

Practice-Research Networks in Psychotherapy: Models For Engaging Psychotherapists and Researchers

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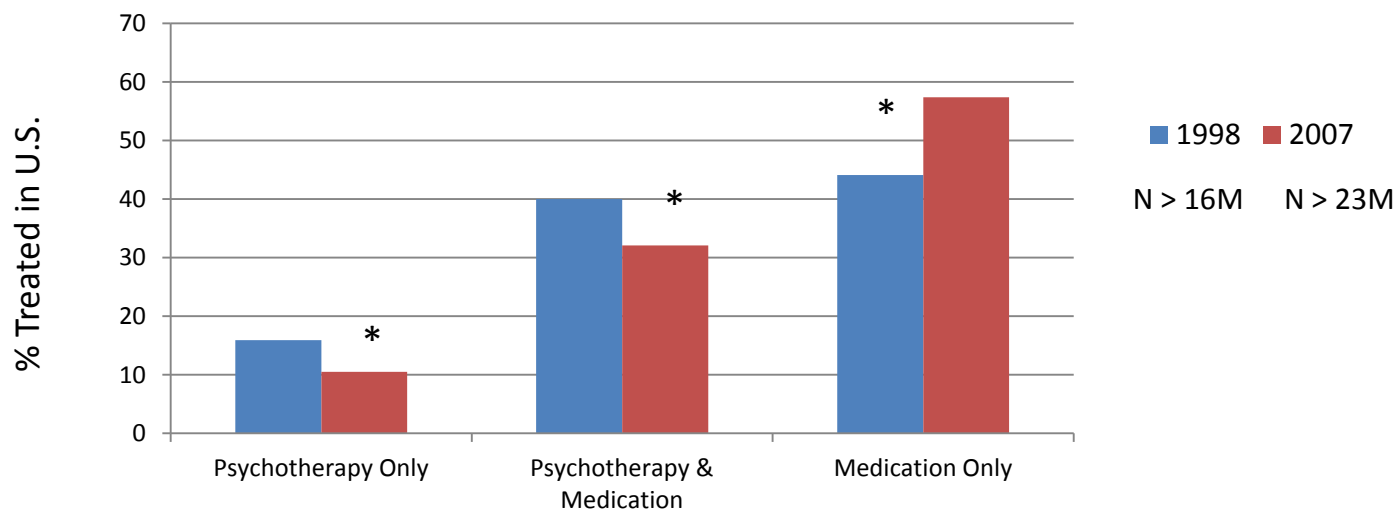


uOttawa



Psychotherapy Use

- Over 1 million Canadians use psychotherapy in a given year (Cox, in press; Vasiliadis et al., 2009)
 - 8% used outpatient services for mental health
- Rates of psychotherapy use has been stable or declined in the past decade (Olfson & Marcus, 2010)



Psychotherapy Evidence

- Most patients (75%) prefer psychotherapy to medications. (McHugh et al., 2013)
- Evidence for psychotherapy efficacy and effectiveness is very good. (e.g., Hunsley et al., 2014)
 - CBT, PDT, EFT, IPT, DBT....
 - About 69% of those seeking psychotherapy for depression are successfully treated.
(Lambert, 2013)
- Medications and psychotherapy are equally effective for depression.
(Cuijpers et al., 2014)

“Psychotherapy and Medications are Equally Effective” - Revisited



Publication Bias

- Tendency to publish only significant findings
- Suppression of data by industry
- Effects of antidepressant medications are likely over estimated

(Turner et al., 2008)

“Psychotherapy and Medications are Equally Effective” - Revisited

- 31% of 74 FDA registered trials between 1987-2004 were never published ($n = 23$)
- Positive trials 12x more likely to be published

Effect size of medication:

