

Issues in research into therapy

- ▶ 50 years on from Eysenck's 1952 paper, there is little resemblance between therapy then & now
- ▶ Old research issues still present
- ▶ New issues:
 - ▶ Evidence based practice
 - ▶ Role of meta analysis in building theory
 - ▶ Research into clinical utility or cost-effectiveness rather than efficacy

Outcome research since 1952

- ▶ Outcome initially judged on pre / post treatment comparison and therapist ratings
 - ▶ Eysenck identifies spontaneous remission problem
- ▶ So comparison / control groups
 - ▶ no treatment, waiting list, placebo to control for spontaneous remission, placebo & Hawthorne effects
- ▶ Manualised interventions
- ▶ Multiple / blind / objective ratings

But tightly controlled outcome studies bring their own problems

- ▶ Internal validity relies on rigorous control of variables
 - ▶ short term analog study?
- ▶ External (ecological) validity prioritises meaning over rigour
 - ▶ messy & ethically compromised clinical settings over longer term?

Changing research questions

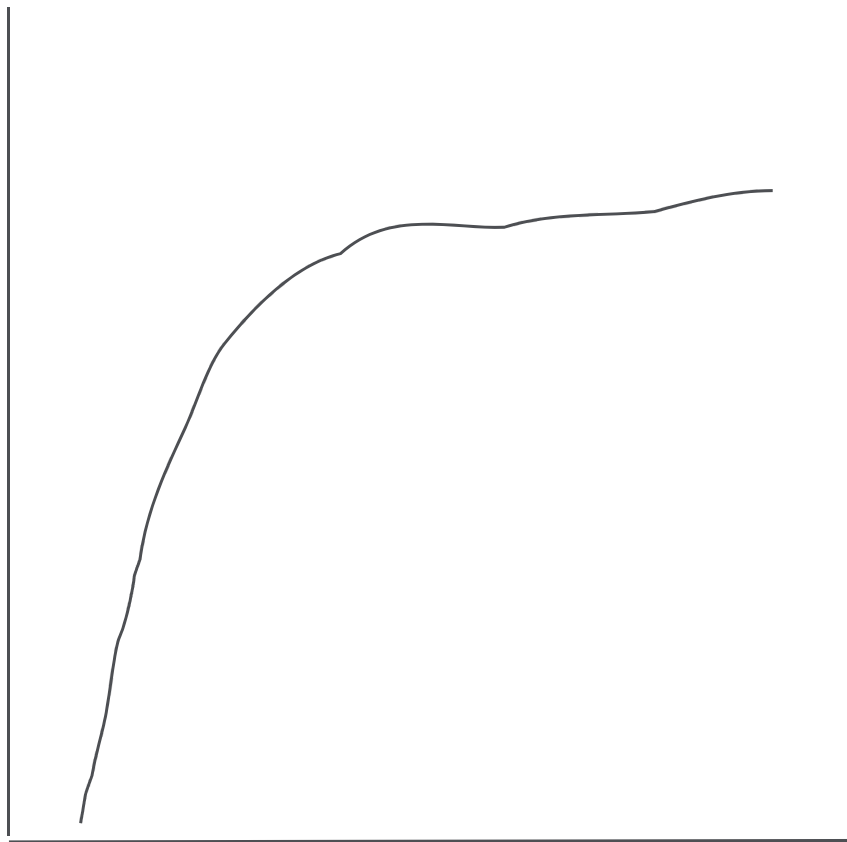
- ▶ Does therapy work? (efficacy)
- ▶ Which therapies work best? (comparative efficacy)
- ▶ Paul's (1967) call for a matrix of therapies / conditions / other variables – a precursor of evidence-based therapy
- ▶ (Cost) effectiveness / clinical utility
- ▶ If.....then.....pragmatic specificity – plugging gaps in the missing matrix
 - ▶ eg. early intervention in psychosis

Changing funding & political climate

- ▶ Demand for *social* goods is rising faster than for *consumer* goods
- ▶ Governments supply social goods, clashes with political pressure for lower taxes
 - ▶ = market pressure to raise productivity
 - ▶ = managed care, dose-effect curve
 - ▶ = research into clinical utility or cost-effectiveness rather than efficacy

Dose effect curve

Hansen, Lambert & Foreman 2002, *Clinical Psychology: Science and Practice*



Few studies on dose-response relationship - general consensus is that 13-18 sessions are required for 50% of patients to improve. Reviews reveal that in carefully controlled treatments, 58% to 67% of patients improve within 13 sessions. Using naturalistic data, however, shows the average number of sessions received in a national database of 6,000 patients was less than five. The rate of improvement in this sample was only 20%, suggesting that patients, on average, do not get enough therapy, or recover at rates observed in clinical trials research.

