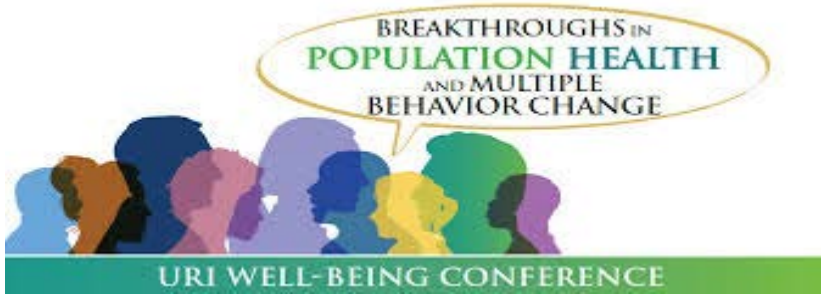
Generating Psychotherapy Breakthroughs

Research and Practice Strategies

John C. Norcross, PhD



The Good News

Thousands of randomized clinical trials (RCTs) and hundreds of meta-analyses have determined the impressive efficacy of psychotherapy.

Psychotherapy works convincingly well!

Typical person receiving psychotherapy better off than 80% of untreated people, and within 12 – 16 sessions

Stronger than the effects of psychotropic medications for most clinical disorders

Average effect size of 0.85 compared to no treatment is a large, robust effect

Primer on Effect Size (ES)

d (or *g*)	Cohen's Standard	Type of Effect
1.00		Beneficial
.90		Beneficial
.80	**Large**	**Beneficial**
.70		Beneficial
.60		Beneficial
.50	**Medium**	**Beneficial**
.40		Beneficial
.30		Beneficial
.20	**Small**	**Beneficial**
.10		No effect
.00		No effect

The Good News II

Those effect sizes translate into healthier and happier people

That well-being, of course, is the ultimate goal of psychotherapy (and this conference)

The Bad News

There have been few (if any) breakthroughs in increasing impacts of psychotherapy in past 40 years

A few exceptions in improved success in treating personality disorders and severe anxiety disorders (e.g., OCD, PTSD), and doing so in briefer durations

Occasional studies favor one type of psychotherapy over another, but the differences are small and disappear when the researchers' theoretical allegiance are controlled

Dodo Bird Verdict

- "At last the Dodo bird said 'Everybody has won and all must have prizes.'"
- From the race in *Alice's Adventures in Wonderland*: participants started and ended when they wanted
- Rosenzweig (1936): effectiveness of tx more tied to their common elements than to their differences
- Refers to generally equivalent outcomes among txs
- No single psychotherapy is winning

The Bad News II

Across disorders & across txs, psychotherapy has not experienced quantum leaps in treating mental disorders that occur in other areas of health care

Concurrently, population rates of mental & addictive disorders have not notably decreased. In fact, evidence of increasing lifetime disorders (some undoubtedly due to better identification & reactive case finding)

Percent of the population suffering from mental disorders & lifestyle disorders continue to stagger

The Bad News III

Even when psychotherapy is effective…

Most people in need of psych services (75%) receive nothing (higher % in developing countries)

The treatment as usual (TAU) is *no treatment*

Scalability and reach have become the central goals

Kazdin & Rabbitt (2013)

"The dominant model of delivering services in developed countries (individual therapy by a highly trained mental health professional) can provide effective treatments but it greatly limited as a means of reaching the large swath of individuals in need"

Build up (not tear down) what we already do well in psychotherapy

How We'll Roll

Outline 6 strategies for producing psychotherapy breakthroughs, applicable to practitioners and researchers alike

Representative research studies and practice applications will illustrate each strategy

Financial Disclosures

I do **not** have any financial relationships with any corporate organizations to disclose regarding today's presentation.

The only possible conflict of interest is royalties on books that I have authored or edited.

