering from delusions, agitation and who was withdrawn. During therapy, client reported a major reduction in her internal agitation and significant progress in practical matters in her life such as her job. Therapy continues at time of writing and client continues to progress in her interpersonal relations as well as her delusions almost disappearing.
Carich 2001	Adlerian	Using concepts from Individual Psychology the client achieves an awareness of her own ability to choose how she would react to her traumatic experience and how she would allow it to affect her life. After 8 sessions over a 3-month period the client was able to deal with life in a more positive way.
Soyez 2004	Contextual	After 14 months of contextual individual and group activities complemented by family counselling, Laura had adjusted easily to the therapeutic community structure (for substance abusers) but had much more difficulty in accepting the norms and emotionality of the system. Her relationship with her father greatly improved during therapy but with her mother she still felt she had to take a parentified role. Therapy continued.
Benjamin 1994	Contextual	Case 1: Through intrapsychic integration the sexually abused client was able to both take responsibility for hurting the children and to exonerate and integrate alters into a whole self. Case 2 looked at the relationship between therapist and client. Client found that she could trust the therapist to be fair in his partiality to insiders and outsiders, she did not

		have to worry about disloyalty to the therapist or family. Outcome for Case 2 not given.
Losong 1981	Encouragement	Encouragement techniques used by the therapist such as enthusiasm, respect, empathy and confidence all helped the client to focus his life in more positive directions; client improved his grades and was accepted into college and did a Masters in counselling long after therapy finished.
Randall 2001	Existential	Panic attacks that had been experienced over 3 years disappeared after the 3rd therapy session and had not reoccurred for the rest of the therapy or in the 6 month follow-up.
Milton 1994	Existential	With this open-ended therapy, the existential awareness that the therapist encouraged Tim to see created a real therapeutic connection and the process of acquiring greater understanding was allowed to continue rather than getting stuck.
Comas-Diaz 1987	Feminist	a) Feminist therapy is potentially beneficial to Puerto Rican women. b) Case 1: Olga is very receptive to cognitive restructuring from a feminist perspective. Therapy terminated when Olga's presenting complaints disappeared. Follow-up indicated complaints still absent and had started studying as she had wished to during therapy. c) Case 2; Feminist therapy empowered Hilda to make informed decisions, however therapist failed to properly assess Hilda's support system leading to abrupt termination of treatment.
Walsh 2005	General	Initially client felt fear at being asked to be completely non-judgemental, then comes to appreciate a deeper perspective and emotional openness of self.
West 2000	General	Richard attended weekly therapy searching for some guidance in his life. In the early days the therapist found himself being overly helpful and the client saw this as reflecting his overbearing father. A few months into therapy and most of the client's issues that he had presented with seemed resolved, when he started drinking to excess. He started to express his anger for his father. The following sessions were focussed around a type of initiation between the client and the therapist (an older father-figure type). His therapy came to a close when he found a permanent job and seemed to have resolved his issues.
Wilson 2003	General	Paula attended therapy, though throughout she struggled with her inability to trust anyone, including her therapist, and with her mood swings that would have her ecstatically claiming to be better than ever, subsequently in cynical despair about the therapy and life in general. After 6 weeks came the review session, which Paula tried to avoid by creating a crisis situation, fighting with her one close