Review

- ▶ Eysenck ('52) study based on data not now acceptable
- ▶ 1960 study reached same conclusion with better data
- ▶ Radical improvements in efficacy research methodology
- ▶ Allegedly little influence of research on clinical practice
 - ▶ But eclecticism, integration, manualisation show influence
 - ▶ Evidence-based practice a way of getting research evidence to influence clinical practice
- ▶ Meta analysis began to reverse Eysenck's conclusions and show a consistent effect of therapy

Evidence based practice

- ▶ Development of evidence based practice guidelines in USA and UK may lead to *prescriptive* managed care
 - ▶ Is this a good thing?
- ▶ Nature of evidence accepted
 - ▶ Positivist epistemology and drug trial gold standard may act as a straight-jacket?
 - ▶ Tendency to favour cognitive behavioural & outcome focussed approaches & work against process orientations?
 - ▶ Parry (2000) rejects special pleading

Marzillier (2004)

The myth of evidence-based practice

- ▶ Generalised outcomes oversimplify people's lives & the intricacies of therapy
- ▶ Bentall (2003) undermines Kraepelin-based diagnosis, therapists ought not to buy into the medical model – should always start with the individual, each case is unique, vast differences within the same category
- ▶ Research generally lacks ecological validity
- ▶ Therapy at heart is a personal transaction / relationship
- ▶ Argues that clients need to tell their stories, the importance of non-specific factors

Efficacy research

- ▶ Systematic evaluation in a controlled research environment (Barlow '96).
- ▶ Typical study: Control condition (wait list, placebo), random assignment, control of variables, single-blinded, restrictive inclusion criteria, manualised with specifically trained staff, outcomes are short-term, targeted at symptom change.
- ▶ Aim at measurable effects of specific interventions &, above all, replicability

Effectiveness research

- ▶ Applicability / feasibility of intervention with established efficacy in local clinical setting (Barlow '96)
- ▶ Use people in need of treatment regardless of specific diagnosis, co-morbidity, length of illness.
- ▶ Treatment method, frequency, duration & assessment follows clinical need rather than research design
- ▶ Outcome measures broader - quality of life, degree of disability
- ▶ Aim at external validity & generalisability

Meta analysis and building theory

- ▶ Schmidt ('92) argues that the use of effect size and meta analysis renders the traditional experimental trial partly redundant
- ▶ Meta analysis enables systematic & authoritative reviews of efficacy & allows a test of hypotheses about the conditions under which a stronger, weaker or non-existent effect will be observed.
- ▶ Foundation for evidence based practice guidelines?

Comparison & control issues revisited

- ▶ Control conditions
 - ▶ Are they still necessary? Ethical problem, bias problem – participants may not engage enough, volunteers may be very different to real patients
 - ▶ Several types – is a placebo really possible?
 - ▶ Negative and positive effects
 - ▶ Alternative is to compare to therapy of known effectiveness

Issues in methodology

- ▶ Is the traditional, experimental, randomised control trial (RCT) still the gold standard?
- ▶ Manualisation of treatment - helps internal validity & standardisation but limits natural development of therapy
- ▶ Well defined groups
 - ▶ Screening to get a group of patients who are homogenous in diagnosis & severity may lead to response bias.

Alternative methodologies?

- ▶ Consumer satisfaction (Seligman)
- ▶ Clinical audit
 - ▶ See Curtis-Jenkins (2002) Good money after bad? In: Feltham, *What's the good of counselling* etc.
- ▶ Action-research
- ▶ Qualitative / constructionist approaches to understanding the meaning of therapy as an outcome mediator at a cultural level and the construction of meaning in therapy at an individual level
 - ▶ See McLeod (2003) on the social meaning of counselling, pps 33-36

Summary:

Problems & directions in outcome research

- ▶ See review by Nathan, Stewart & Dolan (2000)
- ▶ On meta analysis see:
 - ▶ Schmidt, F.L. (1992) What do data really mean? Research findings, meta analysis, and cumulative knowledge in psychology. *American Psychologist*. 47, 10, 1173-1181
- ▶ Key issues:
 - ▶ To research *efficacy* or *effectiveness*?
 - ▶ To integrate findings and find consensus?
 - ▶ To understand more about process?