Thinking More Integratively About Psych Treatment

1. Reach (% of afflicted population participating)
2. Recruit
3. Retain
4. Engage
5. Relate
6. Progress (proximate)
7. Outcomes (distal)
8. Maintain

1. Increasing the Reach to Increase the Impact

- Psychotherapy has followed passive-reactive practice: practitioners passively wait for patients to call and then react by offering services
- Practically all psychotherapy research is also predicated on reactive service
- Those calling for psych tx are overwhelmingly in late contemplation and action stages, whereas far more in distress in precontemplation and contemplation stage
- A serious disconnect between current practice and population health

40- 40- 20 Rule

- 40% in precontemplation
- 40% in contemplation
- only 20% preparation/early action

Seeking Impact for All

(vs effectiveness for some)

Efficacy X Participation = Impact

- Individual or Clinic Psychotherapy

80% X 20% = 16%

- Public Health or Online Intervention

50% X 50% = 25%

- Stage-Matched Proactive

70% X 70% = **49%**

(this is a positive US example; the mathematics for developing countries way worse)

Case of Windsor, Canada

- Clinicians waited for addicted gamblers to call and make appointments – Few called
- Clinicians learned about proactive outreach using the traffic light metaphor
- Embraced the new slogan “Whether you’re ready, or not ready to stop gambling, we can work with that! Give us a call at…” – They were flooded with calls
- Moral: increase your reach to increase the impact
- Corollary: No matter how effective, reactive psychotherapy will never produce breakthroughs.

7 CUPS

7 Cups is an on-demand emotional health and well-being service. Our bridging technology anonymously and securely connects real people to real listeners in one-on-one chat.

7 CUPS BY THE NUMBERS

714,171,813
messages sent

25,023,585
people helped

255,500
listeners

used in
189 Countries
140 Languages

country with the largest number of people helped

USA 11,961,172

7 Cups makes a positive impact in people's lives

people feel better after talking to listeners

people view their listener positively

people believe listeners can help people with mental health issues

users consider 7 Cups as a helpful service

people feel support provided by 7 Cups listeners is just as or more helpful than that provided by psychotherapy

2. Recruiting Those You Reach

- Deep irony: Huge efforts to reach distressed people but then unable to retain them
- No treatment works if not implemented!
- Two primary culprits: not tailoring treatment to person's stage of change and insensitive to cultural identities
- Both markedly lead to therapy discontinuation and demoralization

Instead, Actively Recruit

- Assist patients in any stage as opposed to demeaning phrases (e.g., “Come back when you're ready to work”)
- Work with cultural identities, as opposed to imposing one (cultural) way
- Train intake workers & clinical staff to emphasize humans are invariably in different stages & cultures
- A few sessions of Motivational Interviewing/person-centered tx produce large gains in recruitment and retention

