PSYCHOTHERAPY OUTCOMES: CONCEPTS & ISSUES

Resource Person: Nidhi Singh
Assistant Professor & Clinical Psychologist
Department of Psychology
Magadh Mahila College, Patna University

LAYOUT

- Brief background & concept of outcomes
- Brief history of outcome assessment
- Levels of outcome assessment
- Various possible outcomes of psychotherapy
- Factors influencing Psychotherapeutic outcomes
- Issues involved with psychotherapeutic outcomes
- Empirically supported treatments
- Future directions

Outcomes…

- Outcomes different for Patients, Families & Therapists
- Different schools of therapy view outcomes differently

SCHOOLS OF THERAPY	FOCUS ON
Psychodynamic	Maturity of defenses, Levels of object relations etc.
CBT	Dysfunctional attitudes, Cognitive biases
Experiential & Humanistic	Self- esteem, Self- ideal discrepancy & Experiential access
Family or Couples therapy	Relational satisfaction, Interpersonal empathy

Psychotherapy outcomes may be viewed in terms of:

- Removal, modification or retardation of existing symptoms
- Mediation of disturbed patterns of behaviours
- Promotion of positive personality growth and development

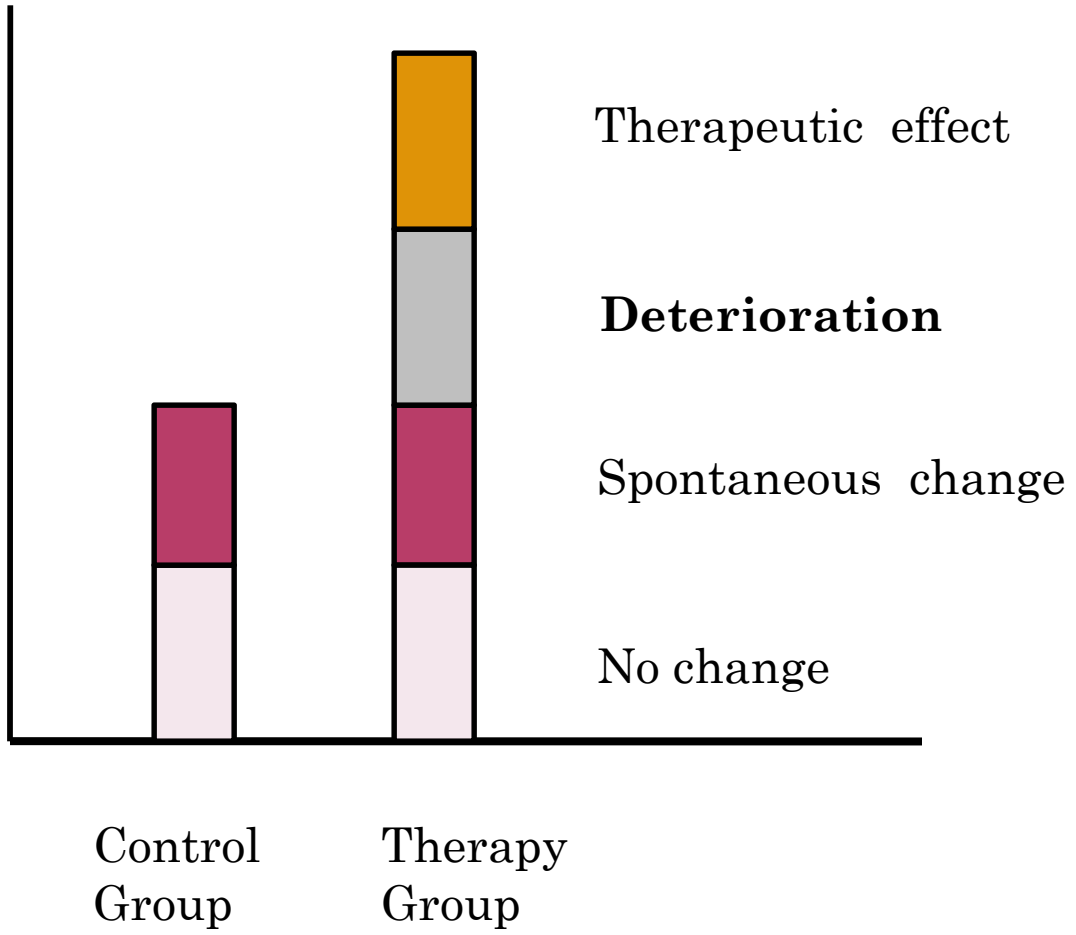
(Wolberg, 1988)

SUMMARY OF CONTROLLED OUTCOME STUDIES

Outcomes	Adequate studies	Questionable studies	Total
Positive	48	33	81
Null	9	11	20
Total	57	44	101

(Meltzoff & Kornreich,1970)

THE DETERIORATION EFFECT (BERGIN, 1966)



NEGATIVE OUTCOMES MAY HAPPEN

Some patients are worse after psychotherapy than they were before.

