Abstracts from other Journals

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Naturalistic Research: A Suitable Paradigm for Psychotherapy

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This review will focus on research — not particularly the results of research, although some will be mentioned, but on approaches and attitudes to research in psychotherapy. The brief given to me by the editors was to review my choice of literature published between January and June 2013. In meeting the brief I decided to focus on a research report by Rolf Holmqvist, Thomas Ström and Anniqa Foldemo, and, although their results are interesting, it is the philosophy and method of their research in which I am particularly interested.

I was prompted to write to Professor Holmqvist because he had been widely quoted on the internet (see, for instance, Knopf, 2012; Evans, 2013) as questioning the effectiveness of cognitive behavioural (CBT). When I asked for the original reference, Professor Holmqvist replied:

> I think what I said has been exaggerated by hopeful non-CBT therapists. But the fact is that the Swedish federal authorities have a more nuanced view of the effects of different treatments now than they had some years ago. And my personal view is that by and by the strict distinction in evidence-based and non-evidence-based treatments will fade and give room for a more adequate perspective on the results of psychotherapy research. (R. Holmqvist, personal communication, 12th July, 2013)

He also sent me a copy of another article on which he and Björn Philips (both of the Department of Behavioural Sciences and Learning, Linköping University, Sweden), and Michael Barkham (of the Centre for Psychological Services Research, University of Sheffield, UK) are working. At the time this issue went to press, this article is still in preparation but it will be published in the journal *Psychotherapy Research* (http://www.

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tandfonline.com/toc/tpsr20/current). In this review, I refer to both articles as they work together to give a more complete picture, outlining a philosophy of "practice-based evidence" as distinct from "evidence-based practice", a philosophy which underpins the optimistic statement from Holmqvist (quoted above), and which would seem to provide an approach to research that might be (more) acceptable to psychotherapists.

My concern about evidence in and for psychotherapy has been longstanding, possibly because my first academic passion was science — specifically, physics and maths — and my first degree was in psychology. Some years ago, in response to a report from the New Zealand Psychologists' Board suggesting that psychotherapy was "unscientific and lacking evidence" (Surgenor, 2006), I decided to attempt a commentary on evidence related to psychotherapy practice (Manning, 2011). I confess that this was something of a defensive reaction — not the best way to conduct research, even the kind that only consists of reviewing other people's work — but there have been enough responses for it to seem worthwhile, whatever the motive.

At that time (two years ago), the "gold standard" required by the American Psychological Association (APA) for research to be accepted and cited as "evidence-based" was at least two randomised controlled trials (RCTs) on and supporting a particular treatment approach. The problems with RCTs and the difficulty applying that research method to psychotherapy or, indeed, to any long-term intervention, and thus the dearth of RCT-based evidence for psychotherapy, have long been understood (Leichsenring, 2005; Leichsenring & Rabung, 2008), but this standard was associated with a disparaging attitude towards psychotherapy.

Meanwhile, evidence supportive of psychotherapy has been accumulating from other sources (Fonagy, Roth, & Higgitt, 2005; Arkowitz & Lilienfeld, 2006; Fonagy, 2006; Beutler, 2009; Schedler, 2010; Chorpita, 2011; Karlsson, 2011; Bradley, 2013); and, even despite their inherent problems, there have been some RCTs adding to this growing literature (e.g. Cooper & Reeves, 2012; Goldman & Wade, 2012).

In a watershed resolution passed in August 2012, and after an exhaustive review of evidence, the APA (2012) endorsed psychotherapy as producing "large effects … quite constant across most diagnostic conditions" (p. 1).

Over this period we have seen the use of a rich and developing resource of tools: post-session questionnaires and self-reports (Searle, Lyon, Young, Wiseman, & Foster-Davis, 2011; Lutz et al., 2013; Mander et al., 2013); a Psychodynamic Interventions Rating Scale (Banon et al., 2013); and the CORE-OM (Clinical Outcomes in Routine Evaluation –Outcome Measure (Barkham, Bewick et al. 2013), used by Rolf Holmqvist and his collaborators.

Some topics previously thought difficult to measure have been successfully researched, including the working alliance (Doran, Safran, Waizmann & Muran, 2012; Owen, Reese, Quirk, & Rodolfa, 2013); transference, countertransference, therapist emotional expression, and session quality (Markin, McCarthy, & Barber, 2013); and therapists' and patients' attachment styles (Petrowski, Pokorny, Nowacki, & Buchheim, 2013). There has been an encouraging number of studies of psychotherapy in the public sector (for instance, Hepple 2012; Marx & Marx 2012); and there is an ongoing debate about how to engage psychotherapists meaningfully with research (for instance, Midgley 2012; Reeves

2012; Thurin, Thurin, & Midgley, 2012; Widdowson, 2012).