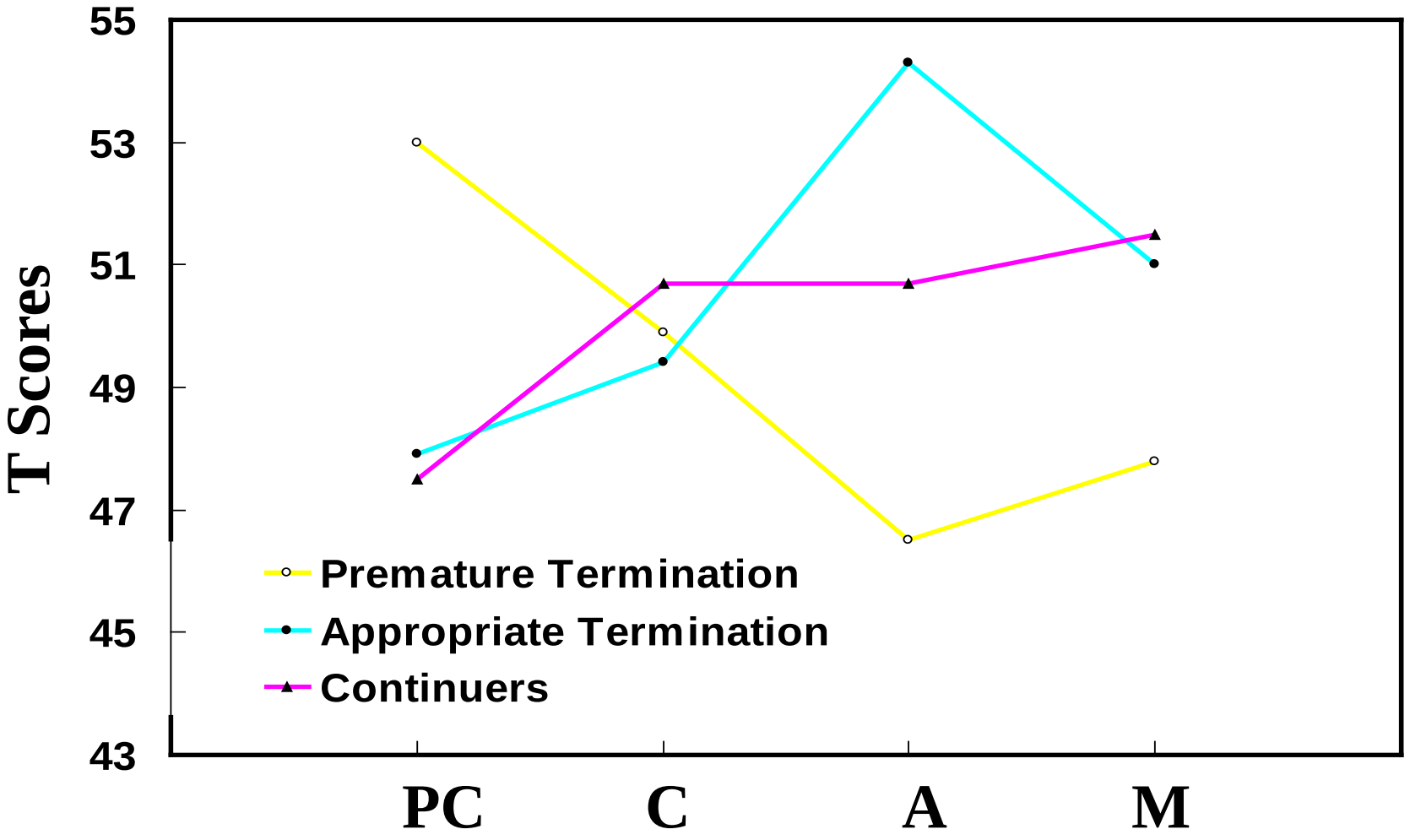
The Gift of MOOIs

- Massive open online interventions can increase reach, affordability, and recruitment of psych tx
- Two exemplars by PT researcher Ricardo Munoz: smoking cessation, Coping with Depression course
- Meta-analysis of 25 RCTs on CWD found *d* = .28 (scalable, free, effective but below individual tx)
- MOOI for smoking involved 292,978 smokers in 168 countries; impressive quit results
- **You can actively and successfully recruit!**

3. Retaining Those You Recruit

- Drop out rates for adult therapy (669 studies, 83,834 clients) is 20%; about 1 of every 5 clients (Swift et al.)
- Even higher rates for those in early stages, racial/ ethnic minority clients, and youth
- Potential impacts of psychotherapy are dramatically reduced by those terminating therapy prematurely
- Most premature terminators are those in the precontemplation stage

Predicting Psychotherapy Dropouts via PreTherapy Stages of Change

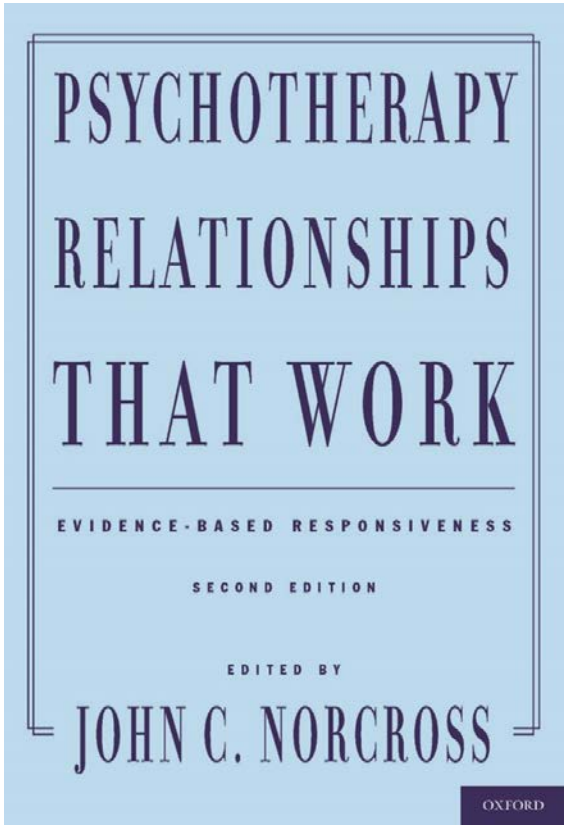


Retain and Engage

- That's why reports of RCTs are now required to report *intent to treat analyses*, not only "completers"
- Many practitioners have been trained in relapse prevention, but few trained in drop-out prevention
- Moral: actively retain those you have recruited and actively engage them in psychotherapy

