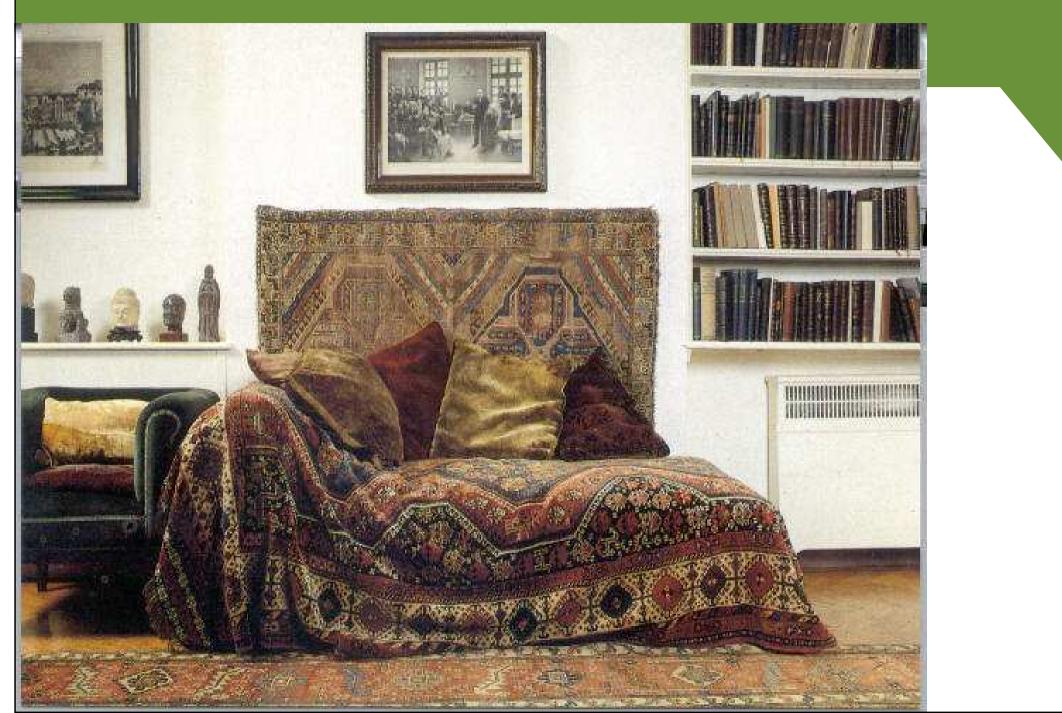Freud's consulting room, Hampstead

Reflecting on alternative models of therapy
Is therapy about <u>care</u> of patients in distress or about <u>cure</u> of disease?

Care
- Implies an ill – healthy continuum
- Concept of psychological hardiness useful
- Chronic - could be long term support
- Outcomes subjective and hard to measure
- Eg. patient satisfaction

Cure
- Implies medically based ill - healthy dichotomy
- Discrete and identifiable disorders
- Acute – short term cure in response to crisis
- Positivism and measurable outcomes
- Eg. using RCTs

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Less dichotomous in reality
but an important debate for research into outcome

- ▶ Questions

- ▶ To what extent do discrete disorders exist?
  - ▶ and are they socio-culturally independent?

- ▶ Are people who are distressed likely to be multiply affected (Co-morbidity)
  - ▶ Eg depression, and anxiety, and substance abuse?

- ▶ Can disturbances be cyclical? Environmentally triggered?

- ▶ Can therapy simply bring about cure or does it work through improving self management and self awareness?

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Dilbert 1

Dilbert 3

Do psychological therapies work?

- This is a basic generation 1 question arising from Eysenck 1952 and led to a generation of justificatory research

- Is it a reasonable question?

  - Do we ask if friendship, theatre, music, religion 'work'?

  - Should we equate psychological therapies to physical therapies such as those involving drugs?

  - Is psychotherapy a social practice or a medical intervention?

  - Measurable outcomes or customer satisfaction?

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Fenichel 1930

- Review of outcome in Berlin Psychoanalytic Institute
- 1955 consultations - 721 cases opened

- 363 completed, 241 left prematurely, 117 still in treatment

- 11 judged cured, 89 v. much improved, 116 improved, 47 not cured etc.

- Depending on how view drop-outs….
  59 – 91% improvement

Problems with early research

- Use of pre / post treatment comparisons only

- No comparison / control conditions

- So no control for passage of time or measure of spontaneous remission

- Ethical problems of random allocation, eg. Rogers and Dymond, 1954

- Need a control condition, either:

  - No-treatment
  - Waiting list
  - placebo

Generation 1 research

- Arbuckle and Boy (1961)
  - 3x12 person matched samples, random allocation - client-centred therapy effective

- Sloane et al (1975)
  - 3x30 matched samples: wait list / insight therapy / behaviour therapy, 16 wks / sessions
  - Therapists matched for experience
  - Pre / post / 12 months post use of SSIAM & target symptom rating
  - Both therapies improved equally, more than wait list which also improved
  - A good small scale study

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Does the literature add up?

▶ What is an appropriate outcome measure?

▶ Insight? Support through a process? Behaviour change? Loss of symptoms?

    ▶ Will vary with condition treated, eg. eating disorder

▶ Research design, choice of outcome measure, formulation and focus of therapy all related to theoretical orientation so difficult to compare therapies

Research reviews

- Eysenck, '61, '66……..   0% effective

- Rackman, 1971…….…   4% effective

- Luborsky et al 1978…..   78% effective

  - So…contaminated by therapist allegiance

  - Use judgement to select studies for consideration, may reject on basis of design and outcome measures

  - Eg. behaviourists reject Sloane et al 1975 as outcome measures too medical / not behavioural

Statistical issues

▶ Significance is a function of size of effect & sample size, smalls differences may be significant with large sample and vice versa

▶ With clinical research difficult to get large samples or to increase 2 condition contrast

▶ Alternative - measure effect size

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Statistical issues 2

▶ Effect size of 1.0 means that therapy group is 1sd better than mean of control group – 84% of therapy group better than average control group member

▶ Meta analysis – use effect size to quantify and aggregate a statistical review

▶ But….garbage in = garbage out, as Eysenck argues.

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Meta analytic reviews

▶ Smith et al 1980

▶ 474 studies, 18 types of therapy

▶ Effect size of 0.85 – 80% of treated sample score above mean of control sample

▶ Many similar studies, broadly similar results

▶ Efficacy of therapy demonstrated in broad terms – mean effect size of 0.74 (approaching large) quoted by Lambert & Bergin (94)

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Comparative effectiveness

▶ Overlap with earlier research

▶ Dispute over a priori assumptions

▶ Luborsky's review – the Dodo verdict, the outcome equivalence paradox

▶ Potential for meta analysis to resolve?

▶ Not realised, many reviews, no consistent winners and losers

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