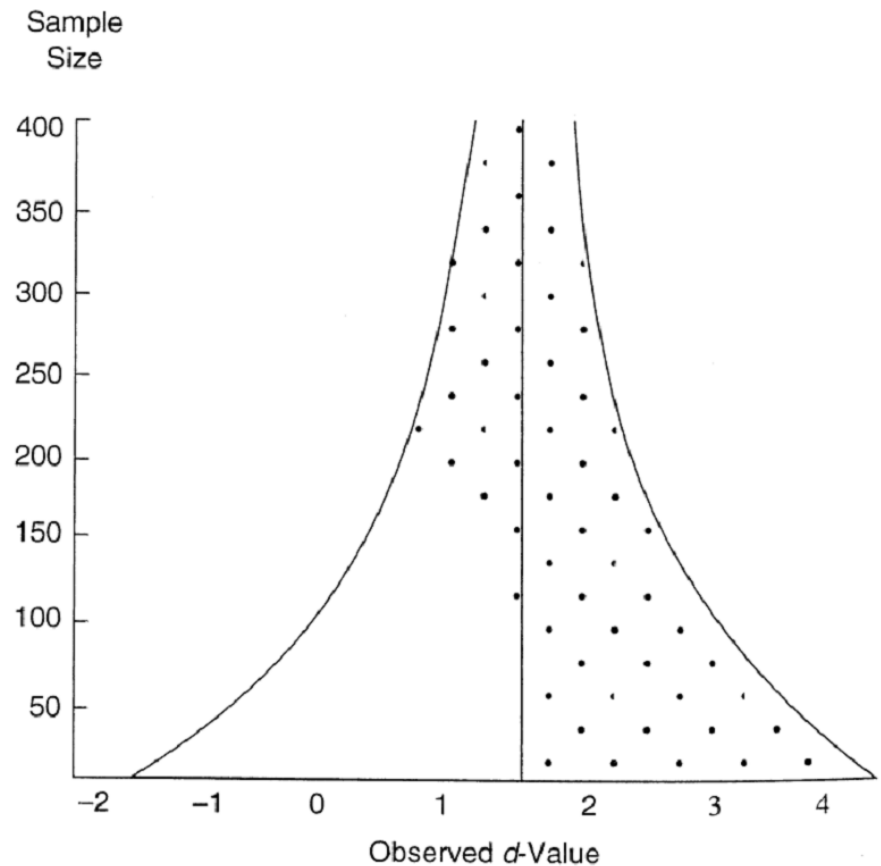
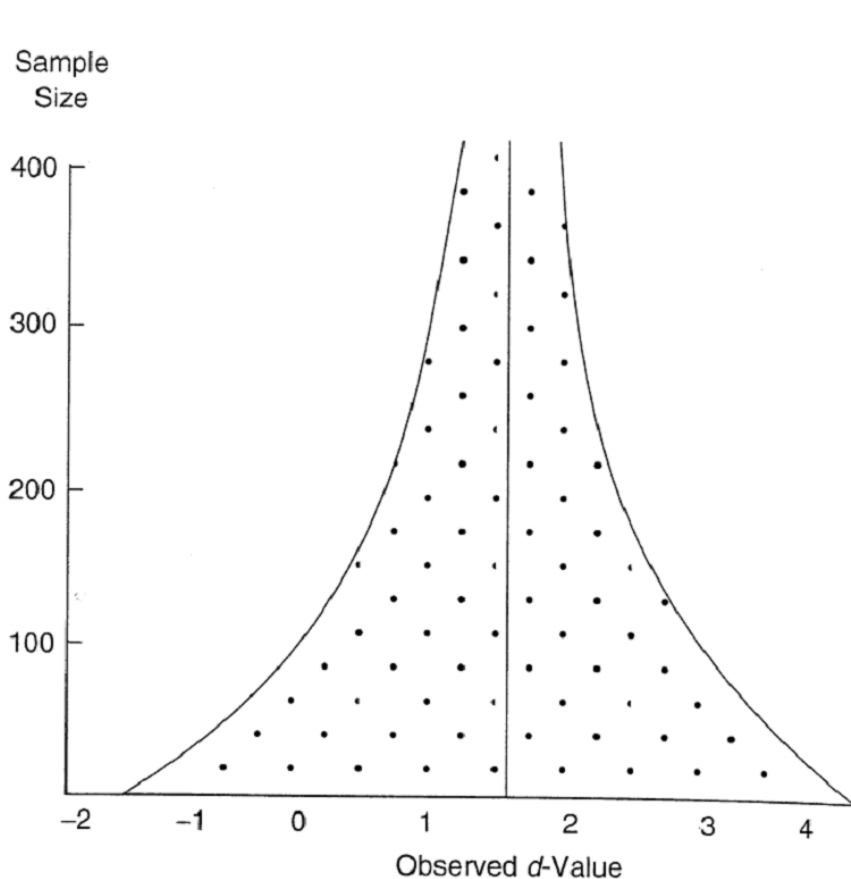
Published trials: $d = .37$