Along with this proliferation of research, there is an increasing emphasis on monitoring psychotherapy in routine practice (Kramer et al., 2013). This is the approach referred to by both Barkham and Holmqvist as "practice-based evidence". Rather than set up a study of a particular treatment (the RCT model), monitoring routine practice looks at what therapists actually do in their regular everyday contact with clients as a means of studying what works, and under what conditions.

We are tribal organisms, tied to culture and method and theory, tending to adopt one paradigm in opposition to another. This is evident in the enthusiastic misquotations of Holmqvist's work mentioned above, where therapists who primarily use psychodynamic thinking appear to wish to discredit "cognitive" methods. Among cognitive therapists, measurement is an everyday activity, while for psychodynamic practitioners, in whose work the subtleties of transference and counter-transference are paramount, measurement can seem almost an affront. In this regard, the routine measurement approach represented by the CORE-OM and similar tools stands out as an opportunity to "side-step the 'paradigm wars' and find new ways of engaging with the mandate to measure" (Casey, 2012). Perhaps not surprisingly, clients seem happier than their therapists when routine outcome measurement is used (Unsworth, Cowie, & Green, 2012).

The paper which is the focus of this discussion looks at psychological treatment in routine practice in primary care in Sweden, comparing the three frequently-used methods: directive (cognitive, behavioral and CBT), reflective (psychodynamic and relational), and supportive therapy. The CORE-OM was used, and therapists and clients were asked to code each treatment. Treatments were short: the median was six sessions.

An important aspect of this study is that the therapists coded each treatment *after* it had been completed. This is very different from an approach where the treatment is determined in advance. It recognises that competent therapists respond to the needs of their clients in a flexible way, rather than uniformly applying a method. This is the essence of evidence-based practice, as distinct from practice-based evidence: an attempt to study what actually happens rather than determine what *should* happen. It is assumed that the therapist is competent, and will decide what to do in response to the client from moment to moment, and will be able to describe and categorise what was done after the event.

The study was reasonably large: 733 therapies carried out by 70 therapists. The results on the whole were very positive: 43% remitted, 34% recovered. For those receiving five or more sessions, the figures were 50% and 40%, respectively. Directive therapy and reflective therapy had comparable outcomes, with supportive therapy producing poorer results. However, the age range in the latter group was higher, and the number of sessions lower. The results are congruent with previous work cited in the paper.

For those of us who sometimes work in short time frames these results are encouraging, though a psychotherapist who is used to delivering therapy in much larger doses than six sessions might question their relevance. The importance of the study, and others like it, is that routine practice can be evaluated, the results fed back to both the practitioners and to those authorities responsible for funding the activity. Unlike RCTs, which unreasonably require consistent manualised activity from the therapist, making them unsuitable for

any situation where the relationship between therapist and client becomes an important variable, this naturalistic approach is applicable to both long- and short-term interventions. As the authors point out, the specific training, supervision and controlled intervention required of an RCT does not exist in routine, everyday psychotherapy.

Moreover, in the RCT approach, recovery from a symptom or clinical condition — anxiety or low mood for instance — is the aim of RCT-style research, but clients in routine practice do not usually present with one symptom. People commonly present for therapy with a complex array of functional impairment, discomfort, relationship issues and economic and social pressures, rarely falling neatly into a diagnostic category. The demand for such categorisation is a continual irritant to many of us. As the authors point out, therapists in routine care "usually use the breadth of their clinical competence in treatment delivery in order to tailor the treatment for the individual patient."

Effect size is a common measure of the effect of treatment, expressed as a function of the standard deviation of the population in the pre-treatment condition; an effect size of 0.6-0.8 is a good result, an effect size in excess of 1.0 is very good. The effect sizes between naturalistic studies and RCTs seem at least comparable and, in some cases, the routine situation seems to produce effects larger than those anticipated according to RCTs. The authors quote effect sizes of 0.8-1.12 in routine care and, in one UK study, an affect size of 1.39. Typically, a comparison of models, in the latter case cognitive behavioural therapy, psychodynamic therapy, and person-centered therapy, show no differences.

Although, in their latest article, Holmqvist, Phillips and Brakham (in production) suggest that RCTs and naturalistic studies "are in fact complementary paradigms as both are needed in order to build a robust and rigorous science of the psychological therapies", they acknowledge in both papers that the RCT paradigm is dominant, particularly in determining what treatment is funded by health authorities: "These national bodies place a central value on a *top-down model* in which evidence from randomized trials is then mandated in routine practice via clinical guidelines." In contrast, the naturalistic approach described by the authors "assumes a *bottom-up model* whereby routine data is used at an individual level and locally within the service but then also accumulated across services and used to generate a higher-order evidence base."

