

Nežádoucí negativní dopady psychoterapie, vedlejší účinky

Přiblížení výzkumu Centra pro výzkum psychoterapie Katedry psychologie FSS
MU

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A tripartite model of mental health and therapeutic outcomes: With special reference to negative effects in psychotherapy.

Strupp, Hans H., Hadley, Suzanne W.

American Psychologist, Vol 32(3), Mar 1977, 187-196

Presents a tripartite conceptual model for the evaluation of mental health and psychotherapy outcomes. The model highlights the values brought to bear by 3 "interested parties" in these evaluations: society, the individual, and the mental health professional. The model is elaborated in terms of the specific problem of negative effects in psychotherapy, an issue of increasing concern to the public and the mental health profession. Clinical, research, and public policy implications of the model are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

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A Tripartite Model of Mental Health and Therapeutic Outcomes

With Special Reference to Negative Effects in Psychotherapy

HANS H. STRUPP *Vanderbilt University*
SUZANNE W. HADLEY *Vanderbilt University*

ABSTRACT: *A tripartite conceptual model for the evaluation of mental health and psychotherapy outcomes is presented. The model highlights the values brought to bear by three "interested parties" in these evaluations: society, the individual, and the mental health professional. The model is elaborated in terms of the specific problem of negative effects in psychotherapy, an issue of increasing concern to the public and the mental health profession. Clinical research and*

possible to derive a truly comprehensive definition of mental health and meaningful evaluations of psychotherapy outcomes.

Consider the following: Do assessments of change in self-concept have anything in common with observations of overt behaviors, as in the treatment of a snake phobia? If, following psychotherapy, a patient manifests increased self-assertion coupled

When Things Get Worse

The Problem of Negative Effects in Psychotherapy

Hans H. Strupp; Suzanne W. Hadley and Beverly Gomes-Schwartz

This text confronts the disturbing reality of patients getting worse while in treatment. With an awareness of society's legitimate right to question what psychotherapy does and how it does it, this book discusses the complex problems of when psychotherapy fails at its intent.

Jason Aronson, Inc., pages 366, paperback, July 1977

Identification of Patients at Risk for Nonresponse and Negative Outcome in Psychotherapy

David C. Mohr, Larry E. Beutler, David Engle, Varda Shoham-Salomon,
John Bergan, Alfred W. Kaszniak, and Elizabeth B. Yost
University of Arizona

This study evaluated the use of pretherapy patient variables as correlates of 3 categorical types of outcome: negative response (negative change of more than 1 normative SE_{est} on depression measure); nonresponse (change within $\pm 1 SE_{est}$ on depression measure); and positive response (positive change of more than 1 SE_{est} on depression measure) to psychotherapy among 62 patients with major depressive disorder. By using 4 scales from the Brief Symptom Inventory, the Inventory of Interpersonal Problems, age, and sex, 75.8% of the Ss were correctly classified into the 3 groups. Negative responders were characterized by high levels of interpersonal difficulty and low levels of subjective distress. Nonresponders displayed moderate levels of both interpersonal difficulties and subjective distress. Positive responders displayed high levels of both interpersonal difficulties and subjective distress.

The existence of negative responses is well documented in psychotherapy. Reviews by Bergin and Lambert (1978) and Lambert and DeJulio (1978) suggest that in those studies that

more closely related to the theoretical constructs that are used by clinicians when applying interventions.

Among the variables of greatest theoretical import, the most

2012 – 2014

- First summarizing reviews
- NE from clinicians' perspectives
- First tools (questionnaires) for clients' feedback

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Unerwünschte Wirkungen, Nebenwirkungen und Fehlentwicklungen

Systematik und Häufigkeit in der Psychotherapie

Die Erkenntnis, dass gut entwickelte Therapien evtl. auch schaden können, hat in der Pharmakotherapie schon lange zu umfangreichen Forschungsarbeiten zum Thema Nebenwirkun-

gent eigentlich kein Schaden entstehen kann, insbesondere da ein Therapeut ja im Grunde wohlmeinend und außerdem gut ausgebildet sein sollte (Nutt u. Sharpe 2008; Ventegodt u. Merrick 2009).

rapeuten fast gezwungen, diese nicht zur Kenntnis zu nehmen, weil ihnen ansonsten möglicherweise haftungs- und strafrechtliche Konsequenzen drohen. Zwar müssen Therapeuten sich nicht selbst be-



Frequency of reporting of adverse events in randomized controlled trials of psychotherapy vs. psychopharmacotherapy

Barney Vaughan^{a,*}, Michael H. Goldstein^b, Maria Alikakos^b, Lisa J. Cohen^b, Michael J. Serby^b

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^b*Mount Sinai Beth Israel Medical Center, New York, NY*

Abstract

Background: Psychopharmacology and psychotherapy are the two main therapies in mental health. It is common practice to consider adverse events (AEs) of medications, but it's not clear this occurs with psychotherapy.