(Lambert & Bergin, 1992)

OUTCOME ASSESSMENT

The most important developments in assessing outcome have been the tendencies to:

- Clearly specify what is being measured so that replication is possible
- Measure change from multiple perspectives
- Imply different types of rating scales
- Examine patterns of change overtime
- Developing unobtrusive or non-reactive measures of outcome assessment

Different levels of outcome:

- Symptomatic / diagnostic level
- Adaptation level
- Mechanism level
- Transactional level
- Service use & satisfaction level

(Fonagy et al., 2002)

Symptomatic / diagnostic level:

- Positive change in symptoms
- Reduction remains the favoured criterion

(Achenbach,1995 & Kazdin,2000)

Adaptation level:

- Symptomatology and adaptation are strictly interdependent
- Do not act on other areas of functioning
- Focuses on evaluating adaptation i.e. Quality of relational life
- Client's fulfillment of the requirements
  - —— imposed by family members
  - —— imposed by school/ workplace contexts
  - —— good social interaction with people

Mechanism level:

- Level of functioning of the cognitive and emotional capacities
- Underlie client's symptomatology and their adaptation
- Represents most complex area of study
- Involves knowledge connected to normal and pathological development
- Both clinicians and researchers identify and specify the process and the mechanisms through which treatments achieve their results

Transactional level:

- Transactional interaction between client's mental state, behavioral predispositions and reaction of the environment in the course of time
- Refers to environmental situations of client and quality of his transactions
- Assesses client's environmental functioning and thus psychopathological risk factors

Service use & satisfaction level:

- Experience of using services
- Degree of satisfaction

FACTORS AFFECTING OUTCOMES OF PSYCHOTHERAPY

- Factors related with the clients
- Factors related with the therapist
- Factors related to psychotherapeutic processes and procedures

FACTORS RELATED WITH THE CLIENTS

- **Degree & type of disturbance/psychopathology:**

- Patients with greater experienced disturbances but lesser overt/behavioral disturbances show greater therapeutic gains.

(Truax & Carkhuff, 1967)

- Among diagnostic groups poorer outcomes with schizophrenics & other psychotic patients than neurotics.

(Luborsky, 1959)

- Expectations for secondary gain leads to poorer therapeutic outcomes.

(Egmond & Kummeling, 2000)

- **General personality qualities:**

- Greater ego strength, anxiety tolerance & other positive personality traits lead to more positive outcomes.

(Barron, 1953b; Siegal & Rosen, 1962)

- Suggestibility was found to be related to staying in therapy but not found to be related to improvement.

(Imber et al., 1956; Frank et al., 1957)

- Likeability, attractiveness & relatability factors also predict better outcomes.

(Strupp, 1971)

- **Psycho-social characteristics:**

- Intelligence & education influence expectations of the patient, acceptance of therapy, its continuation and finally gains from it.

(Luborsky et al.,1971)

- Studies on lower class patients indicate less gloomy outcomes.

(Imber et al.,1957;Rosenthal & Frank,1958;)

FACTORS RELATED WITH THERAPIST

- **Experience & Training:**

- No relationship between level of the therapist's experience and positive outcomes.

(Grigg, 1964; Joslin, 1965)

- More experienced therapists were more successful & inexperienced therapists make little progress or even deteriorating.

(Fretz, 1965; Bergin & Garfield, 1971)

Personality Characteristics:

- Personal influence is more powerful.

(Strupp & Bozarth, 1994)

- Therapist's qualities of accurate empathy, unconditional positive regard and genuineness serve as necessary and sufficient conditions for therapeutic change.

(Rogers, 1957)

Factors related to psychotherapeutic processes and procedures:

- Therapist-Patient relationship
- Congruence between patient and therapist expectations
- Personality similarity between patient and therapist
- Socio-cultural background
- Techniques & skills used

ISSUES RELATED TO PSYCHOTHERAPY OUTCOMES

- Expectations & therapeutic outcomes

  - Placebo effect
  - Demand characteristics/expectancy bias
  - Role induction interview effect
  - Environmental effects

- Spontaneous remissions

- Effect of therapy or healing in due course of time

- Common factors vs. technical skills

Percent of improvement in psychotherapy patients as a function of therapeutic factors:

(Lambert, Shapiro & Bergin, 1986)

FACTORS	% age OF IMPROVEMENT
Extratherapeutic factors	**40%**
Expectancy / Placebo effect	**15%**
Techniques	**15%**
Common Factors	**30%**

Research issues:

- Comparison groups (no treatment group, drop outs & waitlisted groups)
- Sample selection & sample sizes
- Experimenter-subject interaction
- Research designs

(Randomized control trials & other standard protections like multiple blinding etc.)

