

Pharmacotherapy/Psychotherapy Research: Psychotherapy Research



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Psychotherapy Research



- Research in psychiatry has expanded in the last decade ranging from molecular genetics to community service system outcomes research.
- Psychotherapy still remains one of the most difficult areas of psychiatric research.
- The number one reason – placebo controlled double blind research study has become the standard of excellence in clinical research.

- It is impossible to conduct a double blind study of psychotherapy treatment.
- Psychotherapy treatment can not be designed with no psychotherapeutic impact.
- Non-structured, non-psychotherapeutically focused discussions between patient and psychiatrists about treatment would still have a psychotherapeutic effect.
- Variability in the practice of any particular form of psychotherapy is a problem as well.
- Psychotherapy is highly dependent on the psychiatrist's training, personality, the way they individually conduct psychotherapy and determine the goals of treatment.

Developments in Psychotherapy Research



- Recognition that randomized controlled trial of either 2 different forms of psychotherapy treatment or more commonly psychotherapy treatment vs. no psychotherapy treatment produced valid and reliable outcomes.
- Evolution of manualized approaches to conducting psychotherapy increases standardization of treatment
- Transformation from psychotherapy as a long term intensive treatment into a short term focused treatment.

Common Factors vs. Specific Techniques



- Findings in the 1990's demonstrated 2/3 of systematic psychotherapy patients achieve a successful outcome with vs. just over 1/3 of patients who have placebo or treatment as usual.
- Are there specific therapeutic techniques related to the outcome in different forms of therapy or are there common and less specific factors that exist in all psychotherapy?
- These can relate to the impact of the therapeutic relationship with a caring physician and the faith that the patient brings to the treatment that the physician will know the appropriate treatment.

The Patient and The Therapist



- Personal characteristics are extremely important for development of therapeutic alliance and for the outcome of treatment.
- Patient characteristics associated with good outcomes are: less problematic personality traits, good ability to establish a stable relationship and ability to verbalize and cooperate with another person.

The Patient and The Therapist (continued)



- Therapist characteristics associated with good outcomes are: ability to use the techniques prescribed by therapy method but to use in a flexible and competent way, ability to sustain an optimistic but realistic attitude toward the patient and to rarely intervene in a critical, unfriendly, or unclear way.
- The “match” between the patient and the therapist is one of the aspects of psychotherapy outcome that is known but so far lacks characterization.

Process Research



- The cultural differences in the way therapists conceptualize appropriate level and style of their own activity during psychotherapy has been a significant confounding variable when attempting to describe factors within the process of the conduct of psychotherapy related to appropriate outcome.
- **Example:** In many countries the findings generally support a more corporative rather than an authoritarian attitude from therapist, while in others a more authoritarian and directive attitude is associated with better outcome.

Outcomes Measurements



- An important issue in determining the effectiveness of psychotherapy through research is determining what endpoints will be measured.
- There is no consensus, and this has made outcome measurements a significant problem that continues to be important to resolve in psychotherapy research.
- Another variable is the length of time following the end of treatment to assess outcome.
- Follow up assessments at 6 months, 1 year, or 3 years and other periods of time have all been used in various studies.

Medication and Psychotherapy



- Studies over the last 2 decades comparing individual treatments vs. combined treatments.
- Combined treatments often utilize a single form of pharmacotherapy combined with a single form of psychotherapy.
- In patients with the most severe psychiatric problems, combined treatments produced more positive outcomes at termination of treatment and these positive outcomes persist longer after treatment ends than for either medications or psychotherapy alone.
- There is no consensus on methodology and no comparability across studies
- Single therapies that follow specific protocols are less likely to be used outside the research setting.

Therapies for Specific Disorders



- There have been too few studies to make any comments regarding whether any one individual therapy is superior to another psychiatric disorder.
- There are almost no studies which compare one form of psychotherapy to another.
- Lack of evidence about specific disorders being optimally treated with a specific form of psychotherapy or whether these particular treatments are more effective for a specific disorder in general practice rather in the research environment.

Methodological Pluralism



- No agreement on the optimal method of research outside a double blind placebo controlled trial.
- The break down of treatment into specific components has not been possible in psychotherapy research.
- Development of treatment manuals reduces the effects of differences in therapists actions and facilitates replications and comparison of findings across studies, but may under emphasize clinical judgment and flexibility.
- It is difficult to isolate specific techniques

Mechanisms of Change in Psychotherapy



- Four possible mechanisms of change which could be appropriately studied within psychotherapy
 1. Mastery/coping
 2. Personal resource activation
 3. Clarification of meaning/motives
 4. Problem activation/experience of problem
- Any or all of these mechanisms can be stimulated within psychotherapy no matter what form of psychotherapy is being used.

Mechanisms of Change in Psychotherapy

(continued)



- 2 major forms of assumed mechanisms of change in various psychotherapies
 1. One group of therapies is based on an assumption that an individual generally has appropriate coping skills and deals with life problems in an effective way
 2. The other group of therapies is based on an assumption that forces outside of our awareness influence our behavior, thinking patterns, patterns of emotional response.
- These differences in assumed mechanism of change make studies of specific mechanisms of change difficult to compare 2 therapies.

Implication for Training and Clinical Practice



- Research findings in any branch of medicine are not quickly translated into clinical practice outside the research setting.
- Address the issue of how to translate those findings into the general practice.
- Increasing emphasis on evidence based treatment.
- Institute of Medicine in the United States, defines evidence as not only the results of controlled clinical research but also as accumulated clinical wisdom over time.