

How to Improve Quality of Services by Integrating Common Factors into Treatment Protocols

Bruce E. Wampold, Ph.D., ABPP

Patricia L. Wolleat Professor of Counseling Psychology

University of Wisconsin-- Madison



Director
Research Institute
Modum Bad Psychiatric Center
Vikersund Norway

Fishermen in Luarca Spain

Deciding whether to
fish on foul weather
days





Eusocial animals

Fishermen in Luarca Spain

**Deciding whether to
fish on foul weather
days**

Group level evolution:
Survival of the fittest
Group

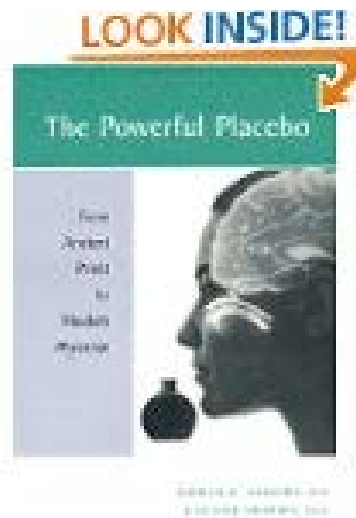
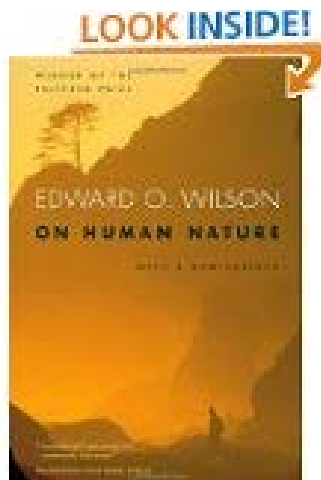
Multilevel:
Group and Individual

Breeding Chickens?

E. O. Wilson

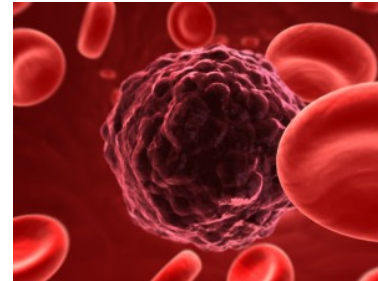
Healing in an social context

- Ants do it! (and bees)
- Facial Expression of Pain
- Human healing practices



Some distinctions....Disease and Illness

- Disease
 - Pathophysiology
 - Affects the organism
- Illness
 - Lived experience (phenomenology)
 - Affects the person



Some distinctions....Types of healing

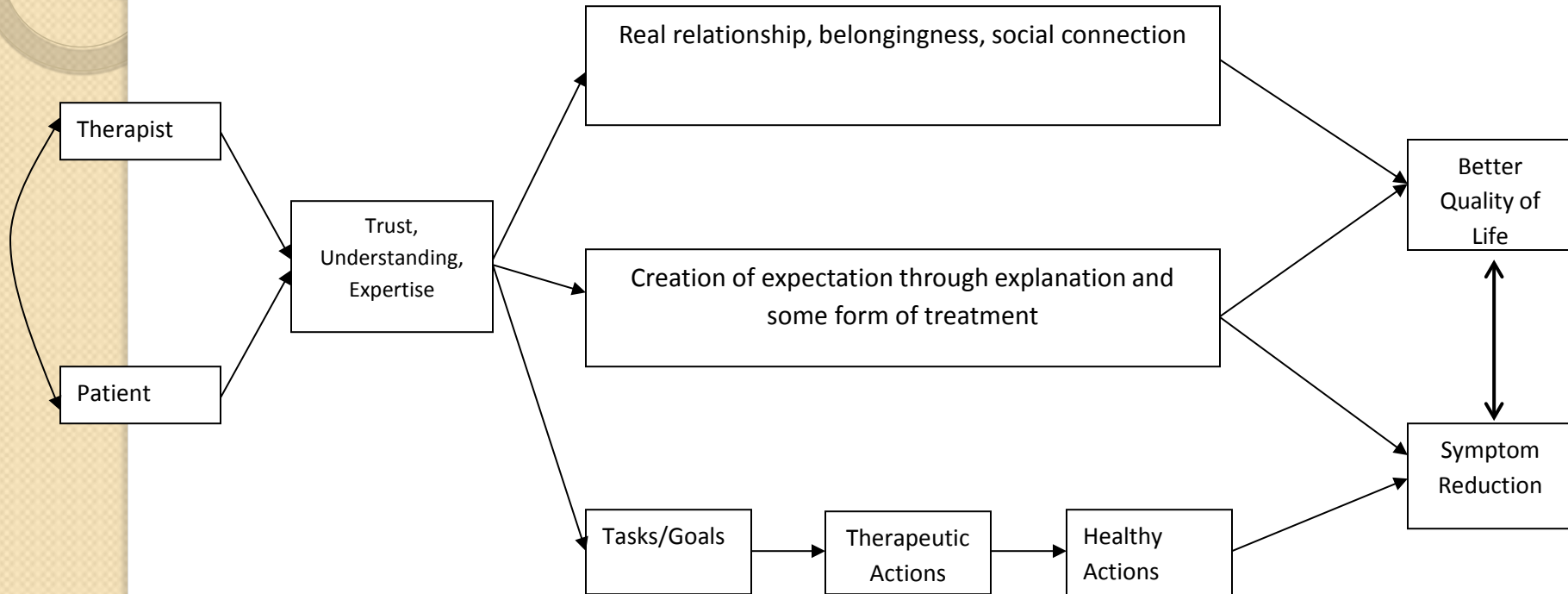
- **Natural healing**
 - Unmediated by technology (i.e., intervention)
 - E.g., immune system
- **Technological healing**
 - Intervention that remediates pathophysiology
 - Patient passive recipient
 - Western medicine
- **Interpersonal Healing**
 - Human interaction, active involvement of patient
 - Conscious patient, meaning making, experience
 - Focused primarily on illness rather than disease