		friend. After a further 6 sessions, Paula was able to voice her feelings of sadness about the end of therapy and fear of her dependency. However, she was also able to celebrate the changes she had made, including re-establishing contact with her friend on a more equal level.
Gold 2000	Active-Self Model	S.'s active episode proceeded spontaneously whereas R's required integrative assistance. S.'s interpretative work through her active episode had immediate and lasting impact and continued without any additional input from the therapist. R repeatedly tried to engage the therapist as she had been engaged in her family - with drama and anxiety. The therapist's refusal to be engaged in this way caused anger and then understanding. R actively pursued a deeper understanding of her dynamic self.
Crossley 2000	Cognitive Analytic	Phillip was referred due to having work-related difficulties. Initially time was spent assessing the issues involved, before at the end of session 5, a reformulation letter was prepared. Counsellor and client created a Sequential Diagrammatic Reformulation which seemed to clarify for Phillip, the reasons behind his actions. In session 16 Philip was presented with a 'goodbye letter' that bought: the issues together and acknowledged his enhanced ability to recognise his repetitious procedures. At follow-up Phillip reported continuing awareness of the operation of these procedures and was making decisions to change his life in light of breaking them.
Pollock 1997	Cognitive Analytic	Through better understanding of his psychological and behavioural patterns Lee was able to try to act differently. He made significant progress in 24 sessions apart from his 'compulsions' towards sexual masochism. At a one year follow-up he was preparing for independent living.
Cowmeadow 1994	Cognitive Analytic	a) 8 sessions of intensive therapy with clients that had deliberate self-harm issues. During therapy the client developed her interpersonal skills (though she found this a difficult process) and more realistic expectations of others - this led to improvement in her depression. Client came to understand her suicidal actions in terms of her losses. In the 3 month and 1 year follow-ups the positive changes in relationships had been maintained. b) Following 8 sessions of intensive therapy Mr J felt less depressed but worried about his ability to cope without the sessions. In the 2 year follow-up period showed that Mr J could still revert to the behaviour and feelings described in the diagram in response to stresses that led to feelings of rejection and low self-worth but also how he consolidated the changes begun in therapy.
Gassner 2005	Cyclical Psychodynamic	After 11/2 years of therapy Rand attends his individual therapy but remains mute throughout as a passive test to the therapist. After a few of these silent sessions, Rand began to open up to the therapist. After reliving a painful period of his life to the therapist, Rand concluded therapy

		and decided to go to medical school. During 5 years of therapy Tom provoked shocking crises, testing the therapist to see if she/he would react as his neglectful parents had - therapist's support and refusal to act as he expected helped him overcome his sexual feelings towards his step-daughter and resolve his relationship difficulties. Ruth's functioning deteriorated after years of seemingly successful psychotherapy due to a personal setback in her life - but therapist's encouragement to change her perspective helped her recover enough to end therapy.
Wachtel 1992	Cyclical	Client worked at changing responses to his problems by using imaginative imagery as a way of enacting the situations. Alleviation of test anxiety was achieved and client went on to pass his work-related exam.
Whiffen 1998	Emotion Focused	Following 10 sessions of couples therapy using an attachment theory framework, the couple scored 102 on DAS i.e. no longer distressed on this measure. At one year follow-up the changes made in therapy were stable.
Soloman 1988	Encounter Groups	Mrs. B attended the mass therapy encounter group for 3 years at which point she left voluntarily. Before starting the therapy her father said she was competent, cheerful and productive with no history of mental problems. After 2 years she appeared physically and emotionally exhausted, malnourished, withdrawn, and at times talking and behaving irrationally. At the follow-ups at 2.5 and 3 years long-term psychological scarring present and she still felt helpless, depressed and anxious.
Bott 2000	General	Sheila presented with low self-esteem and a desire for a less critical self-image. During therapy, a strong therapeutic alliance was built and she explored her different inner-personas, giving them names and role-playing their different characters. She was encouraged to create an internal protector to combat her critical qualities and did so successfully by building an internal dialogue. She decided to go on holiday, found a better job and talked more positively about herself-body, spirit and mind. Sheila chose to end the therapy when she felt that she was standing on her own two feet.
Murphy 2000	General	Nicola came to therapy as she is destructive within her relationship. Initially feels that she is not making any progress in therapy and expresses this causing therapist to feel worthless. Breakthrough comes when therapist shares this sentiment and Nicola explores the roots of her causing this feeling in others and the other ways in which she is destructive in relationships. A therapeutic bond is formed and Nicola feels deeply understood and accepted. Therapy ongoing at time of publication.
Paul 2000	Integrative/ Eclecticism	Nicola comes to therapy as she is destructive within her relationship. Initially feels that she is not making any

