

IS TREATMENT EFFECTIVE?

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Welcome!
Powitanie!

FOCUS

- History
- Obstacles
- What we know
- Implications

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HISTORY

- >100 years of professional psychotherapy
- Intense rivalry between methods
 - (Norcross & Newman, 1992; Rosenzweig, 1936)
- 1952: Eysenck claimed there were no effects of treatment
- 1977: Smith & Glass meta-analyzed 375 research reports to this statistical method, finding that the average individual in psychotherapy was better off than 60-82% of those not receiving treatment.

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HISTORY

- Subsequent meta-analyses confirmed these early findings.
- Effects of psychotherapy are both robust and equivalent to or better than results obtained in medicine (e.g., chemotherapy for breast cancer, heart bypass surgery [Lipsey & Wilson, 1993; Wampold, 2007]).
- No improvement in outcomes since that time.

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SHOULDN'T THAT BE THE END?

- Competitive jealousy appears to have increased.
- Treatment effectiveness hasn't.
- "Yes, but..."

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BENISH ET AL. (2008)

- Treatment for PTSD is effective
- “Bona fide psychotherapies produce equivalent benefits for patients with PTSD”
- Much controversy



WAMPOLD & BROWN (2005)

- 581 therapists
- 6,146 real world clients
- Average sessions = 10
- 46% depression, 30% adjustment disorder, 11% anxiety, plus other diagnoses
- Who got the best outcomes?
 - Training makes no difference
 - Profession makes no difference
 - EXPERIENCE makes no difference
 - Diagnosis makes no difference



The New York Times

New Approach Advised to Treat Schizophrenia

By BENEDICT CAREY OCT. 28, 2015

More than two million people in the United States have a diagnosis of schizophrenia, and the treatment for most of them mainly involves strong doses of antipsychotic drugs that blunt hallucinations and delusions but can come with unbearable side effects, like severe weight gain or debilitating tremors.

Now, results of a landmark government-funded study call that approach into question. The findings, from by far the most rigorous trial to date conducted in the United States, concluded that schizophrenia patients who received a program intended to keep dosages of antipsychotic medication as low as possible and emphasize one-on-one talk therapy and family support made greater strides in recovery over the first two years of treatment than patients who got the usual drug-focused care.

John Kane, chairman of the psychiatry department at Hofstra North Shore LIJ School of Medicine, who led a study on the treatment of schizophrenia. (L) Oct. 28 for The New York Times

JAKKO SEIKKULA



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MY CONCERN

- During the past 30 years, the majority of our progress has been technical in nature



SELF-ASSESSMENT BIAS

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WALFISH ET AL., 2012



- No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.
- On average, clinicians rated themselves at the 80th percentile
- Less than 4% considered themselves average
- No one rated themselves below average
- Only 8% rated themselves lower than the 75th percentile
- 25% rated their performance at the 90th% or higher compared to their peers

THERAPEUTIC FACTORS OF TREATMENT

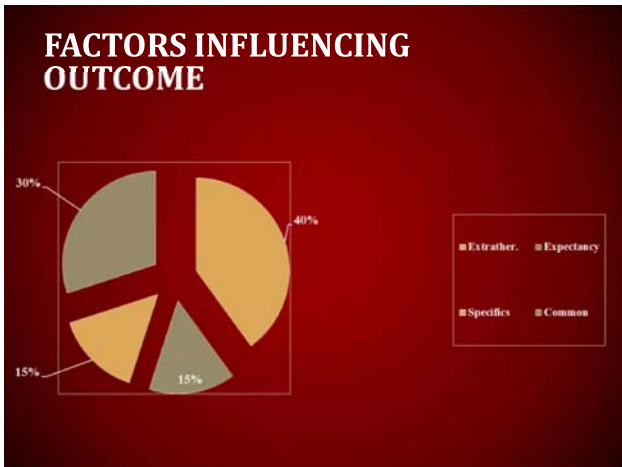
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THERAPEUTIC FACTORS

- AKA “Common Factors”
- Factors common to all bona fide therapies

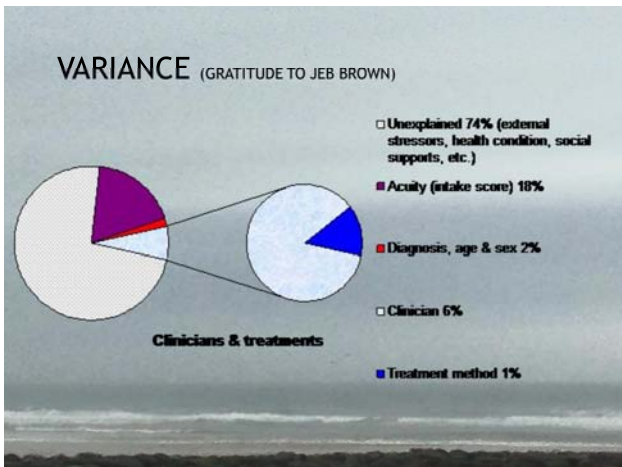


FACTORS INFLUENCING OUTCOME



Factor	Percentage
Extrather.	40%
Expectancy	30%
Specifics	15%
Common	15%

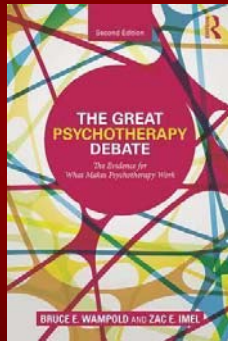
VARIANCE (GRATITUDE TO JEB BROWN)



Factor	Percentage
Unexplained (external stressors, health condition, social supports, etc.)	74%
Acuity (intake score)	18%
Diagnosis, age & sex	2%
Clinician	6%
Treatment method	1%

Clinicians & treatments

RECOMMENDED SOURCE



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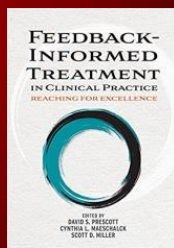
IMPLICATIONS

- Beneath everything else is the conversation and the alliance
- MI Spirit fundamental to its methods



ONE WAY FORWARD?

- Routine Outcome Monitoring
 - Session by session
- Measure global outcomes
 - (overall well-being)
- Measure therapeutic alliance
- Deliberate practice



IMPLICATIONS FOR PROFESSIONAL DEVELOPMENT

- Study your population deeply
- Study each client deeply
- Expertise at engaging with clients involves moving from the micro to the macro as well as vice versa
- Use models and techniques in the service of developing yourself professionally.

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HOW DO PEOPLE CHANGE?

- ❖ Challenging “distorted cognitions”?
- ❖ Completing assignments?
- ❖ Following the manual?
- ❖ Through their experiences and discoveries?

- ❖ Or, via a relationship experience where hope and possibility are renewed ... or born.