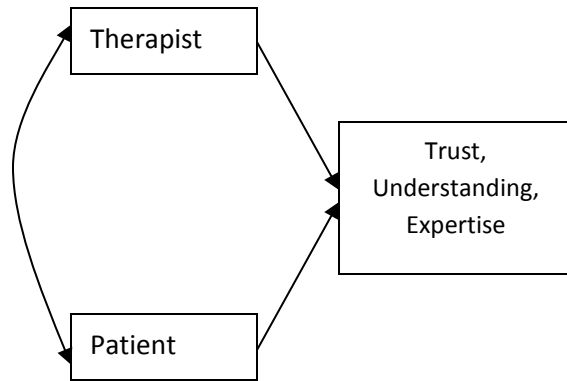
Interpersonal healing of illness— What we know

- Psychotherapy is effective
- Demonstrated in RCTs and in practice
- As effective as medications
- Longer lasting, fewer side effects, less resistant to addition courses
- How does it work?

Relationship Elements



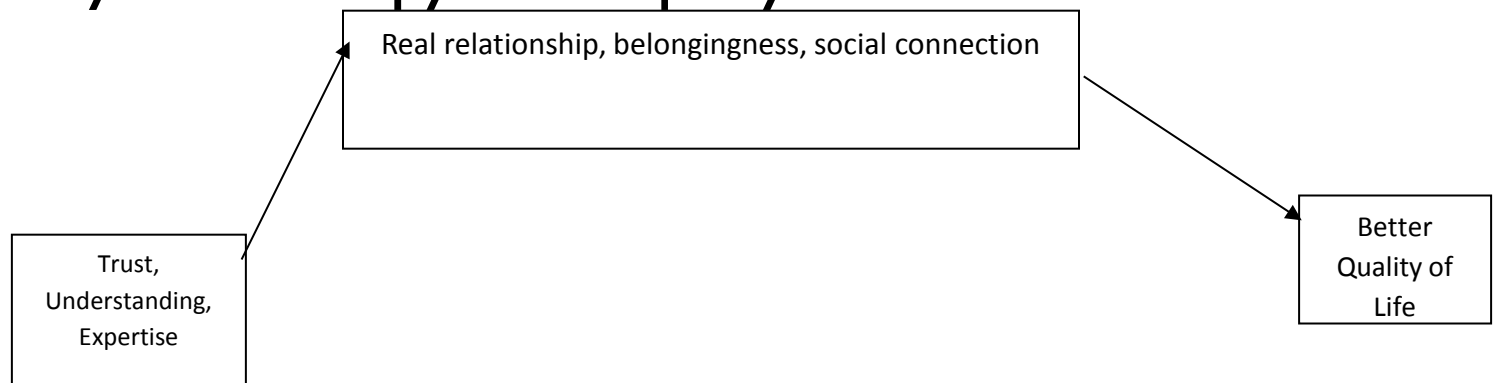
Initial formation of therapeutic bond



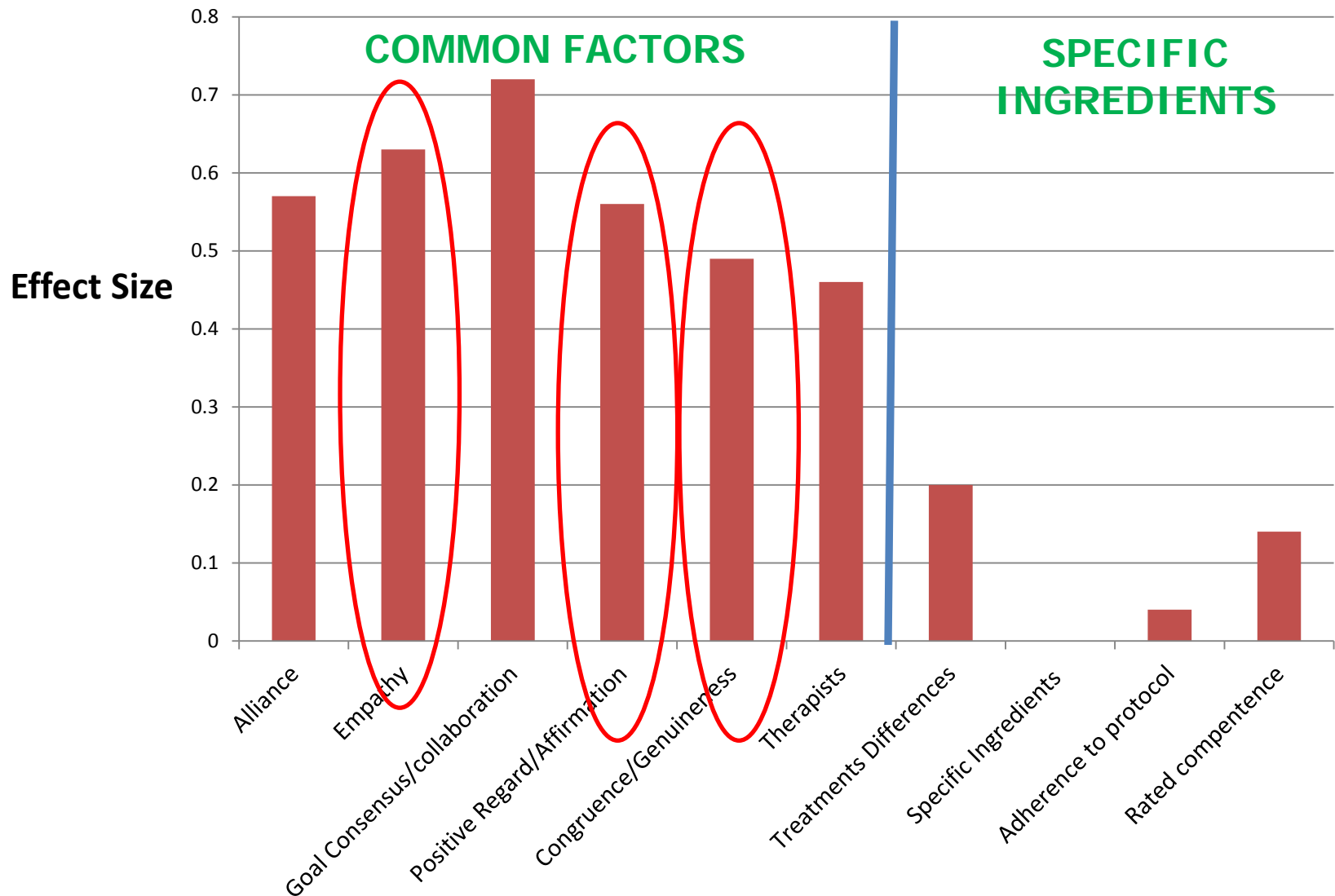
- Humans evolved to discriminate between those who can be trusted and those who cannot
- 50 ms
- Context, healing practice
- Nonverbal
- Early dropout
- Significant change in 3 sessions

Real Relationship

- Transference-free genuine relationship based on realistic perceptions (Gelso, 2009)
- Social relations = well being
- Mortality risk factors: Obesity, smoking, lack of exercise, pollutants....
- Social isolation/loneliness = pathology
- Psychotherapy is uniquely **ENDURING**