Aim: This study investigates the frequency with which reports of AEs occur in clinical trials using either psychopharmacology alone, psychotherapy alone, or combined approaches.

Methods: Forty-five articles of randomized trials published in high-impact journals were chosen from a Medline search, and separated into three groups of 15 articles: pharmacotherapy alone (M), psychotherapy alone (T) and combined studies that looked at the effect of both a psychotherapeutic (CT) and psychopharmacologic (CM) intervention. Criteria for what defines an AE were established and the papers were rated for mentions of AEs in papers as a whole and by each section.

Clinicians' Perspectives on Negative Effects of Psychological Treatments

Samuel Bystedt¹, Alexander Rozental¹, Gerhard Andersson^{2,3,4},
Johanna Boettcher⁵ and Per Carlbring¹

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Abstract. Negative effects of psychological treatments is a fairly unexplored area of clinical research. Previous investigations have indicated that a portion of all patients experience negative effects in terms of deterioration and various adverse events. Meanwhile, evidence suggests that many clinicians are untrained in identifying negative effects and unaware of the current research findings. The objective of the current study is thus to investigate clinicians' own perspectives and experiences of possible negative effects of psychological treatments. An invitation to participate in an anonymous online survey consisting of 14 open-ended questions was distributed via three mailing lists used by clinicians that primarily identify themselves as cognitive behavior therapists. The responses were analyzed using a qualitative method based on thematic analysis. In total, 74 participants completed the survey. A majority agreed that negative effects of psychological treatments exist and pose a problem, and many reported having experienced both deterioration and adverse events among patients in their own practice. The thematic analysis resulted in three core themes: characteristics of negative effects, causal factors, as well as methods and criteria for evaluating negative effects. The

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Welche Risiken und Nebenwirkungen hat Psychotherapie? – Entwicklung des Inventars zur Erfassung Negativer Effekte von Psychotherapie (INEP)

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^b Fakultät für Erziehungswissenschaft, Psychologie und Bewegungswissenschaft, Universität Hamburg, Deutschland

Schlüsselwörter

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Keywords

Psychotherapy research · Therapy outcome ·
Therapeutic alliance · Adverse effects ·
Side effects · Unethical therapist behavior ·

Negativní účinky psychoterapie

Dobrý den.

V Centru pro výzkum psychoterapie na Fakultě sociálních studií Masarykovy university v Brně provádíme výzkum negativních dopadů psychoterapie v České republice. Stejný výzkum se uskutečňuje i v jiných zemích. Shromažďujeme zkušenosti lidí, kteří podstoupili psychoterapii, a přesto se jejich fyzický nebo psychický stav zhoršil.

Naším cílem je získat od respondentů data, která nám pomohou porozumět lépe potenciálně negativním dopadům psychoterapie. Cílem je také přispět k tomu, aby se u nás zvýšila kvalita poskytovaných terapeutických služeb. Ve výzkumu nám nejde o jména terapeutů, respondent nemusí nikoho jmenovat; jde nám o to, abychom porozuměli potížím, které klienti v psychoterapii někdy zažívají.

Budeme rádi, když dotazník vyplníte i v případě, kdy jste si nebyli vědomi žádných negativních dopadů psychoterapie, kterou jste podstoupili. I v takovém případě pro nás bude vaše zpětné zamyšlení se nad terapií užitečné.

Dotazník je anonymní. V případě, že byste byl/a ochotný/á podělit se s námi o svou zkušenost podrobněji v následném rozhovoru, uveďte, prosíme, kontakt na sebe (na závěr dotazníku).

V dotazníku pro snazší srozumitelnost používáme tvar "terapeut", ale máme na mysli "terapeut či terapeutka".

