



# **The Empirical Evidence**

## What Works in Therapy



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## Evidence-based Practice in Medicine

- Originated in UK
  - Use research evidence to inform medical practices
  - Streptokinase
- Institute of Medicine
  - (2001, from Sacket et al. 2000)
  - *Crossing the quality chasm: A new health system for the 21<sup>st</sup> century*

## Evidence-based practice

IOM: Evidence-based practice is the integration of best research evidence with clinical expertise and patient values

APA: Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences

American Psychologist, May 2006

## APA: Best research evidence

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Best research evidence refers to scientific results related to intervention strategies, assessment, clinical problems, and patient populations in laboratory and field settings as well as to clinically relevant results of basic research in psychology and related fields.

## APA: Clinical Expertise

Clinical expertise is used to integrate the best research evidence with clinical data (e.g., information about the patient obtained over the course of treatment) in the context of the patient's characteristics and preferences to deliver services that have a high probability of achieving the goals of treatment.... . Moreover, psychologists understand how their own characteristics, values, and context interact with those of the patient.

## **Patients' Characteristics, Values, and Context**

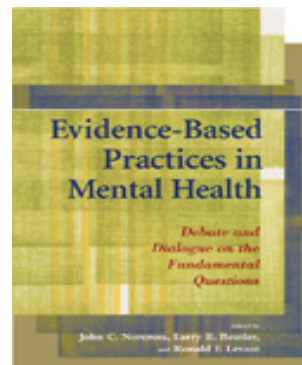
Psychological services are most effective when responsive to the patient's specific problems, strengths, personality, sociocultural context, and preferences.

## The Focus of Evidence?

- Treatment methods
- The therapy relationship
- Principles of change
- The therapist
- Active client

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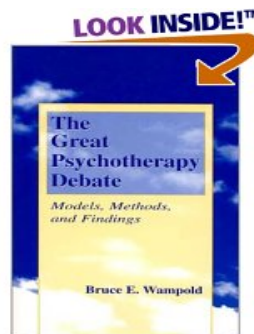


## Treatment?

- Designation of preferred or indicated treatments
- Empirically supported treatments (ESTs)
  - 1993: Task Force on Promotion and Dissemination of Psychological Procedures, Div 12 of the APA
  - Identification of treatments that “work”
  - Patterned after FDA criteria for drug approval
- Evidence-based treatments (EBTs)
  - Not an official designation, self-assigned.

## Evidence for Treatments

- Wampold et al. 1997
  - All treatments equally effective
  - For particular disorders?
  - For children?



## Do Do Bird for Specific Cases: Depression

- ESTs: behavioral therapy, cognitive therapy, interpersonal therapy, brief dynamic therapy, reminiscence therapy, self-control therapy, social problem solving therapy,
- The case of process-experiential therapy
- Behavioral/cognitive behavioral not superior to verbal therapies intended to be therapeutic
- Dynamic therapies produce effect sizes comparable to CBT

## Do Do Bird for Specific Cases

- Response Prevention/Exposure for OCD?
- PTSD
  - Prolonged exposure, CBT, EMDR, hypnotherapy, psychodynamic, trauma desensitization, present-centered therapy
  - No differences (Benish, Imel, & Wampold)
- Alcohol treatments
  - Motivational interviewing, 12 step, cognitive
  - No differences (Imel et al., in preparation)

## Do Do Bird for Specific Cases-- Children

- Depression and Anxiety
  - CBT = non-CBT (when intended to be therapeutic) Spielmanns, Pasek, & McFall, in press
- Depression, anxiety, conduct disorder, ADHD
  - Small differences
  - Entirely explained by allegiance of researcher
    - Miller, Wampold, & Varhely, in press

