

**PENAL REFORM INTERNATIONAL  
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# **Outcomes of psychological therapies**

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# History of a controversy

- 1952** Claim by Eysenck that there was no evidence for the efficacy of psychotherapy
- 1975** Luborsky *et al* review and the *Dodo Bird verdict*
- 1977** Smith and Glass review using meta-analysis
- 1986** Special issue of the *American Psychologist*: growing consensus on the benefits of psychological therapies
- 1993** Large-scale review of psychological interventions by Lipsey and Wilson
- 1995** Report of APA Task Force on promotion and dissemination of psychological therapies
- 1996-98** Several major reviews of therapy outcomes are published
- 2001** Department of Health *Treatment Guideline*
- 2005-06** Debates continue regarding “techniques” versus “relational” or other “common factors”

# The context of “evidence-based practice”

- > **Initial development in healthcare services**
- > **The *Cochrane Collaboration* established 1993**
- > **Database of systematic reviews and internet access**
- > **Parallel developments in education and other fields**
- > **The *Campbell Collaboration* established 2000**

# Systematic review

- **Method of collecting and interpreting the findings of research in a designated area**
- **Thorough search for evidence using as many techniques as possible**
  - computerised databases
  - hand search
  - contact with established researchers/experts
- **Analysis of quality of evidence obtained**
- **Use of meta-analysis where feasible**
- **Publication and dissemination of results**

## **Disputes over what constitutes ‘evidence’**

- **Scientific, empirically-based study of outcomes**  
→ ‘evidence-based practice’
- **Issue of generalizability of findings from research to practice**
- **Objection that empirical research is based on invalid assumptions**
- **Efficacy *versus* effectiveness**

# Levels of evidence: the approach of Nathan & Gorman (1998)

- TYPE 1** Randomised, prospective controlled trials
- TYPE 2** Clinical trial, but some aspect of Type 1 is missing
- TYPE 3** Open treatment studies, pilot data; Retrospective case-control studies
- TYPE 4** Secondary data analysis of prior studies
- TYPE 5** Reviews without secondary data analysis
- TYPE 6** Case studies, essays, opinion papers

# Classification of evidence for the DoH 'treatment guideline' (2001)

- Ia** Evidence from meta-analysis of randomised controlled trials
- Ib** Evidence from at least one randomised controlled trial
- IIa** Evidence from at least one controlled study without randomisation
- IIb** Evidence from at least one other type of quasi-experimental study
- III** Evidence from descriptive studies, such as comparative studies, correlation studies and case-control studies
- IV** Evidence from expert committee reports or opinions, or clinical experience of respected authority or both