Unpublished trials: $d = .15$



Publication Bias - Psychotherapy

- Assessing funnel plots in meta analyses



Publication Bias – Psychotherapy

Evidence of minimal publication bias in 31 published psychotherapy trials for depression
(Niemeyer et al., 2013)

Effect size for CBT:

Before publication bias: $d = .67$

After publication bias : $d = .42$

(Cuijpers et al., 2010)

Evidence Based Practices in Psychotherapy

(Norcross, 2011)

Therapeutic alliance
(Horvath et al., 2011)

$r = .27$ with outcomes

Repairing alliance ruptures
(Safran et al., 2011)

$r = .24$ with outcomes

Therapist empathy
(Elliott et al., 2011)

$r = .31$ with outcomes

Managing countertransference
(Hayes et al., 2011)

$r = .56$ with outcomes

Progress Monitoring
(Lambert & Shimokawa, 2011)

$r = .25$ with outcomes

Reduced patients who deteriorate by half

So Far...

- **Evidence base for psychotherapy is good**
 - Just as good (if not better) than medications for depression
 - Better for relapse prevention (Lambert, 2013)
 - Good evidence for a variety of mental disorders
- **Good research on evidence based practices**
 - Alliance, empathy, repairing ruptures, counter transference, progress monitoring



**So why don't practicing
psychotherapists rely on the
research to consistently
inform their practice?**



Practice-Research Divide

A problem that is not specific to psychotherapy

Low rates of hand hygiene for infection control among nurses (Schweizer et al., 2014)

Low rates of influenza vaccine uptake among health care workers (Caban-Martinez et al., 2010)

Over-prescription of antibiotics among family physicians (Costelloe et al., 2010)

Over-prescription of opioids for low back pain (Sehgal et al., 2012)

Unnecessary use of imaging technology and invasive diagnostics for “defensive medicine” (Studdert et al., 2005)

Practice-Research Divide in Psychotherapy

- This divide in part motivated task forces on the dissemination of evidence based practices in psychotherapy.
 - Lists of Empirically Supported Treatment (Hunsley et al., 2014)
 - Evidence based relationships (Norcross, 2011)
- Dissemination efforts have had little impact on clinicians' willingness to adopt these in everyday practices.
(von Ranson et al., 2013)

Dissemination vs. Translation

- ***Dissemination*** is a one-way discussion
- Academic researchers define practices, research questions, design, measurement, and interpretation of findings.
- Researchers define what is evidence based practice with little clinician input.

Models of Engaging Practicing Psychotherapists



Knowledge Dissemination versus Knowledge Translation

Dissemination

- Knowledge Dissemination
 - One-way transfer of knowledge from academic researchers to practitioners
 - Clinicians not included in the development of interventions, design of studies, dissemination of the findings
- Knowledge of EST and EBP is met with resistance and suspicion among psychotherapy practitioners
- Researchers frustrated with low levels of adopting EST and EBT by clinicians.

Knowledge Translation

- ***Translation*** is a two-way exchange between clinicians and researchers so that **both** are influenced and both change their practices.

Knowledge Translation

- Clinicians and researchers discuss what is important to clinical practice, how to study these in everyday clinical contexts, and how to disseminate findings in clinically meaningful ways
- Clinicians have a sense of ownership of the research and more likely to adopt
- Researchers produce findings that are more clinically meaningful and respectful of clinician knowledge



- A collaboration between psychotherapy clinicians and researchers to engage in practice-based research
- Relies on the combined expertise of clinicians and researchers to produce clinically meaningful and valid research that will affect clinical practice.