## Evidence-based Treatments v. Treatment as Usual

- Some examples of EBT superior to TAU
  - Panic Control Therapy > TAU (Addis et al., 2004)
  - DBT > Therapy by “experts” (Linehan et al., 2006)
  - EBT > Usual Care for children, meta-analysis
    - Weisz, Jensen-Doss, & Hawley, 2007
- Issues
  - Allegiance
  - Small effects
  - Extra training

# Benchmarking

- **Benchmarks established by clinical trials** (Minami et al., 2007)
  - Adult major depressive disorder
  - Pre to posttest
  - All clinical trials involving EBT
  - Meta-analysis, overall effect for intent to treat .795
- **Clinical Practice** (Minami et al., submitted)
  - 12,743 Patients with MDD, 3225 therapists
  - Effect size .755

## Alliance summary

- Robust correlation of Session 3 alliance and outcome
- Not confounded by improvement
- Client rated alliance best predictor
- Predictive across therapies
- $d = .45$ , 5% of variability in outcome
- Therapist or patient contribution?

## Alliance

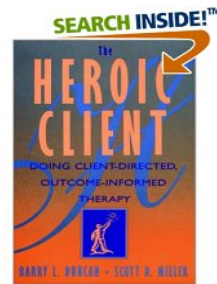
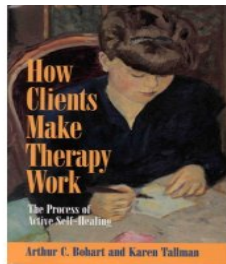
- Bond & Feeling Understood (Explanation)
- Agreement on Goals (Explanation)
- Agreement on Tasks (Procedures)

## Principles of Change (Beutler & Castonguay)

- Activation for depressed patients
- Exposure for avoidant patients



## Active Clients (Bohart, Duncan)



Variability in outcomes accounted for by patients

No choice in patients served (unless clinical trial)

## Therapists

- Question: What accounts for variability in outcomes?
- Do therapists vary in the outcomes achieved by their patients? (Above chance variation)
- Do some therapists consistently produce better outcomes than others, regardless of patient characteristics?

## Effects as Percentage of Variability of Termination Score

- Pretest – 40% to 50%
- Tx v. No Treatment– about 13%
- Treatment A v. Treatment B– at most 1%
- Alliance– 5% to 9%
- Therapist....

## Variance due to Tx and Therapists in NIMH study of Depression (CBT & IPT)

Variable	Treatment	Therapist
BDI	0%	
HRSD	0%	
HSCL-90	0%	
GAS	0%	

## Variance due to Tx and Therapists in NIMH study of Depression (CBT & IPT)

Variable	Treatment	Therapist
BDI	0%	5% to 11%
HRSD	0%	1% to 12%
HSCL-90	0%	3% to 10%
GAS	0%	8% to 12%

## Variance due to therapists in practice

- 581 Therapists, 6146 patients
- More heterogeneous patients
- Diagnosis, degree, experience, 0 percent
- Medication, 1 percent (but dependent on psychotherapist)
- Providers 5 percent
- Top quartile produced twice the effect of the lowest quartile in subsequent year