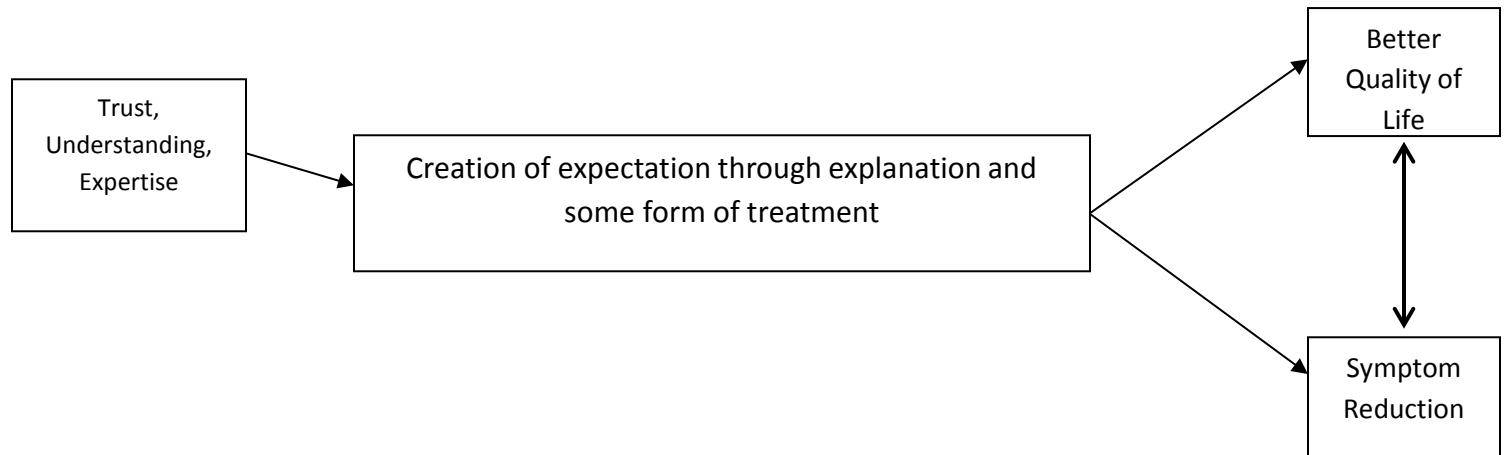


Science: Empathy, positive regard/affirmation, genuineness



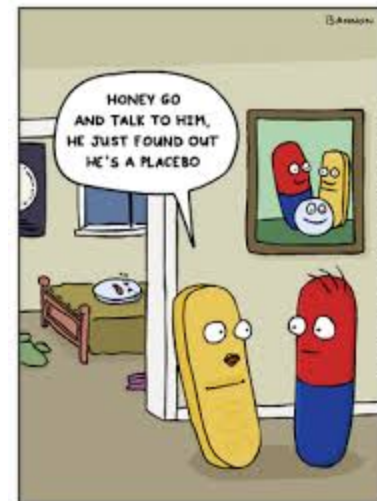
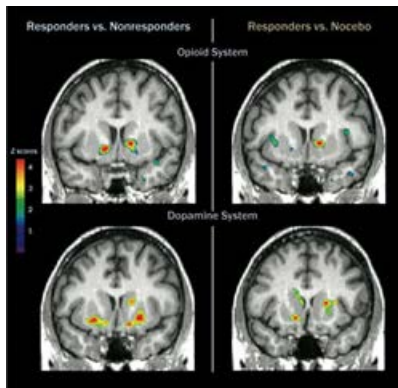
Expectation

- Expectation influence on well being
- Placebo effects



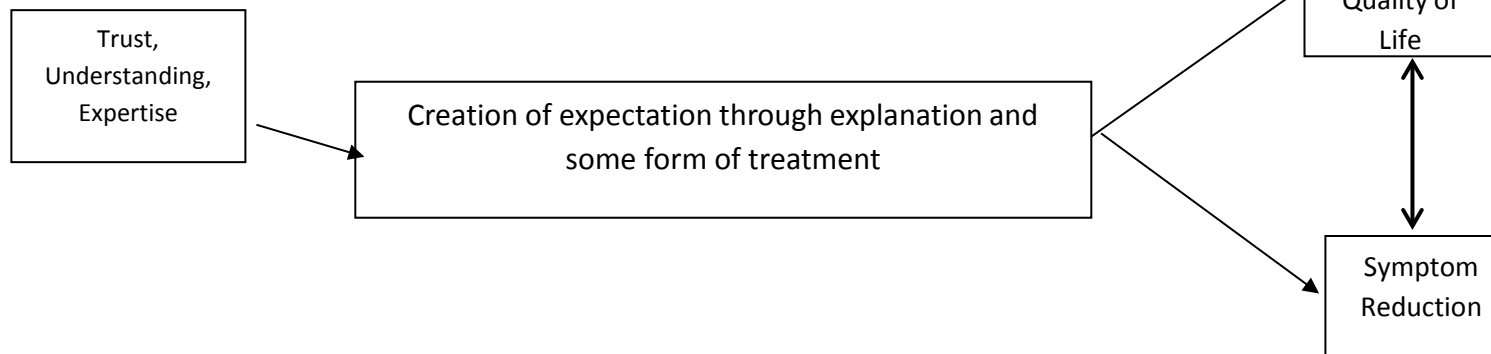
Placebo Effects—The power of expectations

