

Psychotherapy As A First Intervention

First Do No Harm



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Heart & Soul of Change Project
Privileging Clients and Making You a Better Therapist

The Heart and Soul of Change Project is a practice-driven, training, and research initiative that focuses on what works in therapy, and more importantly, how to deliver it on the front lines via client based outcome feedback. Read more...

This is the place to find the latest and greatest about client based, outcome informed (COOI) ideas and practices. What is COOI? Watch the video.

The Latest News
Winter Gateway Training! Register now for the Heart and Soul of Change Project (HSCP) Training of Trainers Conference, the first step to implementing COOI at your agency or becoming a certified coach in the HSCP. Read more...

Latest Blog
Poor Children and Psychiatric Drugs
I have a presentation coming up soon at the Volcan at a conference about mental health care. I am presenting about social justice, kids, and psychiatric drugs. I have been researching, with my colleague, December Spink's help, the latest information I found some pretty disturbing stuff regarding the differential prescription rates of poor kids. [...] Read more...

Unprecedented Marketing And the Transition to Primary Care Venues



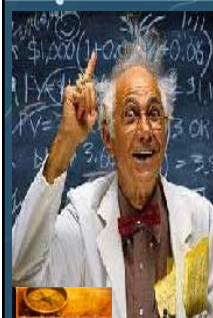
- Spending for psychotropics increased from nearly \$8 billion in 1997 to \$20 billion in 2004, reaching over \$40 billion in sales in 2011
- Concurrently, the use of psychotherapy has declined and community behavioral intervention has fallen or remained flat.

Psychotherapy V. Medication Psychotherapy First

- Are the rates of prescription justified by clinical trial evidence? What about EBM?
- Risk/Benefit Analysis
- How Does Therapy Stack Up As A First Line Intervention for Mental Health Concerns?



Evidence Based Medicine Evidence Based Practice



EBM: integration of the best research evidence with clinical expertise, including patient values, to make informed decisions

EBP: integration of the best available research with clinical expertise in the context of client characteristics, culture, and preferences

Top Therapeutic Classes by Prescriptions

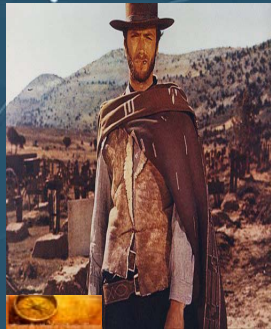
DISPENSED PRESCRIPTIONS MN	2007	2008	2009	2010	2011
Total US Market	3,825	3,866	3,949	3,993	4,024
1 Antidepressants	237	241	247	254	264
2 Lipid Regulators	233	242	254	260	260
3 Narcotic Analgesics	231	239	241	244	238
4 Antidiabetics	165	166	169	172	173
5 ACE Inhibitors (Plain & Combo)	159	163	166	168	164
6 Beta Blockers (Plain & Combo)	162	164	163	162	161
7 Respiratory Agents	147	147	152	153	153
8 Anti-Ulcerants	134	139	146	147	150
9 Diuretics	137	135	132	131	128
10 Anti-Epileptics	102	110	116	122	128
11 Tranquillizers	98	101	104	108	111
12 Thyroid Preparations	103	104	105	107	110
13 Calcium Antagonists (Plain & Combo)	87	90	93	96	98
14 Antirheumatic Non-Steroid	90	91	92	93	97
15 Hormonal Contraceptives	94	94	93	91	90
16 Angiotensin II Inhibitors	83	86	85	84	86
17 Broad Spectrum Penicillins	77	74	77	76	77
18 Macrolides & Similar Type Antibiotics	63	66	69	67	69
19 Hypnotics & Sedatives	58	60	63	63	63
20 Vitamins & Minerals	60	59	58	58	60

IMS Health, National Prescription Audit, Dec 2011



Psychotherapy

The Good...



Study after study, and studies of studies show the average treated client is better off than 80% of the untreated sample.