[Další](#)



Události a následky		Zažil/a jste to?		Pokud ano, jak moc negativně Vás to zasáhlo?					Pravděpodobně způsobeno:	
		NE	ANO	Vůbec ne	Mírně	Středně	Velmi	Extrémně	Terapií	Jinými okolnostmi
16.	Začal/a jsem se před druhými stydět za to, že chodím na terapii.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Přestal/a jsem si myslet, že se mi může dařit lépe.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	Začal/a jsem si myslet, že to, kvůli čemu jsem vyhledal/a pomoc, se nemůže zlepšit.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	Přestal /a jsem si myslet, že mi něco může pomoci.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	Myslím, že jsem si na terapii vypěstoval/a závislost.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	Myslím, že jsem si vypěstoval/a závislost na svém terapeutovi.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	Ne vždy jsem rozuměl/a mé terapii.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	Ne vždy jsem rozuměl/a svému terapeutovi.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	Neměl/a jsem důvěru v terapii.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	Neměl/a jsem důvěru ve svého terapeuta.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	Měl/a jsem pocit, že terapie nepřinesla žádné výsledky.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	Měl/a jsem pocit, že terapie nenaplnila moje očekávání.	<input type="radio"/>	<input type="radio"/> →	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Negative Effects of Psychological Treatments: An Exploratory Factor Analysis of the Negative Effects Questionnaire for Monitoring and Reporting Adverse and Unwanted Events

Alexander Rozental^{1*}, Anders Kottorp^{2,3}, Johanna Boettcher⁴, Gerhard Andersson^{5,6}, Per Carlbring¹



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Abstract

Research conducted during the last decades has provided increasing evidence for the use of psychological treatments for a number of psychiatric disorders and somatic complaints. However, by focusing only on the positive outcomes, less attention has been given to the potential of negative effects. Despite indications of deterioration and other adverse and unwanted events during treatment, little is known about their occurrence and characteristics. Hence, in order to facilitate research of negative effects, a new instrument for monitor-

2015 –

- More specialized focus
- Further tools (questionnaires) & first research outcomes
- First analyses of clients' experiences
- Research of therapists' contribution continues



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Short communication

No pain, no gain? Adverse effects of psychotherapy in obsessive–compulsive disorder and its relationship to treatment gains



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ABSTRACT

Objective: It is almost a matter of fact for both clinicians and patients that pharmacological agents exert wanted as well as unwanted effects. In contrast, unwanted events of psychotherapy have long been neglected. **Method:** The present study investigated the frequency and correlates of wanted and unwanted effects of psychotherapy in 85 participants with obsessive–compulsive disorder (OCD). The study was performed anonymously over the Internet in order to reduce response biases.

Negative Effects of Psychological Treatments: An Exploratory Factor Analysis of the Negative Effects Questionnaire for Monitoring and Reporting Adverse and Unwanted Events

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ORIGINAL ARTICLE

‘It was almost like the opposite of what I needed’: A qualitative exploration of client experiences of unhelpful therapy

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Keywords: client dissatisfaction, client perspective, counselling, ethics, qualitative, unhelpful experience

doi: 10.1002/capr.12066

Abstract

Background: The issue of unhelpful and harmful therapy outcome has received an increasing amount of attention within the research literature in recent years. However, little research exists on the client’s perspective of what constitutes unhelpful therapy. *Aim:* The aim of this study was to explore clients’ experiences of unhelpful therapy. *Method:* Semi-structured interviews were carried out with ten therapists who, as clients, experienced unhelpful therapy. Interview transcripts were analysed using interpretative phenomenological analysis. *Findings:* Participants recounted therapy episodes characterised by an absence of negotiation, collaboration and care; pivotal moments when they knew that they would not return; and ongoing negative effects. *Conclusions:* The findings of this study have implications for training and strategies for supporting clients who have been harmed by therapy.

The Contribution of Therapist Effects to Patient Dropout and Deterioration in the Psychological Therapies

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Background: In the psychological therapies, patient outcomes are not always positive. Some patients leave therapy prematurely (dropout), while others experience deterioration in their psychological well-being.

Methods: The sample for dropout comprised patients ($n = 10\,521$) seen by 85 therapists, who attended at least the initial session of one-to-one therapy and completed a Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) at pre-treatment. The subsample for patient deterioration comprised patients ($n = 6405$) seen by the same 85 therapists but who attended two or more sessions, completed therapy and returned a CORE-OM at pre-treatment and post-treatment. Multilevel modelling was used to estimate the extent of therapist effects for both outcomes after controlling for patient characteristics.