- Placebo analgesics increase endogenous opioids
- Expectation of less noxious taste than previously activated primary taste cortex
- Medical treatments delivered surreptitiously not effective
- Parkinson placebos changes dopamine levels
- 90% of effect of SSRIs due to placebo



Expectation

- Expectation influence on well being
- Placebo effects
- Explanation of disorder
- Agreement about tasks and goals of Tx
- Treatment actions
- Created in interpersonal interaction



Effects of relationship in placebo

(Kaptchuk et al., 2008)

- Irritable Bowel Syndrome
- Acupuncture Placebo
- Three conditions
 - Wait list (no placebo)
 - Limited interaction-- <5 minutes
 - Augmented interaction—warm, empathic, caring, but no intervention
- Results...

Results

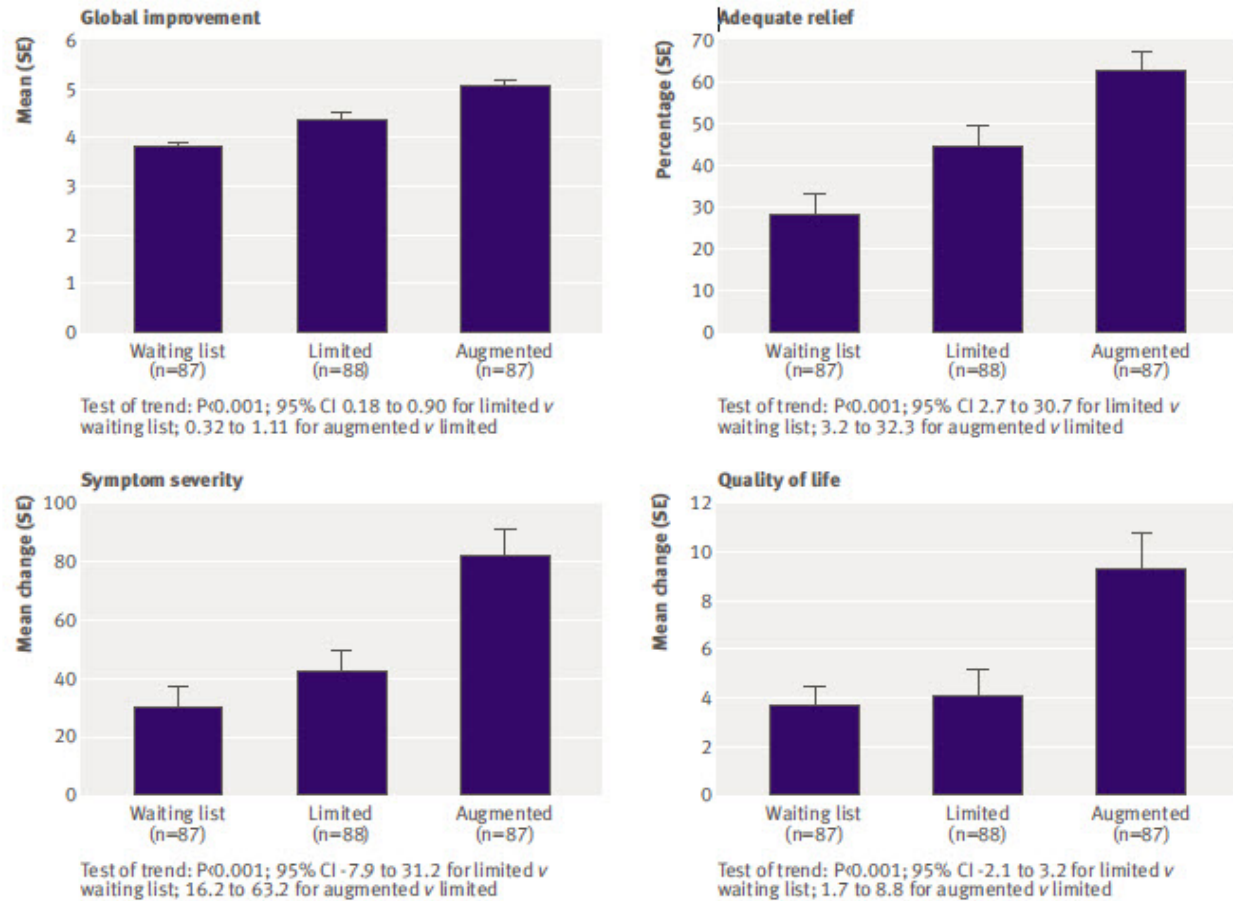
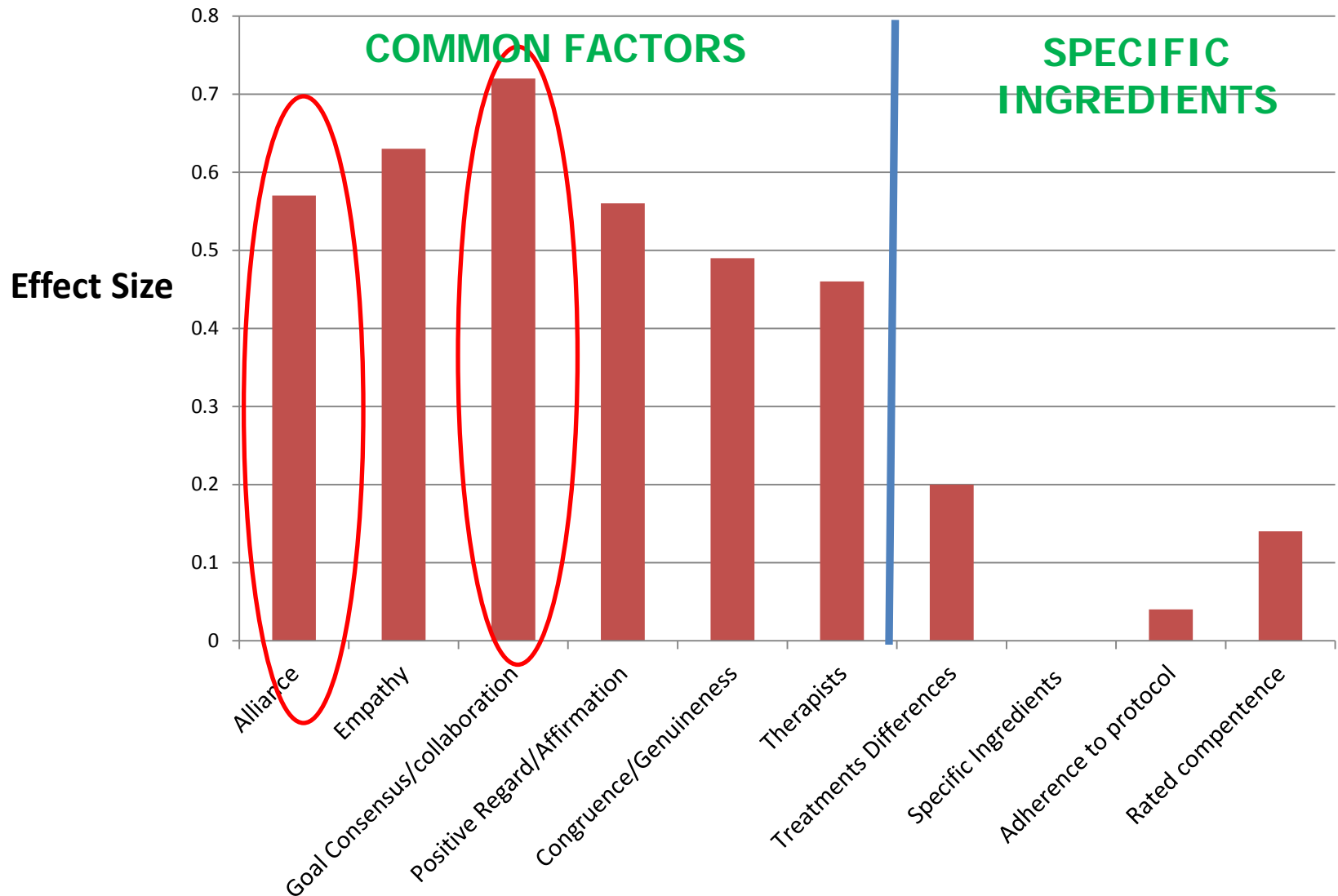