# Randomised controlled trials (RCTs)

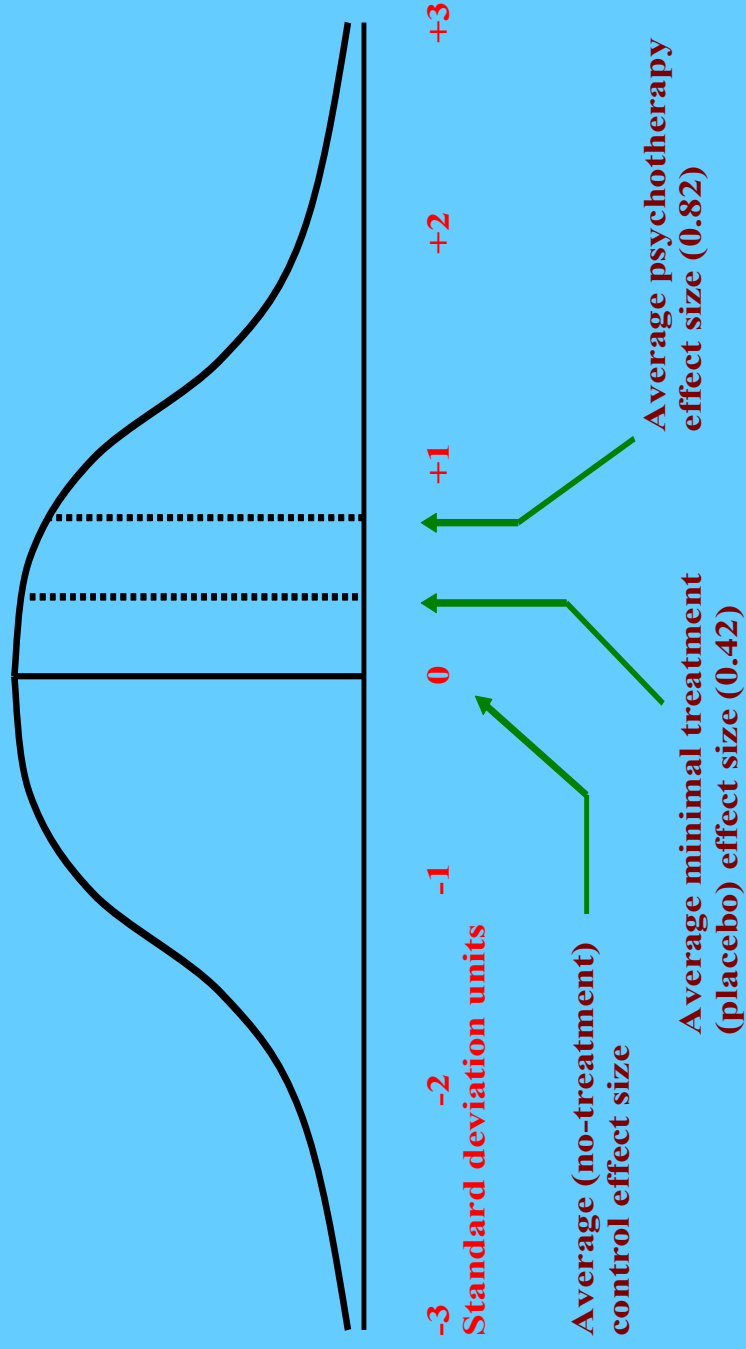
- **Specified ('manualised') treatment compared with control group**
- **Selection criteria for inclusion / exclusion**
- **Random assignment to groups**
- **Matching of groups**
- **Allocation to groups 'blind'**
- **Full and detailed assessment**
- **Prospective monitoring and follow-up**

## **Lipsey and Wilson's (1993) review**

- **Collated results from 302 meta-analyses of outcomes of psychological, education and behavioural interventions**
- **After careful scrutiny, identified 156 meta-analyses that met acceptable criteria**
  - included 9,400 individual outcome studies
  - cumulative sample size 1,256,580 individuals
- **Mean effect size of 0.47**
- **83% of mean effect sizes were 0.20 or greater**
- **Corresponds to success rates:**
  - treatment group 62%
  - control group 38%

# Figure 1: Effectiveness of psychotherapy relative to placebo and no-treatment control

(Lambert & Bergin, 1994)



# Questions addressed by Lambert and Ogles (2004)

- Is psychotherapy efficacious?
- Do patients make changes that are clinically meaningful?
- Does therapy exceed placebo in effect size?
- Do patients maintain their gains?
- How much therapy is necessary?
- Do some patients/clients get worse?
- Does efficacy research generalize to practice?
- Is one treatment preferable to another?
- Is one therapist more effective than another?

**Table 1: General effects of therapy**  
*(Lambert and Ogles 2004)*

<b>AUTHORS (dates)</b>	<b>DIAGNOSIS/ TREATMENT</b>	<b>No. of STUDIES</b>	<b>EFFECT SIZE</b>
Andrews & Harvey (1981)	Neurotic	81	0.72
Asay et al (1984)	Mixed/Mental Health Centres	9	0.82
Belestrieri et al (1988)	Mixed	11	0.22
Barker et al (1988)	Mixed	17	1.05
Landman & Dawes (1982)	Mixed	42	0.90
Lipsey & Wilson (1993)	Mixed	302 **	0.47
Nicholson & Berman (1983)	Neurotic	47	0.70
Shapiro & Shapiro (1982)	Mixed	143	1.03
Smith et al (1980)	Mixed	475	0.85

# Types of psychological therapies

- **Kazdin (1986) identified in the region of 400 different named ‘types’ or ‘brands’ of psychological therapy**
- **For the review by Roth and Fonagy (1996) therapies were grouped as follows:**
  - **Psychodynamic psychotherapy**
  - **Behavioural and cognitive-behavioural psychotherapy**
  - **Interpersonal psychotherapy**
  - **Strategic or systemic psychotherapies**
  - **Supportive or experiential psychotherapies**
  - **Group therapies**