What Clinicians Want

- Define the psychotherapy research priorities that are important to clinicians.
- Use these priorities to develop research and continuing education programs
- Both clinicians and researchers will lend their expertise to researching the priorities as defined by clinicians
- A participatory action research model

Method – Focus Groups

PPRNet Conference 2012

Participants

- 82 clinicians attended conference
 - Mean age = 49.38
(SD = 12.94)
 - Ph.D./MD = 52.9%
 - 87.2% practiced psychotherapy
 - 67.6% primarily engaged in direct patient care



Method – Focus Groups

- 10 focus groups of 8 participants each
 - Lead by a facilitator and recorder
 - Audio recorded and noted

“What practice-based psychotherapy research or research theme would help you be a better clinician/would help your clients to improve?”

- An a-theoretical inductive approach to the qualitative coding.
 - Three coders used an iterative process to develop themes and categories

Method - Survey

- Used Focus Groups themes to develop survey items
 - Team of 7 researchers and clinicians
 - 41 items reviewed and refined by a separate Network Reference Group of 6 clinicians
 - Items represented major themes of psychotherapy research identified by clinicians as important to their practice
- “How Important is it to you to have practice-based research on...”
- Online survey: November 2013 - January 2014

Method - Survey

Total Respondents	N = 1019 (N = 955 Complete Data)
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Age	M = 49.0 (SD = 13.4)
Years Practicing	M = 17.6 (SD = 11.3)
Hrs/Week Practice	M = 19.2 (SD = 11.3)

Currently Practicing	100%
Women	66.8%
European Ethnicity	78.6%
PhD/PsyD/MD	54.8%
Private Practice	48.4%
Hospital	18.6%

Method - Survey

Country

Canada	85.3%
U.S.	10.9%
Europe	2.7%
Latin America	1.1

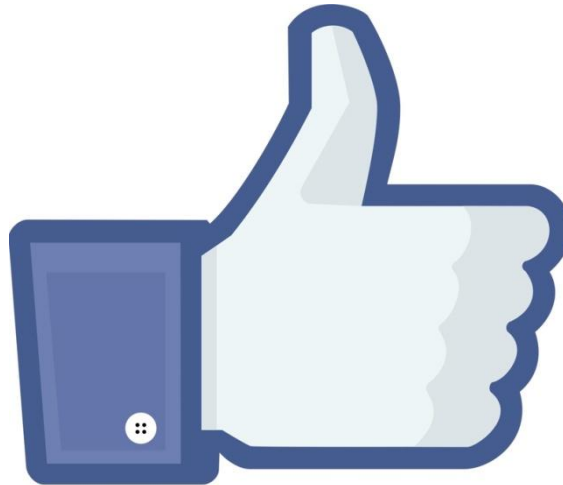
Orientation

CBT	33.7%
PDT	22.0%
Integrative	18.3%
Humanistic	5.0%
Family Systems	5.1%

Only 1 theoretical orientation	15.0%
Mean number of orientations	3.0 (SD = 1.54)

Top Rated Items

- Items with high consensus for their importance
 - > 70% rated these items as “very” or “extremely” important