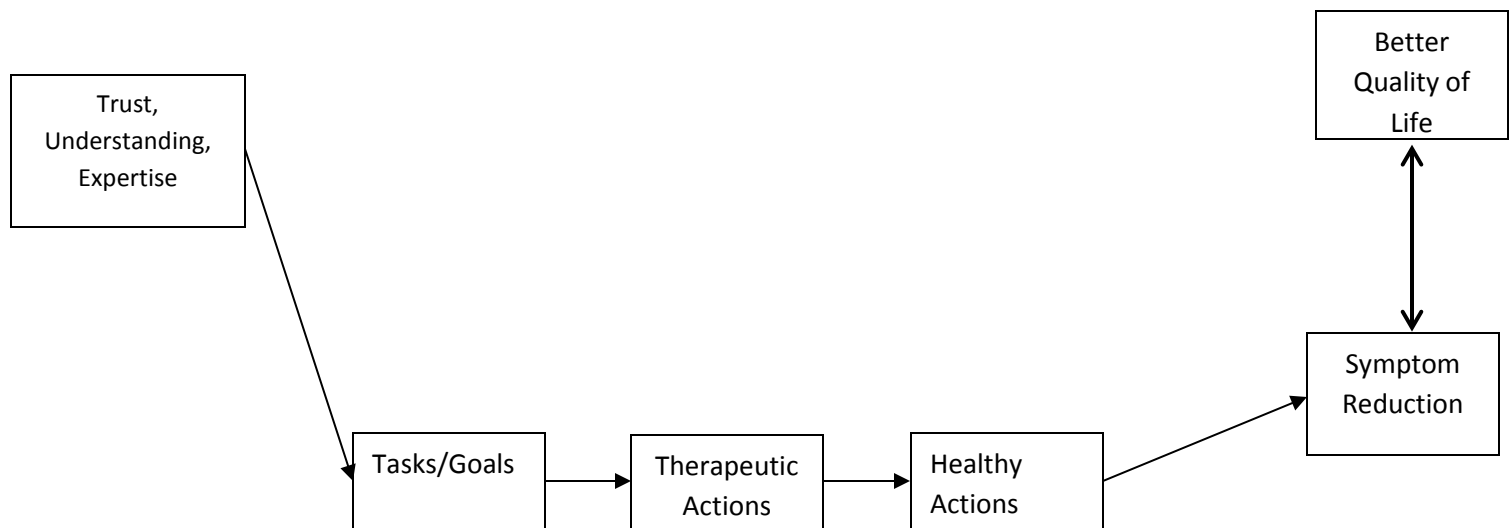
Fig 2 | Outcomes at three week end point

Science: Alliance/Goal Collaboration



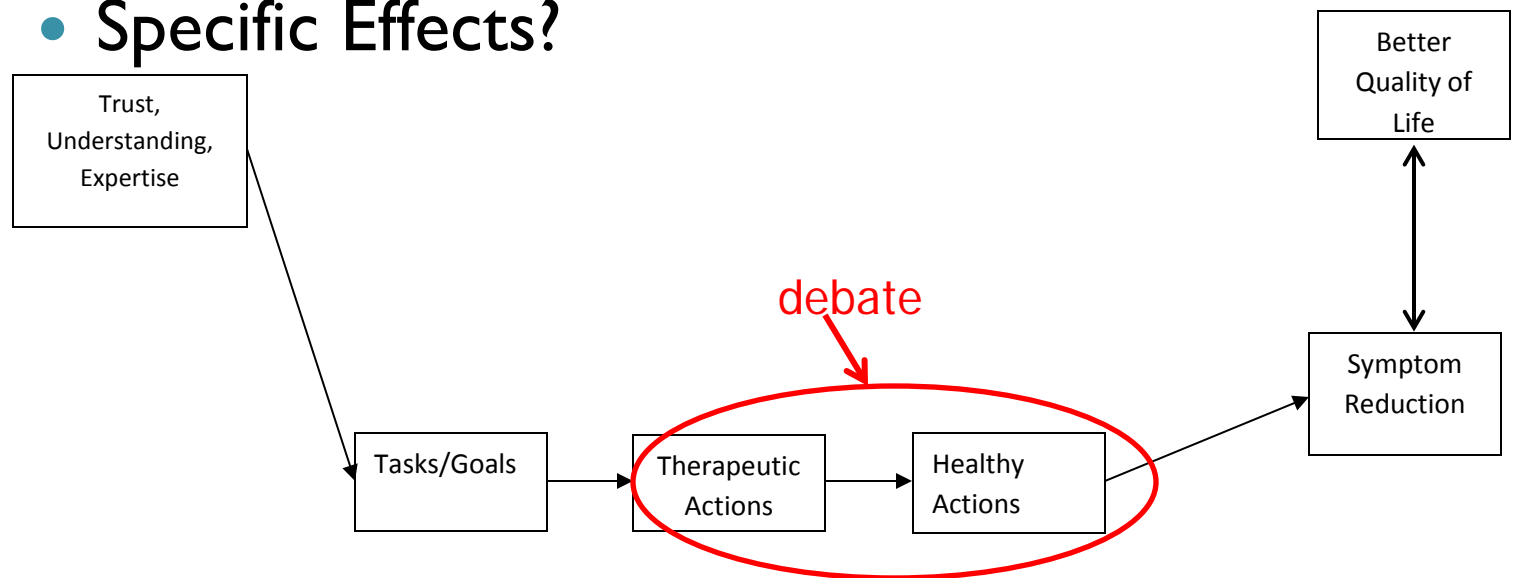
Specific Actions

- Relationship is an indirect effect, through therapeutic actions
- Agreement tasks & goals → adherence to protocol
- Healthy actions



Specific Actions

- Relationship is an indirect effect, through therapeutic actions
- Agreement tasks & goals → adherence to protocol
- Healthy actions
- Specific Effects?