**Table 2: Examples of ‘empirically supported treatments’ (ESTs)**  
*(based on Nathan and Gorman, 1998)*

DSM-IV diagnosis	PSYCHOLOGICAL THERAPIES		PHARMACOLOGICAL THERAPIES	
	Treatment type	Research base	Treatment type	Research base
<b>Schizophrenia</b>	Behaviour therapy	Five Type 1 RCTs	‘Atypical’ antipsychotic drugs, e.g. clozapine	Several Type 1 RCTs with both placebo and active drug comparisons
	Family-based Interventions	Several Type 1 RCTs		
	Social skills training	40+ Type 1 or Type 2 RCTs		
<b>Post-traumatic Stress Disorder</b>	Exposure-based therapies	Substantial number of Type 1 and Type 2 RCTs	Selective Serotonin Re-uptake Inhibitors	One Type 1 RCT and six open trials
	Anxiety management			

# Department of Health

## *Treatment Guideline (2001) - 1*

- **Depressive disorders**
  - **Cognitive-behavioural therapy**
  - **Interpersonal therapy**
  - **Behaviour therapy**
- **Panic disorder**
  - **Exposure-based therapy**
  - **Cognitive-behavioural therapy**
- **Social phobia**
  - **Exposure**
  - **Cognitive therapy**
- **Generalised anxiety disorder**
  - **Cognitive-behavioural therapy**
- **Post Traumatic Stress Disorder**
  - **Exposure**
  - **Cognitive-behavioural therapy**
  - **Hypnotherapy**
  - **Psychodynamic therapy**

# Department of Health

## *Treatment Guideline (2001) - 2*

- **Obsessive Compulsive Disorder**
  - Behaviour therapy
- **Eating disorders (bulimia)**
  - Cognitive-behavioural therapy
- **Somatic complaints**
  - Family and marital therapies
  - Cognitive-behavioural therapy
- **Personality disorders**
  - Behaviour therapy (avoidant PD)
  - Psychodynamic therapy (various PDs)
- **Deliberate self-harm**
  - Problem-solving therapy
  - Dialectical behaviour therapy

**Table 3: Common factors?**  
*(adapted from Lambert & Ogles 2004)*

<b>SUPPORT FACTORS</b>	<b>LEARNING FACTORS</b>	<b>ACTION FACTORS</b>
<p>Catharsis</p> <p>Identification</p> <p>Mitigation of isolation</p> <p>Positive relationship</p> <p>Reassurance</p> <p>Release of tension</p> <p>Structure</p> <p>Therapeutic alliance</p> <p>Therapist-client participation</p> <p>Therapist expertise</p> <p>Warmth, respect, empathy, acceptance, genuineness</p> <p>Trust</p>	<p>Advice</p> <p>Affective experiencing</p> <p>Assimilating problems</p> <p>Cognitive learning</p> <p>Corrective experience</p> <p>Feedback</p> <p>Insight</p> <p>Rationale</p> <p>Exploring internal frame of reference</p> <p>Changing expectations of personal effectiveness</p>	<p>Behavioural regulation</p> <p>Cognitive mastery</p> <p>Encouragement facing fears</p> <p>Taking risks</p> <p>Mastery efforts</p> <p>Modelling</p> <p>Practice</p> <p>Reality testing</p> <p>Success experience</p> <p>Working through</p>