(a distinctive feature of successful health systems is reliance on patient care managers to retain, engage, and coordinate)

4. Relating Effectively to Those Patients You Retain



NREPP

SAMHSA's National Registry of Evidence-based Programs and Practices

Effective Elements of Therapy Relationship

- Alliance in Adult & Youth Therapy
- Alliance in Couple & Family Therapy
- Cohesion in Group Therapy
- Empathy
- Collecting Client Feedback
- Goal Consensus
- Collaboration
- Positive Regard/Affirmation
- The Real Relationship
- Facilitating Emotional Expression

Alliance in Individual Therapy

(Flückiger, Del Re, Wampold, & Horvath)

- Quality and strength of the collaborative relationship (bond, goals, tasks)
- Alliance ≠ relationship
- Across 306 adult studies (≈ 30,000 patients), median *d* between alliance and tx outcome = .57, a medium but very robust association
- Medium effect, but average *d* for psychotherapy vs. no treatment is .80

Alliance in Youth Therapy

(Karver et al.)

- Complicated by developmental considerations
- Across 43 studies of child & adolescent therapy (N = 3,447 clients and parents), the mean d between the alliance and tx outcome = .40
- Strength of alliance–outcome relation did not vary with type of treatment
- Two alliances: Th-youth & th-parent alliance showed same association with outcome

Cohesion in Group Therapy

(Burlingame, McClendon, & Alonso)

- Parallel of alliance in individual therapy
- Refers to the forces that cause members to remain in the group, a sticking-togetherness
- Meta-analysis (k = 55, N = 6,055) found d = .56 between group cohesion and tx outcome
- Leaders with interpersonal orientation evidence the highest ES (d > .90) in cohesion-outcome link

Empathy

(Elliot, Bohart, Watson, & Murphy)

- Therapist's sensitive understanding of client's feelings and struggles from client's view
- Meta-analysis of 82 studies (290 effects; N = 6,138), mean d of .58 btw empathy-outcome
- Higher ES for CBT than for experiential, humanistic, and psychodynamic (*tantalizing*)
- Favor the client's perspective (over therapist's)

Collecting Client Feedback

The Process: Inquire directly about client's progress on regular basis; compare those data to benchmarks; provide that feedback immediately to therapist; deliver feedback to client; address explicitly in-session

The Measures: A dozen or so, but Lambert's OQ-45 and Miller & Duncan's brief PCOMS (4-items ORS and SRS) dominate the research

PCOMS

OQ® MEASURES
The Measure of Mental Health Vital Signs™

Feedback in Psychotherapy

(Lambert et al.)

- Meta-analysis of 15 RCTs using OQ (8,649 patients) and 9 RCTs (2,272) using PCOMS
- Feedback *d* = .14 - .49 with tx outcome
- Modest utility when used with all patients
- Stronger effects when OQ feedback used with not progressing patients (*d* = 0.50)
- Feedback reduces deterioration rates from average of 30% in not progressing clients to 12%

The Real Relationship

(Gelso, Kivlighan, & Markin)

- Real relationship characterized by realism and genuineness
- Meta-analysis of real relationship and psychotherapy outcome based on 17 studies (1,502 patients) revealed $d = .80$
- A large, positive relation between the real relationship and patient success

Facilitating Emotional Expression

(Peluso and Freund)

- Most therapists believe that some emotional expression & processing results in better outcomes
- Meta-analysis of 13 studies support it: *d* = .56 between *therapist* emot expression and tx outcome
- In 42 studies (*N*=925), *client* affective experiencing & expression correlated *d* = .85 with distal outcomes