The Average Effects of Psychotherapy



- Are widely accepted to be significant, large, and constant across most diagnostic categories, with benefit being more influenced by general severity, client, therapist, & contextual factors than by particular diagnosis

Duncan et al (2010). The heart and soul of change: Delivering what works. Washington, DC: APA Press.

Psychotherapy V. Medication

Psychotherapy First



- The results of psychotherapy tend to last longer and be less likely to require additional treatment courses than pharmacological treatments.


Depression and Anxiety

Psychotherapy First



- Psychotherapy clients acquire a variety of skills that are used after treatment termination and generally may continue to improve after termination

First, The SSRI RCT Literature Are They Effective?

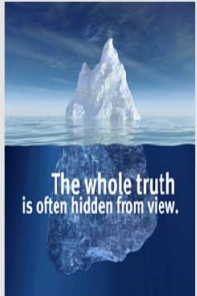


Kirsch et al. (2008) & Fournier et al. (2010) meta-analytically examined available SSRI trials & found no differences between placebo & SSRIs, for mild, mod. or severe depression w/exception of the most distressed in severely depressed group.

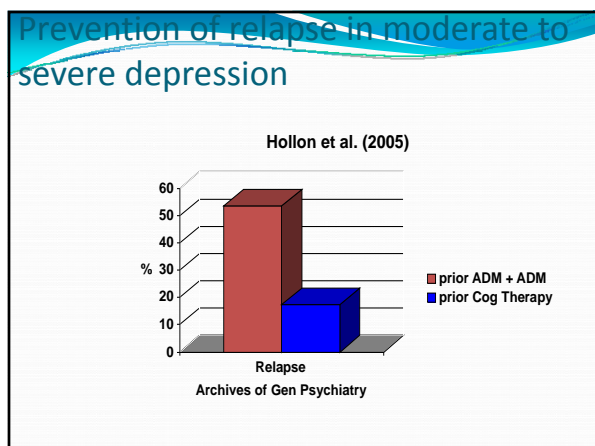
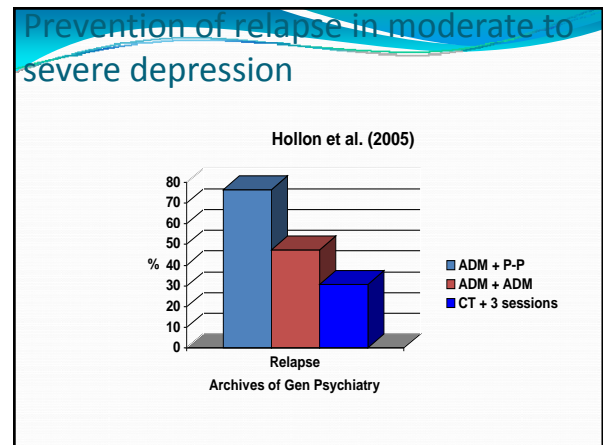
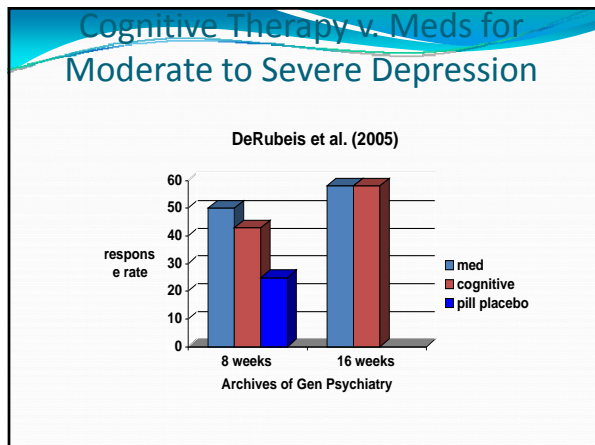
The negligible advantage over placebo underlines the importance of their substantial adverse effects, including suicidal behavior for those under 25.