In the first, published paper, the authors suggest the common view "that patients should receive treatment according to their ability to make use of the method" (p. **2**), while acknowledging that national political agendas (and budgets) require an assurance that what is being done is effective:

> A major tension at the level of measure development has been balancing responsiveness to practitioners' needs — that is, ensuring measures are fit for purpose and appropriate for specific populations — whilst at the same time delivering to a national agenda in an increasingly outcomes-oriented and politicized health delivery system — that is, meeting the requirement of the current political space. (p. 15)

The naturalistic method, in which both patient and therapist provide data, is capable of assessing such contextual variables as level of therapist training; the relationship between

treatment alliance and outcome; agreement between therapist and client in the perception of symptoms; fluctuations in wellbeing over time; and outcomes for clients who drop out as well as for those who complete. The effect of combinations of psychological, relational, social and economic issues can be assessed, freeing the researcher from the prison of diagnostic categories and allowing a broader definition of functioning. The method allows for the everyday practice of routinely matching clients to therapists, rather than demanding an artificial randomization. Overall, the method provides an extremely optimistic picture of outcomes in routine psychotherapy practice.

Holmqvist, Philips and Barkham (2013 — in preparation) point out that the naturalistic method is not without its problems, principally, that there is no control of treatment integrity: what happens is reported by therapist and client, but not observed. Nevertheless, for this author and practitioner, the method is significant as it seems to provide an answer to the imperative to measure, a not unreasonable demand of funders, while offering an approach that is likely to be acceptable to most psychotherapists, and, apparently to a greater extent, to most clients.

References

American Psychological Association. (2012). *Recognition of psychotherapy effectiveness*. Retrieved 31st May, 2013, from http://www.apa.org/about/policy/resolution-psychotherapy.aspx.

Arkowitz, H., & Lilienfeld, S. O. (2006). Psychotherapy on trial. *Scientific American Mind*, *17*, 42-49.

Banon, E., Perry, J. C., Semeniuk, T., Bond, M., de Royen, Y., Hersoug, A. G., & Despland, J. N. (2013). Therapist interventions using the Psychodynamic Interventions Rating Scale (PIRS) in dynamic therapy, psychoanalysis and CBT. *Psychotherapy Research*, *23*(2), 121-136.

Barkham, M., Bewick, B., Mullin, T., Gilbody, S., Connell, J., Cahill, J. … Evans, C. (2013). The CORE-10: A short measure of psychological distress for routine use in the psychological therapies. *Counselling and Psychotherapy Research*, *13*(1), 3-13.

Beutler, L. E. (2009). Making science matter in clinical practice: Redefining psychotherapy. *Clinical Psychology: Science and Practice*, *16*, 301-317.

Bradley, R. (2013). *Was Freud right? Is intensive psychotherapy needed to harness the brain's natural plasticity?* (Master's thesis, AUT University, Auckland, Aotearoa New Zealand)

Casey, A. (2012). Engaging meaningfully with outcome measurement. *British Journal of Psychotherapy*, *28*(4), 516-530.

Chorpita, B. F., Daleiden, E. L., Ebesutani, C., Young, J., Becker, K. D., Nakamura, B. J. … Starace, N. (2011). Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. *Clinical Psychology: Science and Practice*, *18*, 154-172.

Cooper, M., & Reeves, A. (2012). The role of randomised controlled trials in developing an evidence-base for counselling and psychotherapy. *Counselling and Psychotherapy Research*, *12*(4), 303-307.

Doran, J. M., Safran, J. D., Waizmann, V., Bolger, K., & Muran, J. C. (2012). The alliance negotiation scale: Psychometric construction and preliminary reliability and validity analysis. *Psychotherapy Research*, *22*(6), 710-719.

Evans, J. (2013). *Sweden opens up CBT monopoly, gives nod to psychodynamic therapies*. Retrieved 31st May, 2013, from http://philosophyforlife.org/sweden-opens-up-cbt-monopoly-gives-nod-