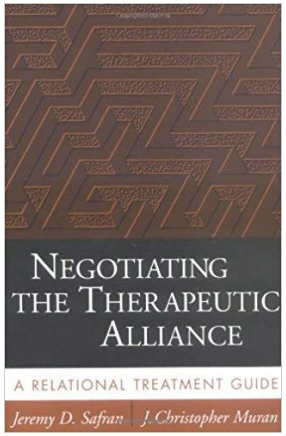
Probably Effective

- Congruence/Genuineness
- Repairing Alliance Ruptures
- Managing Countertransference
- Promoting Treatment Credibility
- Cultivating Positive Expectations

Repairing Alliance Ruptures

(Eubanks, Safran, & Muran)

- Most patients experience breakdowns in alliance but most do *not* tell us about ruptures unless asked
- In 11 studies (1,318 patients), relation of rupture-repair episodes with treatment outcome $d = .62$
- Repairs facilitated by responding non-defensively, attending directly to relation, adjusting behavior, & collecting feedback



Relationships Work!

- Amid torrent of meta-analytic statistics, take a mindful moment to consider implications
- Tx relationship makes substantial & consistent contributions to outcome indep of the type of tx
- Improves success and decreases dropouts
- The power of relationships exceeds that associated with Tx Method A for Disorder Z
- Not clinical lore but established fact!

5. Adapting Seamlessly to Those Engaged Patients

- No treatment works for all patients; what works for one patient may not work for another
- Adapt or match to the transdiagnostic features of the individual patient and the singular context
- Call it adaptation, responsiveness, customizing, attunement, tailoring, matchmaking, individualizing
- Create a new therapy for each patient
- Tailor to the *particulars* of the patient according to the *general* research evidence

Effective Means of Adapting the Relationship

- Reactance Level
- Culture
- Preferences
- Religion/Spirituality
- Stages of Change
- Coping Style

Reactance Level

(Edwards, Beutler, & Someah)

- Being easily provoked & responding oppositionally to external demands
- Meta-analysis of 13 studies (N = 1,208) reveals large ES (d = .78) for matching therapist directiveness to patient reactance
- High-reactance patients benefit more from self-control, minimal direction, & paradoxical intervs
- Low-reactance clients benefit more from therapist directiveness and explicit guidance

Culture (Race/Ethnicity)

(Soto, Smith, et al.)

- Meta-analysis of 99 RCTs (*N* = 13,813) evaluated impact of culturally adapted therapies vs. traditional (non-adapted) therapies
- *d* = .50 in favor of clients receiving culturally adapted treatments; “cultural fit” works
- Most effective adaptation was to language
- The more cultural adaptations used, the larger the effect size

Preferences

(Swift, Callahan, Cooper, & Parkin)

- Meta-analysis of 51 studies (16,000+ patients) comparing clients matched vs. non-matched to preferences
- *d* = .28 in favor of clients matched to their treatment, role, or therapist preferences
- Modest increase in improvement for clients receiving their preferences
- In 28 studies, those not receiving preferences are almost twice as likely to drop out (*OR* = 1.79)
- That's a huge impact!

Stages of Change

(Krebs, Norcross, & Prochaska)

- Precontemplation, contemplation, preparation, action, & maintenance
- Meta-analysis of 47 studies: *d* = .70 - .80 for different change processes in different stages
- Stages reliably predict psychotherapy outcomes (76 studies, , *N* = 21,424) *d* = .41)
- Stage matching works: Not only in health behaviors but also in psychotherapy