Suicidal thoughts
It's a pill.
AstraZeneca


Other Antidepressant Data STAR*D



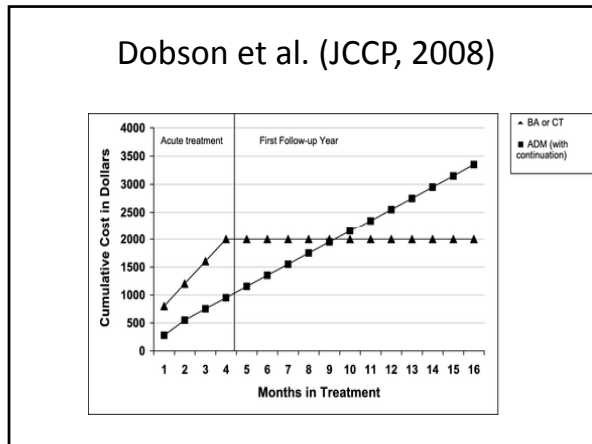
- Augmentation or switching strategies for depression when an initial SSRI failed.
- 108 of 4,041 who entered the trial remitted & stayed well to the FU period. 97% failed to remit, relapsed or dropped out
- 51% adverse reaction profile after augmentation/switch



Psychotherapy V. Medication Psychotherapy First



- Research suggests very high costs associated with high rates of antidepressant termination and non-adherence and psychotherapy is likely to be more cost effective in the long term



In the Case of Depression Psychological Treatments



- Are as effective as medication in the short run with more durable benefits in the long run, even if the depression is severe
- Although combined treatments are touted as the best option, they are not better than psychotherapy alone over the long term but they have better results than medication alone

A risk/benefit analysis does not support drugs as a 1st line treatment.

Psychotherapy V. Medication Treatments for Panic



- Hollon et al. (2005): FU 13–24 mo. w/recovered clients
- 5 of 20 recovered with prior CT experienced a recurrence; 7 of 14 treated with medication relapsed

Barlow et al (2000): Panic



3 mo weekly tx followed by 6 mo of maintenance w/CBT or imipramine, alone & combined, or pill-placebo, alone & combined

Relapse: 8% for CBT v. 25% for medication responders

Adding meds undermined enduring effects of CBT—36% in the combined group relapsed; 4% in CBT plus placebo relapsed

Antipsychotics Are Viewed Not As A Choice



- But a requirement—need meds to manage a lifelong struggle w/mental illness.
- Research discredits the med-necessity myth, indicating lower rates of relapse & better overall global functioning for persons not on meds

Antipsychotics Evidence Paints Different Picture

- NIMH funded Clinical Antipsychotic Trials of Intervention (CATIE) (Lieberman et al., 2005) enrolled 1,400 participants at 57 US sites. CATIE sought to evaluate how well SGAs (olanzapine, quetiapine, risperidone) compared with one another and a FGA (perphenazine) in real world conditions.
- Results confirm what many clients report anecdotally—antipsychotics do not improve general life domains and carry a significant side effect burden. 74% discontinued before 18 months, largely due to inefficacy and intolerable side effects
- Moderate to severe adverse events ranged from 42 to 69% (Zyprexa the worst) (Stroup et al., 2007).
- The lead author admitted: "...the claims of superiority for [SGAs] were greatly exaggerated."
- World Health Organization study revealed third world countries have better outcomes with people diagnosed with schizophrenia.

Treatment of Early Onset Schizophrenia Spectrum Disorders



- TEOSS compared two SGAs (Risperdal & Zyprexa) to a FGA (Moban).
- At the end of eight weeks, the "response" rate was 50% for those treated with Moban, 46% for Risperdal, and 34% for Zyprexa; **41% didn't complete 8 weeks.**