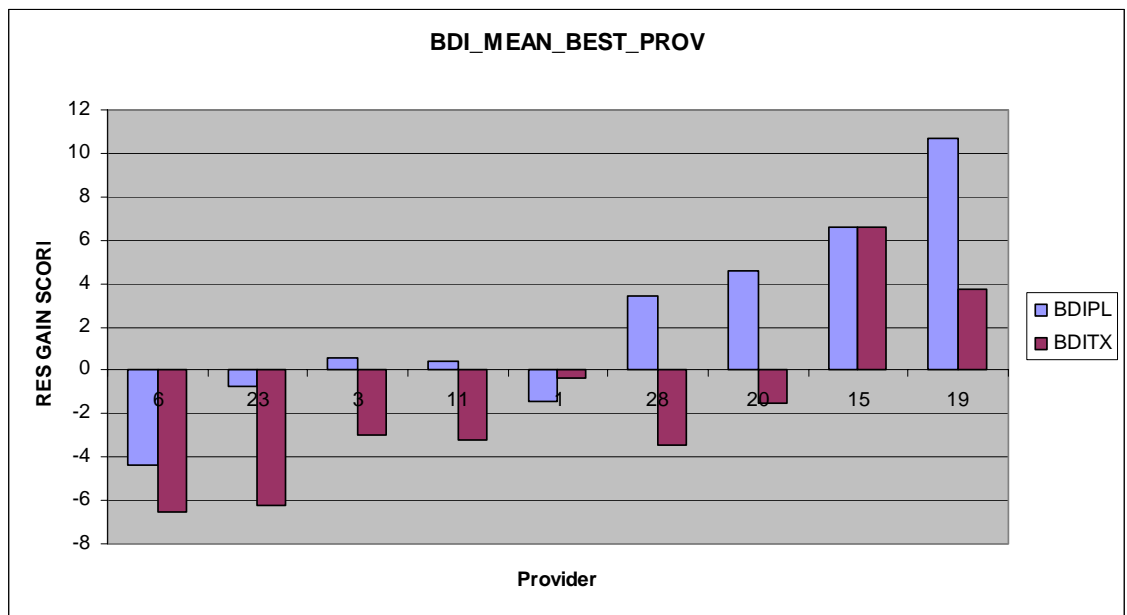
– Wampold & Brown, JCCP, 2006

## Therapist Effects in Psychopharmacology

- Antidepressants: Imipramine v. Placebo
- 3% due to treatment
- 9% due to therapist
- Best therapists get better outcome with placebo than worst therapists with imipramine

● McKay, Imel, & Wampold, 2006

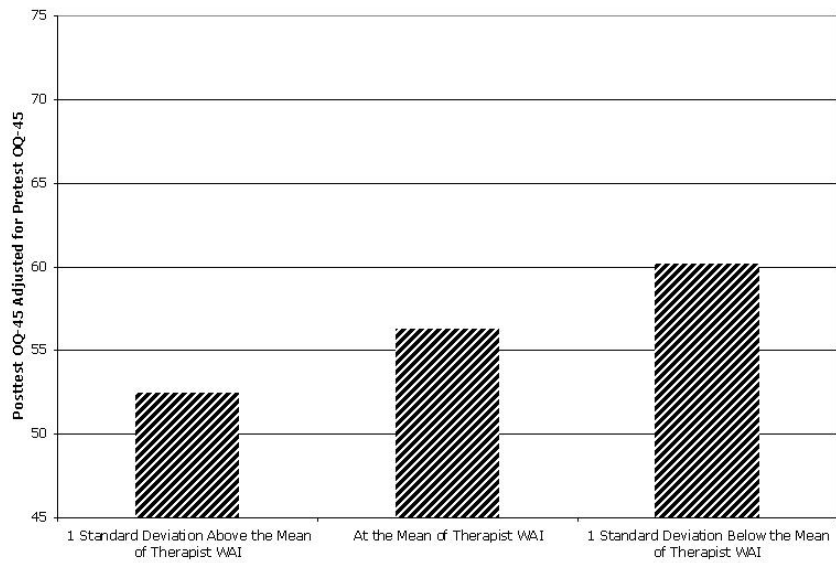
# Therapists– Psychopharm



## Characteristics and Actions of Effective Therapists

- **Consult Buetler** (Handbook of Psychotherapy and Behavior Change)
  - We don't know
  - And we don't care (or at least researchers are uninterested in the topic)
- **Alliance?**
  - Alliance measured early in therapy related to outcome
  - Therapist contribution, patient contribution, or interaction?
  - Therapist variability in alliance related to outcome (Baldwin, Wampold, & Imel, in press)

# Size of Effect



## Conclusions

- Do not mandate treatments
- Focus on sources that explain variability
  - Alliance
  - Therapist
- Research on what makes therapy effective
- Outcome informed practice