Integration of Psychotherapy Systems within Stages of Change

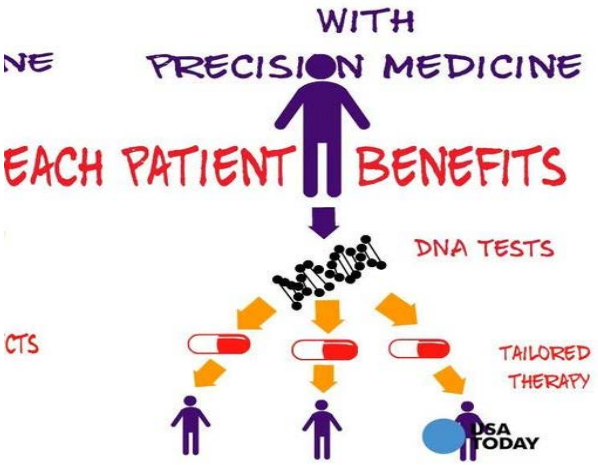
Stages of Change				
Precontemplation	**Contemplation**	**Preparation**	**Action**	**Maintenance**
Motivational interviewing			Behavior therapy EMDR and exposure	
	Adlerian therapy		Rational-emotive behavior therapy Cognitive therapy	
Sullivanian therapy	Transactional analysis		Interpersonal therapy (IPT)	
Strategic therapy	Bowenian therapy		Structural therapy	
Psychoanalytic therapy	Existential therapy		Gestalt therapy	

Promising but Insufficient Research to Judge

- Attachment Style
- Gender Identity
- Sexual Orientation

Personalized Psychotherapy

- Similar to premise of Precision Medicine
- *Sometimes* predicated on the patient's disorder/diagnosis
- *Always* predicated on transdiagnostic characteristics

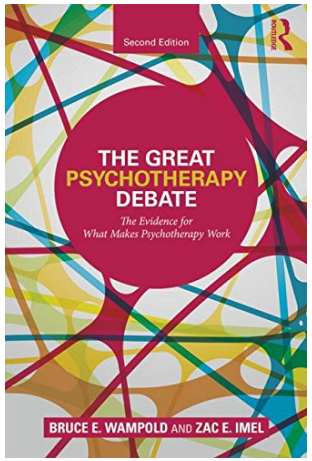


6. Valuing Synergy Over Specificity

- Like most sciences, the science of psychotherapy has been driven heavily by the search for specificity
- Exemplified in Paul's 1967 iconic question: *What* treatment, by *whom*, is most effective for *this* individual with *that* specific problem?
- But the comparative horse race has proven a grand tie: “Everybody has won and all must have prizes.”
- The specificity desideratum of Treatment Method A for Disorder Z has largely proved a dismal failure

Pursue Synergy

- Wampold & Imel conclude that PT's major mistake was to follow a medical model that highly values specificity
- Instead, breakthroughs likely to occur when psychotherapy builds a more behavioral/ contextual/relational model of health & tx
- A responsive contextual-behavioral model for behavioral disorders