Long Term Results TEOSS

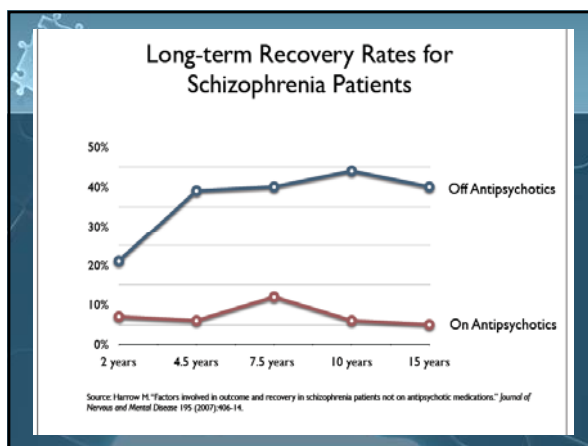
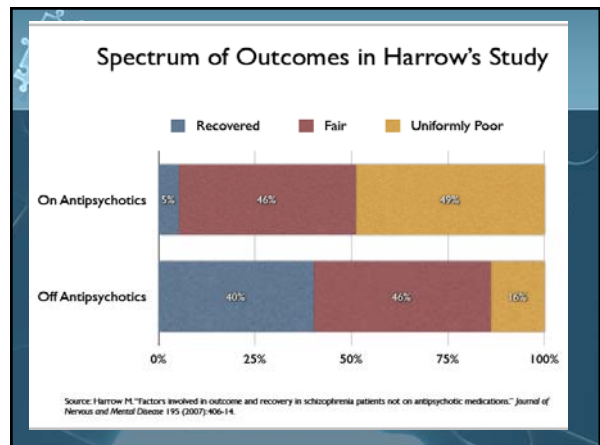
- The 54 who "responded" during the initial 8 weeks entered into the 44-week maintenance study
- 40 of 54 dropped out because of "adverse effects" or "inadequate response." **Only 14 of 116 youth responded and stayed on it for as long as one year—only 12%.**



Five-Year Outcomes for First-Episode Psychotic Patients in Finnish Western Lapland Treated with Open-Dialogue Therapy

Patients (N=75)	
Schizophrenia (N=30)	
Other psychotic disorders (N=45)	
Antipsychotic use	
Never exposed to antipsychotics	67%
Occasional use during five years	33%
Ongoing use at end of five years	20%
Psychotic symptoms	
Never relapsed during five years	67%
Asymptomatic at five-year followup	79%
Functional outcomes at five years	
Working or in school	73%
Unemployed	7%
On disability	20%


Source: Seikkula, J. "Five-year experience of first-episode nonaffective psychosis in open dialogue approach." *Psychotherapy Research* 16 (2006):214-28.



Sparks, Duncan, Cohen, & Antonuccio (2010)

- ...Knowing that there is no irresistible scientific justification to medicate, we are free to put other options on the table and draw in the voices of consumers—to engage in an informed risk/benefit analysis to help clients choose treatments in concert with their values, preferences, and cultural contexts

This Presentation Doesn't Mean
That Meds Are Not Helpful



Just means that med. is no more viable in short run and less so in long run:
Risk/Benefit points toward psychotherapy

Psychotherapy V. Medication
Psychotherapy First



• Many people prefer psychotherapy to medication (91%) bc/side-effects and individual differences and people tend to be more adherent if the treatment modality is preferred.

Penn, Schoen, & Berland Assoc (2004). Survey for the APA. unpublished paper.

Preferences: Kwan, Dimidjian, Rizvi, 2010
Psychotherapy v Medication for Depression




A mismatch b/w preferred & actual treatment was associated w/greater attrition, fewer visits attended, & a less positive alliance at session 2. There was a significant effect of preference match on depression outcomes, primarily via effects of attendance.

Treatment
The Bad...



• Drop out rates average 47%, 60% with SA clients
• Providers vary... a lot

TDCRP
The Alliance




• Considered most sophisticated comparative clinical trial ever:
• CBT, IPT, Drug, Placebo
• **No difference** in outcome
• The *client's* rating of the alliance at the second session the best predictor of outcome across conditions.

Elkin, I. Et al. (1989). The NIMH TDCRP: General effectiveness of treatments. Archives of General Psychiatry, 46, 971-82.