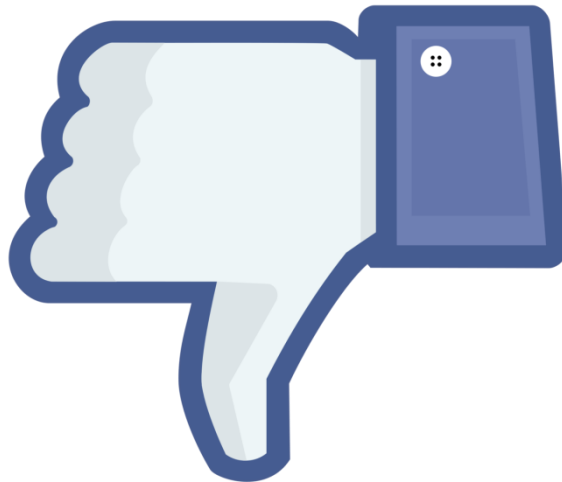


Top Rated Items

Rank	How Important is it to you to have practice based research on: 0 (not important), 1 (slightly important), 2 (moderately important), 3 (very important), 4 (extremely important)	<i>M</i>	<i>SD</i>	% Rated ≥ 3
1	Understanding the mechanisms of change in therapy	3.36	.77	88.5
2	The therapeutic relationship	3.33	.83	84.4
3	Methods to effectively train psychotherapists	3.07	.88	78.4
4	Psychotherapists' use of reflection to improve their own clinical practice	3.07	.89	77.3
5	Problems in the therapeutic relationship	3.05	.87	76.4
6	Tailoring psychotherapy to the client's motivation, expectations, and readiness	2.99	.88	75.9
7	Client symptoms and characteristics	2.93	.85	74.6
8	Psychotherapists' training or professional development	2.93	.88	73.6
9	Common factors across psychotherapy approaches (e.g., alliance; empathy; client expectations)	2.93	.93	71.5

Bottom Rated Items

- Items with low consensus for their importance
 - < 50% rated these items as “very” or “extremely” important



Bottom 10 Rated Items

Rank	How Important is it to you to have practice based research on: 0 (not important), 1 (slightly important), 2 (moderately important), 3 (very important), 4 (extremely important)	<i>M</i>	<i>SD</i>	% Rated ≥ 3
32	Stigma related to mental illness	2.36	1.01	43.4
33	Matching therapy or therapist to client characteristics	2.30	1.01	41.9
34	Progress monitoring (effect on process)	2.30	1.06	44.3
35	New technologies in psychotherapy (effects on outcomes)	2.30	1.04	43.9
36	New technologies in psychotherapy (effect on processes)	2.28	1.06	43.1
37	Training other healthcare providers in basic psychotherapy skills	2.26	1.10	42.7
38	Using progress monitoring in practice	2.23	1.08	41.8
39	Using manualized psychotherapies	1.98	1.12	32.7
40	Adherence to manualized treatments	1.81	1.06	25.3
41	The practice of matching client and therapist characteristics	1.80	1.03	23.1

Ranking of Major Themes

- Principal Components Analysis of 41 Survey Items with Promax rotation
- 9 component solution accounted for 60.2% of the variance
- Largest correlation among components was $r = .49$



Rank	Component	Example Items	<i>M</i>	<i>SD</i>
1	Therapeutic Relationship/ Mechanisms of Change	Common factors across therapies (alliance, empathy, expectations) Problems in the therapeutic relationship (alliance ruptures and repairs) Understanding mechanisms of change Boundaries of the therapeutic relationship and effects on process	3.10	.63
2	Therapist Factors	Use of research to inform practice Reflection to improve own practice Self care and well-being Reflecting on own internal experiences	2.88	.71
3	Training/ Professional Development	Professional development to improve practice Effects of ongoing psychotherapy training on process of therapy Professional development to improve patient outcomes	2.85	.74
4	Client Factors	Tailoring expectations of therapy to client motivation, expectations, readiness Preparing clients for psychotherapy for process of therapy Client symptoms and characteristics and effects on therapist decisions	2.80	.70
5	Barriers and Stigma	Barriers to accessing psychotherapy (culture, language, economic, diagnosis) Mental illness stigma and effects on seeking or receiving psychotherapy Effect on mental health stigma on outcomes	2.57	.86
6	Technology and Adjunctive Interventions	Importance of adjuncts to psychotherapy (physical exercise, bibliotherapy) Effects of incorporating new technologies on the process of psychotherapy Effects of incorporating new technologies on outcomes	2.39	.83
7	Progress Monitoring	Use of standardized client self reports and feedback to track progress Effects of progress monitoring on psychotherapy process Effects of progress monitoring on psychotherapy outcomes	2.31	.97
8	Matching Client to Therapist or Therapy	Matching client and therapist characteristics How to provide psychotherapy to clients with different characteristics from therapist Effects of matching client to therapy or therapist on outcomes	2.17	.81
9	Treatment Manuals	Real world applications of manual-based interventions Effect of adherence to manuals on psychotherapy process Effect of psychotherapy manuals on outcomes	2.14	.98