		progress in therapy and expresses this causing therapist to feel worthless. Breakthrough comes when therapist shares this sentiment and Nicola explores the roots of her causing this feeling in others and the other ways in which she is destructive in relationships. A therapeutic bond is formed and Nicola feels deeply understood and accepted. Therapy ongoing at time of publication.
Austen 2000	Integrative/ Eclecticism	a) Annie and her family presented for therapy due to breakdown in family relations, following the diagnosis of their son as schizophrenic, During therapy, they worked through problem statement to an understanding of Max's illness, in the context of the family, allowing Max and his parents to apply this understanding to their own problem solution. b) John presented with depression. Therapist worked experientially using psychodynamic concepts to facilitate understanding of John's difficulties. John sought behavioural change and a cognitive-behavioural approach was applied to help him view both himself and others more productively. As John became more aware of his feelings he was able to move to a problem statement and apply his understanding in specific areas of concern in his life. c) Melanie, 10, had behavioural difficulties and presented with her mother and step-father. The mother and step-father had relationship issues as well as personal issues that were impeding progress with Melanie. Joint sessions focusing on both 1st order change and 2nd order change helped to improve their understanding and acceptance of each other and they were subsequently able to unite in providing firm boundaries and affection for the child, whose behaviour accordingly improved. d) Bill, 34, was referred with depression and anxiety, Therapist used an experiential approach to Bill's problems which led him from a vague awareness of his feelings to a better conceptualisation of his problems. With the knowledge and insight gained in this work, Bill felt better equipped to cope in both his home and work situations.
Palmer 2000a	Multi-Modal Therapy	John, 43, was referred by his doctor suffering from occupational stress resulting in angry outbursts at work. During therapy John found that attempting to slow down, modifying his beliefs, relaxation exercises and coping imagery were very beneficial. Post therapy John slowed down and reduced his feelings of guilt and anxiety; although he could still become angry under pressure, he was more controlled. He agreed that he would undertake further bibliotherapy and that his interpersonal modality required more attention regarding his manipulative tendencies. John and his therapist decided to meet for a 3-month follow-up to reassess the situation.
Palmer 2000b	Problem-Focused	Sara started a course of 5 sessions as she was very anxious about an upcoming presentation and had always avoided them in the past. The counsellor used an analogy of another learning experience to demonstrate that

		learning new skills is not necessarily straightforward or easy for anybody. Client and counsellor developed more helpful, flexible and problem focused beliefs. The evaluation of her presentation was positive and she stopped therapy soon after.
Jenkins 2000	Egan's Skilled Helper Model	Sandy, who initially came for 10 sessions, felt a lack of direction and energy in his work life and relationship and was still troubled by his father's recent suicide. Through brainstorming ideas for how to do things differently (rather than the therapist's preferred method of talking about feelings) Sandy began to address the practical unresolved issues in his life, including his father's will. Post-therapy he had a more positive and in-control outlook on life.
Cederborg 2000	Metaphor Therapy	In short term metaphor worked as a non- threatening intervention facilitating change. In longer term, metaphor was unsuccessful as it confirmed negative family beliefs.
Martin 2000	Metaphor Therapy	a) Woman presenting with depression for 25 weekly sessions. In first sessions, conversation was difficult, however, issues of transference occurred and were successfully worked through. This process was facilitated by the use of metaphor, which allowed them to develop own therapeutic language. Post therapy client reported that she was able to delight in her family once again and had made positive life changes, as well as her angry feelings for her mother changing into more compassionate one. A few months post-therapy she claimed to be 'thriving'. b) John was having problems committing to his long-term partner and is also experiencing difficulties in sexual performance. Was referred from couple therapy with his partner Jane. During therapy, he worked on his relationship with the therapist implementing a combination of behavioural and strategic principles. Just prior to completing therapy John took Jane to visit his previously estranged parents, where they announced their engagement and were firm in their communication. Post-therapy John and Jane are now married.
Messer 2000	Time Limited Psychoanalytic (Integrative)	During the 12 intensive sessions the client develops an attachment to the therapist and begins to express her anger and disappointment with life, revealing her vulnerable side to others. Post-therapy she is more balanced between dependence and independence in her approach to relationships and is maintained in follow-up.
Allen 2001	Unified Psychotherapy	After 35 sessions of therapy combined with anti-depression medication the patient had started to be able to manage her hostile feelings towards her father and they settled into a superficial but more communicative relationship. In the follow-up visits over the next 2 years the patient was not taking antidepressants and her mood was fairly good.