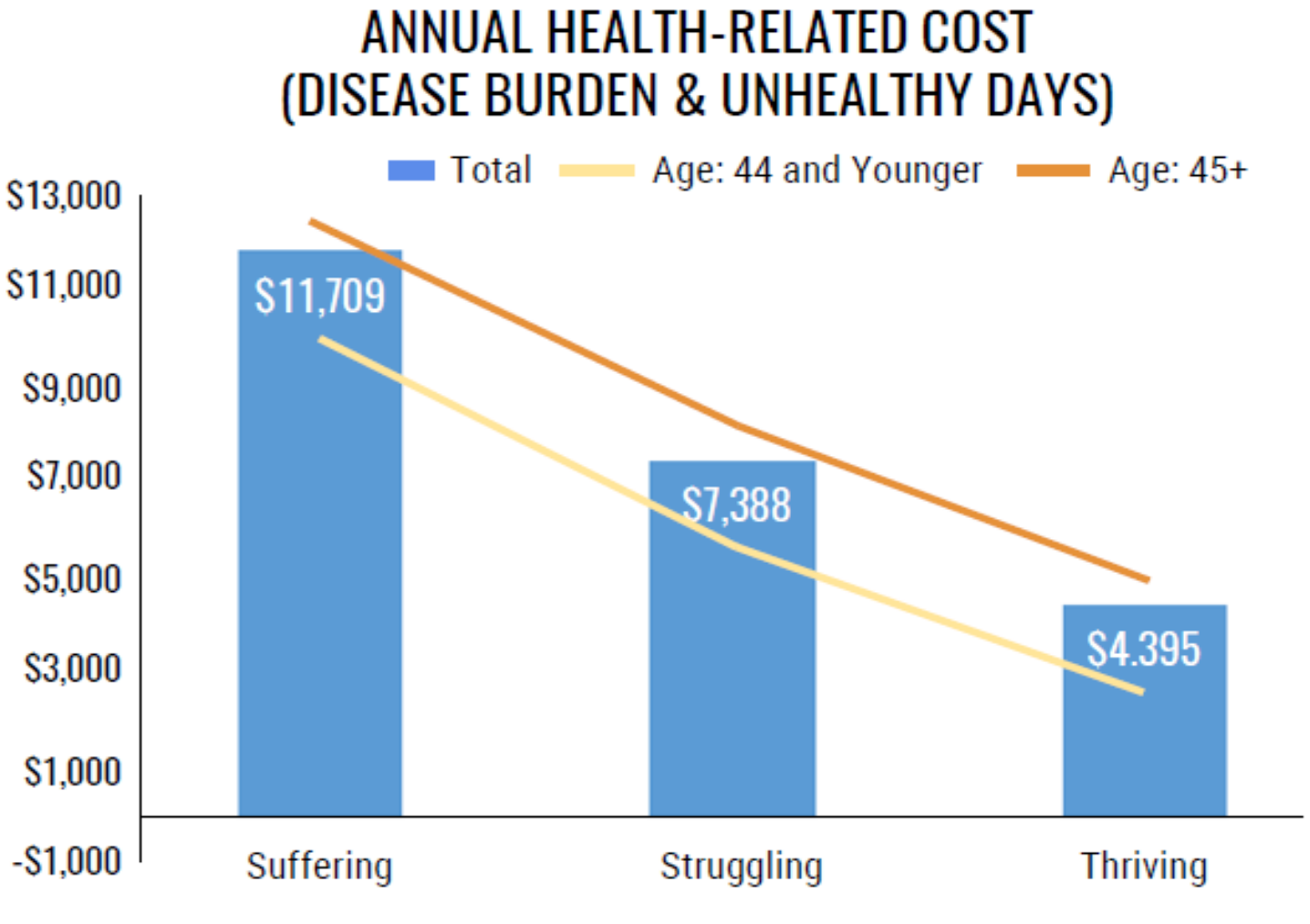


Other Synergies

Already covered extensively today, so in passing…

- Target lethal lifestyle (smoking, alcohol abuse, inadequate exercise, poor eating, stress) during tx
- Promote health/well-being while reducing symptoms
- Treat multiple health behaviors during therapy (coaction)
- Complement clinicians with computers

Gallup (2010)


ANNUAL HEALTH-RELATED COST
(DISEASE BURDEN & UNHEALTHY DAYS)
Total
Age: 44 and Younger
Age: 45+
$13,000
$11,000
$9,000
$7,000
$5,000
$3,000
$1,000
-$1,000
$11,709
$7,388
$4,395
Suffering
Struggling
Thriving

Synergistic Psychotherapy

- Build upon existing skills of change agents
- One that leverages reach, retention, relationships, and responsiveness
- For the entire population
- Again: not opinion; a demonstrable fact

Pick Your Metaphor

- We need lightning, but we have lighting bugs
- Treating only the willing psyches but ignoring the entire system
- No epidemic was ever cured one person at a time

All fundamentally demand that behavioral/ mental health professionals act like public health, population, and community advocates

In the Breakthrough Future

Reach the entire population (not only individual patients) by

recruiting most people in distress (not only treatment seekers)

retaining those we recruit (not losing or alienating them)

relating effectively to engage (according to the best evidence)

adapting seamlessly to max progress (in multiple ways)

… and valuing synergy over specificity

TABLE 18.2 INDIVIDUAL TREATMENT COMPLEMENTED BY POPULATION TREATMENT

Individual Patient Treatment	*Entire Population Treatment*
Action oriented	Stage based
Reactive	Proactive
Standardized	Tailored
Clinician delivered	Technology enhanced
Clinic based	Home based
Professional help	Self-help
Single problem	Multiple problems
Efficacy	Impact
Specificity	Synergy
Fragmented	Integrated

The Sea Change

In so doing, population mental health/wellness will improve

All requiring just a few tweaks in clinical practice and graduate training

Retaining all the cherished competencies and services of psychotherapists

The Breakthroughs

These 6 strategies – already here, already effective – will exponentially advance psychotherapy success

That's the lightning that we need for breakthroughs in population health