Results: Therapist effects accounted for 12.6% of dropout variance and 10.1% of deterioration variance. Dropout rates for therapists ranged from 1.2% to 73.2%, while rates of deterioration ranged from 0% to 15.4%. There was no significant correlation between therapist dropout rate and deterioration rate (Spearman's $\rho = 0.07$, $p = 0.52$).

Conclusions: The methods provide a reliable means for identifying therapists who return consistently poorer rates of patient dropout and deterioration compared with their peers. The variability between



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Rate and predictors of negative effects of psychotherapy in psychiatric and psychosomatic inpatients



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ARTICLE INFO

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Side effects

Malpractice

ABSTRACT

Studies examining the rates of negative effects of psychotherapy are rare and the reported rates differ widely. To be able to calculate adequate benefit-cost ratios in conjunction with different samples and settings, we need a deeper understanding of these effects. We therefore investigated whether different treatment settings would reveal varying rates and kinds of negative effects by recruiting patients from a psychiatric (n = 93) and a psychosomatic rehabilitation (n = 63) hospital. Negative effects of psychotherapy were assessed with the Inventory for the Assessment of Negative Effects of Psychotherapy post-treatment. To investigate whether patients' pre-treatment expectations have an influence on reported negative effects, patients filled in the Patient



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Is psychotherapy for functional somatic syndromes harmful? A mixed methods study on negative effects



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ARTICLE INFO

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ABSTRACT

Introduction: Concern for negative effects of psychotherapy for functional somatic syndromes (FSS) has been expressed by clinicians and some patient associations, which may prevent patients from seeking treatment. Therefore, we sought to explore the occurrence and characteristics of negative effects from group-based psychotherapy as experienced by patients with severe or multiple FSS.

Methods: An adapted version of the explanatory sequential mixed methods design was applied. We used data from an on-going pilot study on Acceptance and Commitment Therapy and Mindfulness-Based Stress Reduction. Negative effects were measured by Inventory for the assessment of Negative Effects of Psychotherapy (INEP). In addition, telephone interviews were conducted with randomly chosen patients and patients who reported negative effects. The latter were asked to elaborate on their INEP response. Quantitative data were analysed

Does Internet-based guided-self-help for depression cause harm? An individual participant data meta-analysis on deterioration rates and its moderators in randomized controlled trials

D. D. Ebert^{1*}, L. Donkin^{2,3}, G. Andersson^{4,5}, G. Andrews⁶, T. Berger⁷, P. Carlbring⁸, A. Rozenenthal⁸, I. Choi⁹, J. A. C. Laferton¹⁰, R. Johansson^{4,5}, A. Kleiboer³, A. Lange¹¹, D. Lehr¹², J. A. Reins¹², B. Funk¹², J. Newby¹³, S. Perini¹⁴, H. Riper³, J. Ruwaard³, L. Sheeber¹⁵, F. J. Snoek^{16,17}, N. Titov¹⁸, B. Ünlü Ince³, K. van Bastelaar¹⁶, K. Vernmark^{4,19}, A. van Straten³, L. Warmerdam³, N. Salsman²⁰ and P. Cuijpers³

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RESEARCH ARTICLE

Open Access

How psychotherapists handle treatment errors – an ethical analysis

Irina Medau^{1*}, Ralf J Jox² and Stella Reiter-Theil¹

Abstract

Background: Dealing with errors in psychotherapy is challenging, both ethically and practically. There is almost no empirical research on this topic. We aimed (1) to explore psychotherapists' self-reported ways of dealing with an error made by themselves or by colleagues, and (2) to reconstruct their reasoning according to the two principle-based ethical approaches that are dominant in the ethics discourse of psychotherapy, Beauchamp & Childress (B&C) and Lindsay et al. (L).

Methods: We conducted 30 semi-structured interviews with 30 psychotherapists (physicians and non-physicians) and analysed the transcripts using qualitative content analysis. Answers were deductively categorized according to the two principle-based ethical approaches.