Provider Differences
Incredible Variation Among Providers

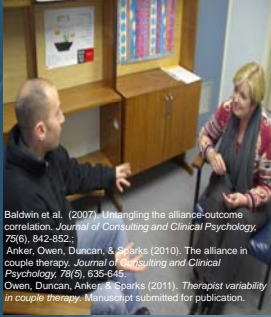
TDCRP: top third psychiatrists giving placebo bested bottom third giving meds; clients of best therapists improve 50% more & dropped out 50% less; meds useful for clients of more effective therapists, not for less.

What accounts for the variability?



Klein, D. M., Wampold, B. E., & Solt, D. M. A random effects modeling of the NIMH TDCRP data. Psychotherapy Research, 16, 161-172.

Provider Variables that Predict Change

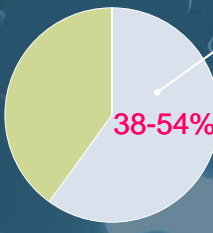


Therapists with the best results:

- Are better at the alliance across clients; alliance ability accounts for most of the differences

Baldwin et al. (2007). Unraveling the alliance-outcome correlation. *Journal of Consulting and Clinical Psychology*, 75(6), 842-852.
Anker, Owen, Duncan, & Sparks (2010). The alliance in couple therapy. *Journal of Consulting and Clinical Psychology*, 78(5), 635-645.
Owen, Duncan, Anker, & Sparks (2011). Therapist variability in couple therapy. Manuscript submitted for publication.

Relationship Factors



The Alliance:

- Relational Bond
- Agreement on goals
- Agreement on tasks

Seven Times the Impact of Model/Technique...Accounts for Most of Provider Variance


Duncan, B., Miller, S., & Sparks, J. (2004). *The Heroic Client*. San Francisco: Jossey-Bass

The Client's Theory of Change: Empirical Findings

- In the TDCRP, congruence between the clients pre-treatment beliefs and values (TOC) and tx resulted in:
 - ✓ Stronger therapeutic alliances;
 - ✓ Longer duration in treatment; and
 - ✓ Improved treatment outcomes.

Elkin, I. (1999). "Patient-treatment fit" and early engagement in therapy. *Psychotherapy Research*, 9(4) 437-451.


And the Ugly Providers Don't Know



- 20-70% range
- Graded their effectiveness, A+ to F— 67% said A or better; none rated below average.
- Providers don't know how effective they are

Hansen, N., Lambert, M., Forman, E. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice*, 9, 229-242.
Sapota, J., Riemer, M., & Bickman, L. Feedback to clinicians: Theory, research, and practice. *Journal of Clinical Psychology*, 61, 149-158.

To The Rescue Consumer Driven Outcomes Management



- Howard et al. (1996) advocated for the systematic eval. of client response during treatment to "determine the appropriateness of the current tx...the need for further tx...[and] prompt a clinical consultation for patients who [were] not progressing at expected rates"

User Feedback and Outcome Lambert's Six Trials



- All 6 sig. gains for feedback
- 22% of TAU at-risk cases improved compared with 33% for feedback to therapists, 39% for feedback to therapists & clients, & 45% when supplemented with support tools
- A strong case for routine measurement of outcome in everyday clinical practice

Outcome and Alliance Feedback

Valid

Reliable

Feasible

The O.R.S

Download free working copies at:
<http://www.heartandsoulofchange.com>

The S.R.S

Becoming Better

Two Choices: Not Rocket Science

- Either the client is improving or not. If not, the client is at risk.
- Engage client in discussion about progress, and what should be done differently if there isn't any.
- Keeps clients engaged so that a new direction can be planned.

PCOMS

Isn't It Good, Norwegian Wood

- Feedback v TAU; Both persons reliable or sig. change—50.5% v. 22.6%; ES: .50; 4 xs # of clin. sig. change
- FU: TAU-34.2% v. 18.4% Feedback sep./divorce rate

Anker, M., Duncan, B., & Sparks, J. (2009). Using client feedback to improve couple therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology, 77*(4), 693-704.