# Wampold's (2001) critique of Empirically Supported Treatments

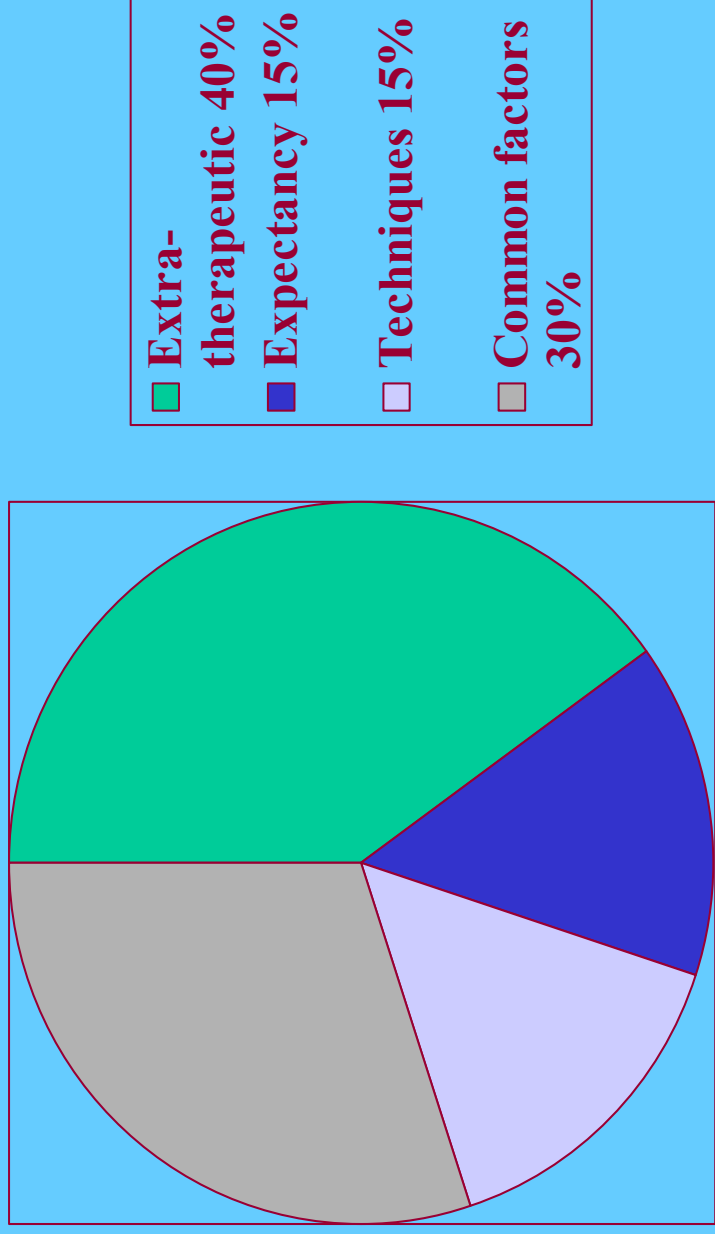
- **The MEDICAL MODEL**

Therapeutic effects depend on application of a series of techniques specified within selected approaches

- **The CONTEXTUAL MODEL**

Therapeutic effects depend on a set of common factors and range of contextual variables

**Figure 2: Factors contributing to change**  
*(Following Wampold, 2001)*



# The therapeutic or “working alliance”

- The therapeutic alliance is consistently linked to outcome effectiveness
- However, it accounts for a smaller proportion of variance than often suggested

For example Orlinsky et al (2004):

- Noted previous reviews obtaining effect sizes ranging from +0.11 to +0.26
- Reviewed 28 studies published 1990-2000 relating alliance to global outcome
  - ES2 = +0.22
- Reviewed 12 studies published 1990-2000 relating alliance to target change measure
  - ES1 = + 0.17

# Impact of the therapeutic alliance

- **Meta-analyses of association between therapeutic alliance variables and therapy outcomes make it difficult**
  - “...to account for the popularity of the construct on the basis of the research evidence alone. To be frank, correlations in the area of .25 (approximately 6% of the outcome variance) do not indicate a whopping effect” (Safran & Muran, 2006, p.286)
- **Contribution of the alliance remains an unresolved issue and may differ between therapies**

# Internal and external validity

## **INTERNAL VALIDITY**

The extent to which the conclusions of a study are valid in relation to the variables studied and the specific hypotheses tested

## **EXTERNAL VALIDITY**

The extent to which the conclusions of a study can be extrapolated or generalised to other samples, in other places or at other times

# Terminology in the current debate

- **EFFICACY**  
(“demonstration programmes”)
  - **EFFECTIVENESS**  
(“practical programmes”)
- |   |   |
|---|---|
| Evidence of treatment effects in a clinical trial or specially designed outcome study | Evidence concerning outcome effects in a clinical service setting |
|---|---|

# Some current proposals and approaches

- **Domain-limited generalizability**
- **Linking “evidence-based practice” to “practice-based evidence”**
- **Use of the “patient-focused” approach**
- **Measurement of “clinically significant change”**
- **“Pragmatic psychology” and the accumulation of single-case evidence**
- **Planning Assessment in Clinical Care (PACC) system**