Research issues (contd….)

- Treatment integrity i.e. treatment delivered in the same form
- Outcome evaluation measures
- Generalizability of research findings

Further issues of debate:

- Search for empirically supported therapies is a hyperscientific approach
- Open mind regarding efficacy of all novel & untested therapies
- Issue of cross-cultural validation
- If psychotherapy undoubtedly gives positive & significant outcomes then it must have inexpensive cure for social problems
- Undermining views of Feminist, Constructionists & Discursive sources

EMPIRICALLY SUPPORTED TREATMENTS

- Sparked by 1992 Presidential address, various political & social debates about future health care policy in USA
- Substantial change in health insurance industry
- Emergence of managed care services

CONTD…

- Guidelines for treating mental disorders developed by other professions
- Pressure from pharmaceutical companies
- ***"Task force on promotion & dissemination of psychological procedures"*** by David Barlow (President of division 12 of APA in 1995)

EXAMPLES OF EMPIRICALLY VALIDATED TREATMENTS BY APA

WELL ESTABLISHED TREATMENT	CITATION FOR EFFICACY EVIDENCE
ANXIETY & STRESS	
CBT for Panic disorder with & without agoraphobia	Barlow et al. (1989) Clark et al. (1994)
CBT for GAD	Butler et al. (1991) Borkovec et al. (1987)
Exposure treatment for Agoraphobia	Trull et al. (1988)
Exposure/Guided mastery for specific Phobia	Bandura et al. (1969) Ost et al. (1991)
Exposure & response prevention for OCD	Van Balkom et al.(1994)
Stress Inoculation training for coping with stressors	Saunders et al. (1996)

CONTD....

WELL ESTABLISHED TREATMENT	CITATION FOR EFFICACY EVIDENCE
DEPRESSION	
BT for Depression	Jacobson et al. (1996) McLean & Hakstean (1979)
Cognitive therapy for Depression	Dobson (1989)
Interpersonal therapy for Depression	Dimascio et al. (1979) Elkin et al. (1989)

CONTD....

WELL ESTABLISHED TREATMENT	CITATION FOR EFFICACY EVIDENCE
HEALTH PROBLEMS	
BT for Headache	Blanchard et al. (1980) Holroyd & Penzien(1990)
CBT for Bulimia	Agras et al. (1989) Thackwray et al. (1993)
Multicomponent CBT for Pain associated with rheumatic disease	Keefe et al. (1990a,b) Parker et al. (1988)
Multicomponent CBT with relapse prevention for smoking cessation	Hill et al. (1993) Stevens & Hollis (1989)

CONTD….

WELL ESTABLISHED TREATMENT	CITATION FOR EFFICACY EVIDENCE
PROBLEMS OF CHILDHOOD	
Behaviour modification for enuresis	Houts et al. (1994) Walter & Gilmore (1973)
Parent training programs for children with oppositional behaviour	Wells & Egan (1988)
MARITAL DISCORD	
Behaviour Marital therapy	Azrin et al. (1980a) Jacobson & Follette (1985)

BENEFITS OF IDENTIFYING EMPIRICALLY SUPPORTED TREATMENTS

- Providing information about treatment efficacy & empowering consumers
- Helping practitioners
- Promoting research into under-studied forms of therapies
- Search is vital for the health of the field
- Helping third party payers in reimbursement of treatment

CONCLUSION & FUTURE DIRECTIONS

Although psychotherapy is facing many challenges due to the emergence of managed health care, possibility of a national health care system, and advances in biological psychiatry, it has generally been proved effective. There are situations where psychological interventions are the last resort. More rigorous and methodologically strong studies undoubtedly go in favour of it. Factors like therapeutic alliance, Rogerian personality traits of therapists, clients' motivation etc. have been related to strong positive outcomes without fail.

CONTD…

As young scientists we can enhance the effectiveness of therapies we render by conceptualizing and applying this knowledge.

Recent advances in research design may therefore provide a transition that will bring psychotherapy closer to becoming a unified paradigm with an acceptable theory of effectiveness.

THANK YOU….