Reese, Norsworthy, & Rowlands (2009)

First Independent Study

- N=148: Feedback group doubled controls (10.4 vs. 5.1 pts); ES: .48
- Like Norway study, clients, regardless of risk status, benefit from continuous feedback
- And also a replication study published

Reese, R., Norsworthy, L., & Rowlands, S. (2009). Does a continuous feedback model improve psychotherapy outcomes? *Psychotherapy, 46*, 418-431.

Reese, R., Toland, M., Stone, N., & Norsworthy, L. (2010). Effect of client feedback on couple psychotherapy outcomes. *Psychotherapy, 47*, 616-630.

Meta-analysis by Lambert & Shimokawa (2011)

of PCOMS (the ORS and SRS)

Those in feedback group had **3.5 higher odds** of experiencing reliable change

Those in feedback group had less than **half the odds** of experiencing deterioration

Feedback attained .48 ES

Lambert, M. J., & Shimokawa, K. (2011). Collecting client feedback. *Psychotherapy, 48*, 72-79.


The Solution

PCOMS: Consumer Feedback

- Puts the client's **voice** center stage
- Brings **consumers** into the **inner circle** of decisions
- **Partners** in monitoring the benefit and fit of services

Answers the Call Consumer-Centered, Recovery-Based


- **New Freedom Commission:** Care is consumer-centered, with providers working in full partnership with the consumers they serve to develop individualized plans of care.
- **SAMHSA and Partners:** National Consensus Statement on Mental Health Recovery (under review)
- **PCOMS** only system that partners with consumers



Consumer-driven Services: Multiculturalism and Social Justice

VOICE

PCOMS invites collaborative decision making, honoring diversity with multiple languages, values local/cultural knowledge, amplifies client voice. Builds cultural proficiency.




Clients Are the Lions of Change



Until lions have their historians, tales of hunting will always glorify the hunter.

African Proverb

Clients The Heart of Change




Client outcome feedback makes consumers the historians of their own change

Partnering w/clients to monitor outcome engages most the potent factor of change

Individually: (Personal well-being)
Interpersonally: (Family, close relationships)
Socially: (Work, School, Friendships)
Overall: (General sense of well-being)

The Alliance The of Change




Alliance feedback enables a fit between client expectations, preferences, and services

Does not leave the alliance to chance—applying over 1000 studies showing the relationship of the alliance to positive outcomes

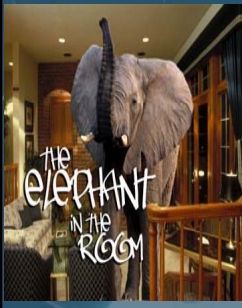
Relationship:	
Extends trust, interest and respect	Enhances confidence and respect
Goals and Topics:	
Shared vision of what should be achieved and what is at stake	Shared vision and shared ownership of what is at stake
Approach or Method:	
The therapist respects a co-governed system	The therapist respects a growth frame
Overall:	
The relationship changes the person	Shared goals and shared ownership

Conclusions



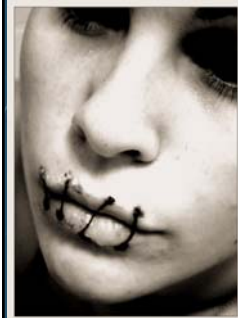
- Consistent indications that treatment effects achieved with the psychosocial interventions are more likely to endure following treatment termination than are those obtained with medications

Psychosocial Options First
The Pressure for a Quick Fix



- With daily pressure to manage problems, the lure of a quick fix is understandable, drugs a ready-made solution.
- To not talk is to ignore the proverbial elephant...
- A Risk/Benefit Analysis reveals little benefit and sig. ARs

Psychosocial Options First
Don't Lose Your Voice



- Our reticence is mirrored in clients' reluctance to ask about options/ARs.
- Consumers became passive recipients—?s, ideas, & solutions take a back seat.
- Know the data and allow consumer preference to lead the way.