Method – Post Survey

- Two focus groups of clinicians ($n = 21$) to help to interpret the findings
 - “Were you surprised by the survey findings?”
 - “Which top items, which bottom items?”
 - “Would say that these findings are a good indication of the research priorities of psychotherapists?”
- Inductive approach to content coding
- Used the content coding results to help to interpret the Survey results

Discussion – Bottom Themes

- Research themes that are less likely to engage clinicians
 - Technology and adjunctive interventions
 - an emerging area of research
 - Progress monitoring and feedback
 - hot topic in psychotherapy research
 - psychotherapists may not be aware of progress monitoring (Boswell et al., 2015; Ionita & Fitzpatrick, 2013)
 - Treatment manuals
 - large body of research with many implications for practice

Discussion – Bottom Themes

Perceived as external and imposed constraints and agendas?

- “Not immediately relevant to therapists”
- “Not relevant to what is occurring in the therapy room”
- “Give me something I can use with most clients”
- “Manuals create a distance – which is the opposite of developing a bond”
- “Lack of awareness in general about progress monitoring”
- “Progress monitoring can interfere with the relationship”

Discussion – Top Themes

There is a large research base on...

(1) Therapeutic Relationships

(2) Therapist Factors

(3) Client Factors

- “Reflect what clinicians think first and foremost”
- “What happens in the therapy room is most important to the therapist”
- “Research on what would make me a better therapist”
- “Factors that address how to best treat this particular patient”

Discussion – Top Themes

Little research on training and professional development in psychotherapy

- Some good research on methods of medical education
- A potentially fruitful area for clinicians to be involved and have input

Next Steps



- Survey results to direct practice based research
 - Clinicians defined research themes that are important to their practice

Next Steps

- Specific research on training and professional development in psychotherapy
 - Addresses issues of isolation in private practice
 - Does participation in a psychotherapy continuing education research program:
 - Enhance uptake of psychotherapy research
 - Improve reflection on therapists' internal experiences
 - Increase recognition and repair of alliance ruptures

Knowledge Translation and Exchange

- Efforts at dissemination of psychotherapy research have not been effective
- Need a new approach to translate research
- Knowledge Translation and exchange is a more promising approach

Knowledge Translation and Exchange

Researchers:

- Change attitudes towards clinicians
- Invite clinicians on research teams
- Acknowledge the wealth of knowledge held by clinicians
- Reduce barriers by encouraging adjunct appointments for clinicians
- Fund clinician time through research budgets
- See practice-based research as being as important as RCTs



Knowledge Translation and Exchange

Clinicians:

- Must change attitudes about research
- Have a responsibility to provide care that is backed by evidence
- Stay on top of the research evidence
 - Meta analyses
 - Short research reviews
 - www.societyforpsychotherapy.org; www.pprnet.ca
- Participate in practice research networks

Practice Research Networks Around the World

U.S.A.

- Penn State University Training Program
 - Training program transformed into a practice research network (Castonguay et al., 2015)
- Pennsylvania Psychological Association Practice-Research Network
 - Research collaboration between clinicians in private practice and researchers (Borkovec et al., 2001).
- Health Maintenance Organizations
 - Implementation of routine outcome monitoring (Boswell et al., 2015)

UK and Sweden

- UK and Swedish National Health Systems
 - Studies of shared standardized measures of treatment outcomes in national health services (Holmquist et al., 2015)
 - Evaluations of rate of recovery and time to recovery among patients in UK national health service (Stiles et al., 2015).

Germany

- German Health System (Strauss et al., 2015)
 - Effectiveness of theoretical orientations and services
 - Feedback procedures
 - Patterns and prediction of change
 - Health-related costs of psychotherapy



- Over 800 members (mostly clinicians)
- Blog provides monthly synopses of the most current research.
 - To make research accessible to clinicians
 - To engage researchers and clinicians in practice-based research

Join: www.pprnet.ca

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