

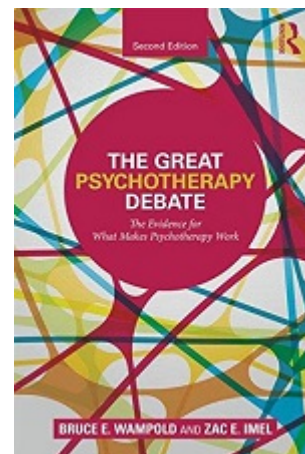
Book Review*Review submitted by David Prescott****The Great Psychotherapy Debate, Second Edition***

The Great Psychotherapy Debate, Second Edition:
The Evidence for What Makes Psychotherapy Work.
Bruce E. Wampold and Zac E. Imel
Routledge, 2015
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While participating in a plenary panel address to the National Adolescent Perpetration Network, long-time researcher Robert Prentky smiled and summarized the complexities of researching sexual violence by adolescents: “Sex is just a problem.” These five words summarized thousands of hours of study: the elements that contribute to sexual abuse and its treatment change constantly, and are not always what they seem. While many enter the field believing that abuse-related sexual interests will be front and center in assessment and treatment, research has shown that other elements, like being willing to break the law, can be even more important in preventing further abuse. In other words, what we assume is important very often isn’t, and it is easy to miss what actually is.

More recently, speaking to the Association for the Treatment of Sexual Abusers, Paul Gendreau said of forensic psychology that, “If there is anything forensic psychologists like, it’s a good diagnosis and a good risk assessment scale.” His point was that it can be easy to attend to these elements over and above others that can reduce criminal behavior. Likewise, even a brief perusal of clinical discussions on professional listservs can show that treatment providers take models and specific techniques very seriously, but that discussion of how a clinician can improve their therapeutic alliance with a specific case is very rare. How is it that we hold some things near and dear, while paying less attention to other important elements of what helps make for healthier lives and safer communities?

As our field continues to debate whether or not treating people who have sexually abused actually reduces re-offense risk (e.g., Långström, Enebrink, Laurén et al., 2013; Levenson & Prescott, 2014), many have come to wonder if

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there aren't other important questions. Given that people who complete treatment programs, on average, re-offend at significantly lower rates, it makes sense to ask what the active ingredients are in their treatment experiences and what characteristics they brought to the table in the first place.

It can be easy to forget the offerings of fields outside of ours. The educational literature can inform our treatment methods, just as criminological research can inform our understanding of risk. In 2001, Bruce Wampold published a groundbreaking summary of what we know about psychotherapy. In it, he challenged practitioners and researchers to “go up a level of abstraction” in understanding treatment. That is, moving beyond traditional debates over theory, methodology, and how treatments compare to one another, larger important trends emerge. While many researchers debate whether their treatment surpasses a sham treatment or “treatment as usual,” Wampold and his associates have found what others have found since the time of Saul Rosenzweig (1936, 1940), namely that when one examines the larger body of high-quality studies, all bona fide treatments appear to produce equivalent results.

Often referred to as the “Dodo bird verdict” (named for the bird in Alice in Wonderland who declared, “All have won and all must have prizes”), the overall equivalence of treatments has met with no shortage of firestorm and controversy, often starting with “yes, but”. Criticisms range from methodological to how-dare-you statements, in many cases clinging to the belief that their models and techniques are superior to others. The argument by Wampold and many others is that some factors in therapy are common to all bona fide forms of treatment. These include the therapeutic alliance, hope/expectancy, and therapist empathy (as perceived by the client). While some people still engage in this “common factors” debate, others (myself included) have arrived at the conclusion that the data keep pointing to the rough equivalency of treatments, and that it's time to move the dialog in the direction of how therapists can most effectively employ these therapeutic factors. Studies by Wampold and others (e.g., Michael Lambert) have typically found that these therapeutic factors common to all therapies contribute significantly more to outcomes than specific factors such as model or technique.

Further, Wampold and Imel's review of therapist brings readers to an unmistakable conclusion: there are greater outcome differences between therapists than between treatment models. What is an evidence-based therapist to do? First, it may be useful to remember the American Psychological Association's definition of evidence-based practice: “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.” One response to this may be to be careful around assertions that any one particular model or technique is superior based on the assertions of its developer. After all, what may make a particular technique helpful on a given day may have as much to do with the therapist or client's expectation that it will work than its actual efficacy independent of other factors.

The Great Psychotherapy Debate analyzes as many studies of psychotherapy as any other book ever written (alongside works by Michael Lambert, Scott Miller, Barry Duncan, Jon Norcross, and others). Its 2015 second edition includes chapters on the benefits of psychotherapy (and the research is conclusive that therapy is effective across the board), therapist contributions to treatment outcomes, general effects of psychotherapy, and the contribution of specific elements. Those of us brought up to believe in specific techniques of therapy will find ourselves thinking very differently. For example, in the field of treating people who have sexually abused, Wampold's work may move the dialog beyond whether relapse prevention or the good lives model is more effective. Instead, we might ask which of these and other models may be the most effective means of delivering common therapeutic factors in a manner that is adherent to the core principles of effective correctional treatment (i.e. risk, need, and responsivity).

Finally, *The Great Psychotherapy Debate* re-introduces Wampold's contextual model of how psychotherapy works. In essence, he finds three pathways by which psychotherapy contributes to reduced symptoms and a better quality of life:

- The first pathway involves the presence of a real relationship, a sense of belonging, and the presence of social connection.
- The second pathway involves the creation of expectation through explanation and some form of treatment.
- The third pathway involves specific, mutually agreed-upon tasks and goals, as well as therapeutic and healthy actions.

In this model, all of our specific treatment models and techniques have value, but are not the final word. Perhaps most importantly, the human context in which treatment occurs is critical, and it comes back to the therapeutic alliance, hope, and expectancy. In the end, Zac Imel may have summarized the elegance of the book most effectively in the preface:

The intervention we discuss in this book is still mostly a human conversation – perhaps the ultimate in low technology. Something in the core of human connection and interaction has the power to heal. Ironically, the unavoidable complexity of unstructured, emotional dialogue poses an immense challenge to scientists who wish to know why it is that conversations with certain characteristics lead to improvements in psychological well-being, decreases in distress, and recovery from profoundly disabling mental health problems – while other conversations do not.

The Great Psychotherapy Debate provides an excellent opportunity for all who are involved in treatment to have a long look in the mirror to consider how we might become more effective at our work. Things are not always as they seem.

References

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