Muller-Braunschweig 1998	Body-Centred	Light therapist physical contact at times was ineffectual in alleviating anxiety attacks, at times client became aggressive psychologically and rejected therapist but with successful sessions she was helped to feel supported yet as if she had her own space. Client eventually improved enough not to need therapy.
TOTAL NUMBER OF NARRATIVE AND/OR SINGLE SUBJECT CASE STUDIES		**33**

Section D: Summary and Conclusion

The summary and conclusion contained in the original 2008 statutory regulation submission still holds credence:

> *'What the review of the available research indicates is that there is significant evidence from both controlled and non-controlled studies on the efficacy of Humanistic and Integrative therapies. Taken as a whole, this review alone has identified 78 meta-analyses or controlled research investigations which overwhelmingly support this position, reinforcing the findings of the 58 non-controlled or case study research studies considered here. Whilst recognising the central importance of naturalistic enquiry for Humanistic and Integrative psychotherapies, this study has indicated that where controlled studies have been carried out, these have found in support of Humanistic and Integrative psychotherapies.*
>
> *The differences between the research methodologies are less in their conclusions about the efficacy of Humanistic and Integrative Psychotherapies, on which the literature is overwhelmingly in agreement, but in the details given and the levels of description available, enabling the reader a different, and valuable, insight into the research process from which the conclusions are reached'.*
>
> (Thomas et al, 2008:60).

This submission demonstrated that the Humanistic Modality is an effective form of therapy when it is practiced by bona fide practitioners: Cooper 2008, Elliott & Freire 2010, Cooper, Watson & Holldampf (2010).There have been RCT's conducted by King et al (2000) Morrell et al (2009) and there are numerous research studies in progress which support the use of Humanistic approaches as an effective form of psychotherapy and counselling which efficacy has high post therapy gains (Elliott & Freire 2010). It must be remembered that research is not 'neutral' and is embedded in elitist systems of power and privilege – NICE is no exception. When 'researcher allegiance' is accounted for Humanistic approaches fare even better against the dominance of CBT and IAPTE approaches (Elliott et al 2004, Luborsky et al 1999, Elliott & Freire, 2010).

Other relevant points from the review that are important to note are:

- Common factors research support the relevance and importance of the therapeutic relationship, therapist core conditions and factors unique to the client.
- Concern regarding the dominance and difficulty with RCT structure, values and operation.
- The evidence suggests that if therapies are not delivered appropriately or incompetently, this can lead to client harm (King 2000, Elliott et al 2004, Elliott & Freire 2010, Timulak & Creaner 2010).
- Humanistic approaches are valued by service users as a preferred option and as such are an appropriate economic investment (King 2000, Elliott & Freire 2010).
- Humanistic therapies are supported by quantitative and qualitative research methods
- Meta analysis are in vogue
- The Humanistic modality is expanding its research view to include outcome studies in respect of clients diagnosed with psychotic, borderline personality disorder, self harm, drug and alcohol misuse.

The UKAHPP wishes to bring research back to 'basic setting' to its natural environs rather than to continue with RCT's in a controlled environment. This argument reflects a position within the Humanistic modality in that research has to be a 'real' act, one that attempts to show it really 'is for the client. If research does not then, by definition, it does not reflect real

life. Giving clients the choice and producing research from the ‘client’s frame of reference’ rather than from a ‘researcher frame of reference’ may well be the only way forward with integrity. The UKAHPP is supportive of professional standards and the efficacy of practice being supported by relevant research - ‘research informed’ not ‘research directed’, (Cooper, 2008:5).

This submission has offered sound evidence in support of the effectiveness and efficacy of Humanistic Counselling and Psychotherapy.

Section F: Bibliography

1. Meta-Analyses

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