Adresa v ISu:

Smaž

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Použít

Mgr. Andrea Blažková

Předčasné ukončení terapie z pohledu klienta

Client views of premature termination of therapy



Anotace: Práce se zabývá zkušeností klientů s předčasným ukončením psychoterapie. Teoretický úvod objasňuje vymezení předčasného ukončení psychoterapie a shrnuje dosavadní vědecká zjištění. Závěrečné ukončení terapie jsou většinou kvantitativního charakteru a zkoumají především jeho důvody a prediktory. V předložené studii byly provedeny polostrukturované rozhovory s osmi respondenty [...více](#)



Abstract: The presented study is focused on the experience of clients who unilaterally discontinued psychotherapy. Theoretical introduction clarifies the definition of a premature termination of psychotherapy—focused mainly on the premature termination of psychotherapy—is mostly quantitative in nature and examines primarily the reasons and predictors of it [...více](#)



předčasné ukončení psychoterapie

dropout

interpretativní fenomenologická analýza

neřešení hlavního problému

premature termination of psychotherapy

interpretative phenomenology




Jazyk práce: čeština

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- Záznam založen 2. 5. 2016 10:22, Lenka Bloudíčková
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Obhajoba diplomové práce

- Proběhla 16. 6. 2016, práce byla úspěšně obhájena.



Vedoucí:

- prof. PhDr. Zbyněk Vybíral, Ph.D., KPsych FSS MU, Katedra psychologie - Fakulta sociálních studií
 -    [Posudek vedoucího](#) (IS automaticky)

Oponent:

- Mgr. Jana Kostínková, Ph.D., KPsych FSS MU, Katedra psychologie - Fakulta sociálních studií
 -    [Posudek oponenta](#)

Plný text práce

-   [Plný text práce](#) Mgr. et Mgr. Andrea Blažková (oba FSS MU)

Současnost

How Would We Know If Psychotherapy Were Harmful?

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Patients can be harmed by treatment or by the decisions that are made about those treatments. Although dramatic examples of harmful effects of psychotherapy have been reported, the full scope of the problem remains unclear. The field currently lacks consensus about how to detect harm and what to do about it when it occurs. In this article, we define the ways in which treatment (or the inferences about treatment) can do harm and discuss factors that complicate efforts to detect harm. We also recommend methods to detect and understand harm when it occurs, drawing from and modifying many of the same strategies that are used to detect benefit. Specifically, we highlight the value of establishing independent systems for monitoring

may advance consensus building in the field. Thus, our goal here is not to identify specific treatments as harmful or helpful but to lay out a method for detecting such effects. We consider psychotherapy to be broadly defined as any psychosocial intervention intended to aid a client with mental health or life problems. We first define the ways that treatments can cause harm directly and the ways in which decisions made about treatments can cause harm indirectly. We then examine the conceptual complexities involved in the detection of such harm. We next recommend methods for detecting harm, drawing on what has been learned from the science and practice of both psychotherapy and medicine. Finally, we close with a discussion of some strategies



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Rate and predictors of negative effects of psychotherapy in psychiatric and psychosomatic inpatients



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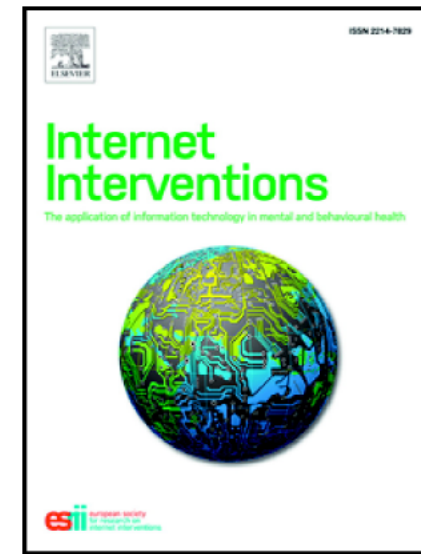
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ABSTRACT

Studies examining the rates of negative effects of psychotherapy are rare and the reported rates differ widely. To be able to calculate adequate benefit-cost ratios in conjunction with different samples and settings, we need a deeper understanding of these effects. We therefore investigated whether different treatment settings would reveal varying rates and kinds of negative effects by recruiting patients from a psychiatric (n = 93) and a psychosomatic rehabilitation (n = 63) hospital. Negative effects of psychotherapy were assessed with the Inventory for the Assessment of Negative Effects of Psychotherapy post-treatment. To investigate whether patients' pre-treatment expectations have an influence on reported negative effects, patients filled in the Patient

Negative effects in Internet-based interventions for depression: A qualitative content analysis

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