to-psychodynamic-therapies/ .
Fonagy, P. (2006). Evidence-based psychodynamic psychotherapies. In *Psychodynamic Diagnostic Manual* (pp. 765-818). Silver Spring, MD: Alliance of Psychoanalytic Organisations.
Fonagy, P., Roth, A., & Higgit, A. (2005). Psychodynamic psychotherapies: Evidence-based practice and clinical wisdom. *Bulletin of the Menninger Clinic, 69*(1), 1-58.
Goldman, D. B., & Wade, N. G. (2012). Comparison of forgiveness and anger-reduction group treatments: A randomized controlled trial. *Psychotherapy Research*, *22*(5), 604-620.
Hepple, J. (2012). Cognitive-analytic therapy in a group: Reflections on a dialogic approach. *British Journal of Psychotherapy*, *28*(4), 474-495.
Holmqvist, R., Philips, B., & Barkham. (2013 - in preparation). *Developing and delivering practice-based evidence: Observations, tensions, and challenges.*
Holmqvist, R., Ström, T., & Foldemo, A. (2013). The effects of psychological treatment in primary care in Sweden — A practice-based study. *Nordic Journal of Psychiatry*, 64, 1-9.
Karlsson, H. (2011, 8th August). How psychotherapy changes the brain: Understanding the mechanisms. *Psychiatric Times*, *28*, pp. 1-5.
Knopf, H. (2012). *CBT studies in Sweden - Linkedin discussion on existential therapy*. Retrieved 31st May, 2013, from http://www.linkedin.com/groups/CBT-studies-in-Sweden-extract-3471595%2ES%2E129485360?view=&srchtype=discussedNews&gid=3471595&item=129485360&type=member&trk=eml-anet_dig-b_pd-ttl-cn&fromEmail=&ut=3FMjrqM1LcoRQ1.
Kramer, U., Berthoud, L., Koch, N., Michaud, L., Guex, P., Despland, J-N. (2013). Monitoring the effects of adult psychotherapy in routine practice in Switzerland: A feasibility trial. *Counselling and Psychotherapy Research*, *13*(2), 145-150.
Leichsenring, F. (2005). Are psychodynamic and psychoanalytic therapies effective? A review of empirical data. *International Journal of Psychoanalysis*, *86*, 841-868.
Leichsenring, F., & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy. *Journal of the American Medical Association*, *300*(13), 1551-1565.
Lutz, W., Ehrlich, T., Rubel, J., Hallwachs, N., Röttger, M. A., Jorasz, C. … Tschitsaz-Stucki, A. (2013). The ups and downs of psychotherapy: Sudden gains and sudden losses identified with session reports. *Psychotherapy Research 23*(1), 14-24.
Mander, J. V., Wittorf, A., Schlarb, A., Hautzinger, M., Zipfel, S., & Sammet, I. (2013). Change mechanisms in psychotherapy: Multiperspective assessment and relation to outcome. *Psychotherapy Research*, *23*(1), 105-116.
Manning, S. (2011). Is psychotherapy any good? A review of evidence relating to psychodynamic psychotherapy. *Forum* [The Journal of the New Zealand Association of Psychotherapists], *15*, 74-91.
Markin, R. D., McCarthy, K. S., & Barber, J. P. (2013). Transference, countertransference, emotional expression, and session quality over the course of supportive expressive therapy: The raters' perspective. *Psychotherapy Research*, *23*(2), 152-168.
Marx, R., & Marx, S. (2012). The eyes and the "I": The construction and use of the observer in cognitive-analytic psychotherapy and mindfulness-based therapy. *British Journal of Psychotherapy*, *28*(4), 496-515.
Midgley, N. (2012). The therapist's perspective on participation in research: Learning from experience. *Counselling and Psychotherapy Research*, *12*(3), 165-166.

Owen, J., Reese, R. J., Quirk, K., Rodolfa, E. (2013). Alliance in action: A new measure of clients' perceptions of therapists' alliance activity. *Psychotherapy Research*, *23*(1), 67-77.

Petrowski, K., Pokorny, D., Nowacki, K., & Buchheim, A. (2013). The therapist's attachment representation and the patient's attachment to the therapist. *Psychotherapy Research*, *32*(1), 25-34.

Reeves, A. (2012). Research as a bridge between individual experience and collective knowledge. *Counselling and Psychotherapy Research*, *12*(2), 83-83.

Schedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, *65*(2), 98-109.

Searle, L., Lyon, L., Young, L., Wiseman, M., & Foster-Davis, B. (2011). The young people's consultation service: an evaluation of a consultation model of very brief psychotherapy. *British Journal of Psychotherapy*, *27*(1), 56-78.

Surgenor, L. D. (2006). Letter [regarding the Consultation on the form of regulation of psychotherapy under the *Health Practitioners Competency Assurance Act 2003*]. Wellington, New Zealand Aotearoa: Ministry of Health.

Thurin, J-M., Thurin, M., & Midgley, N. (2012). Does participation in research lead to changes in attitudes among clinicians? Report on a survey of those involved in a French practice research network. *Counselling and Psychotherapy Research*, *12*(3), 187-193.

Unsworth, G., Cowie, H., & Green, A. (2012). Therapists' and clients' perceptions of routine outcome measurement in the NHS: A qualitative study. *Counselling and Psychotherapy Research*, *12*(1), 71-80.

Widdowson, M. (2012). Perceptions of psychotherapy trainees of psychotherapy research. *Counselling and Psychotherapy Research*, *12*(3), 178-186.

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