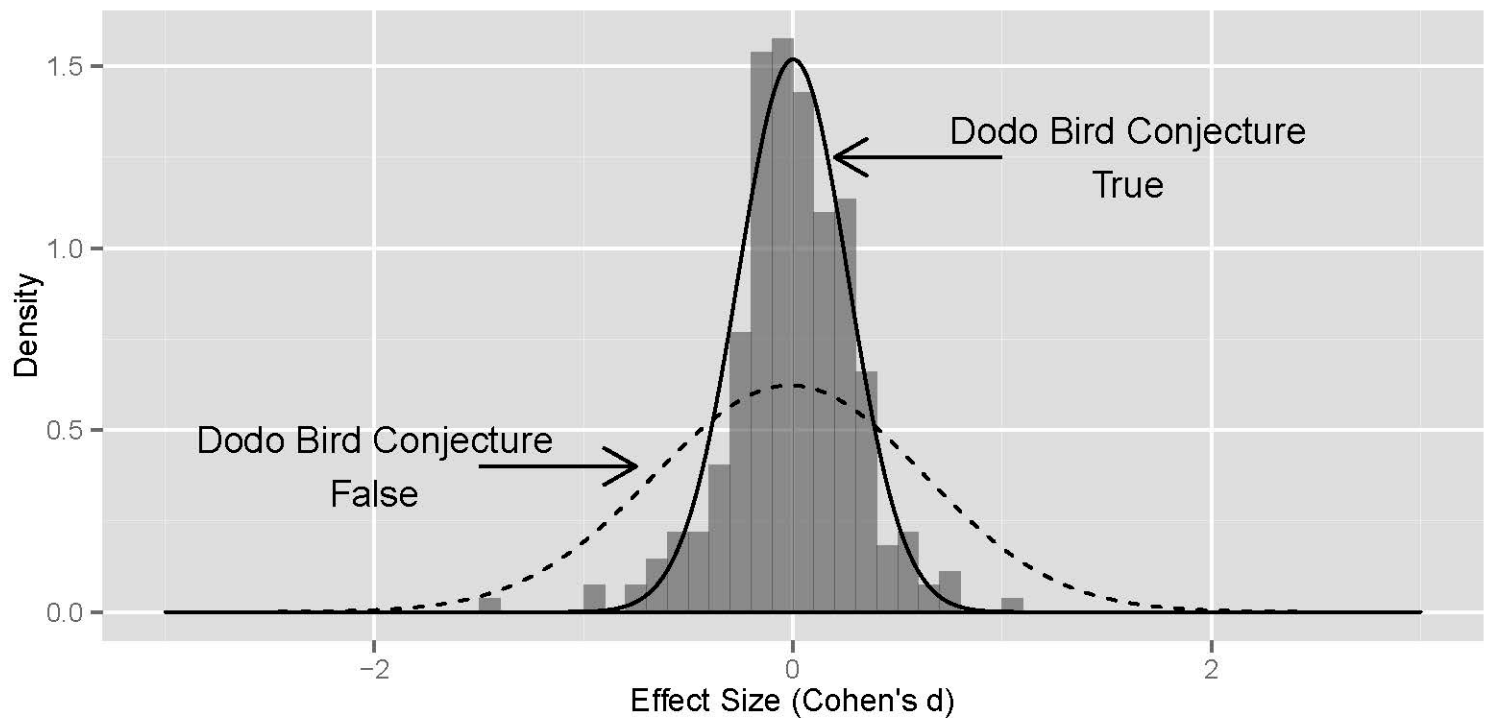
Scientific Change

- Psychological treatments = built on characteristics found in a variety of treatments, including “the therapeutic alliance, the induction of positive expectancy of change, and remoralization,” but contain important “specific psychological procedures targeted at the psychopathology at hand” (Barlow, 2004, p. 873).
- Some treatments superior to others...

Treatment Differences

- Treatment intended to be therapeutic
 - Psychological rationale, trained therapists who have allegiance to tx, no proscription of usual therapeutic actions
- Wampold et al. (1997)
 - All direct comparisons across disorders
 - Effects homogeneously distributed about zero

Distribution of effects



Treatment Differences

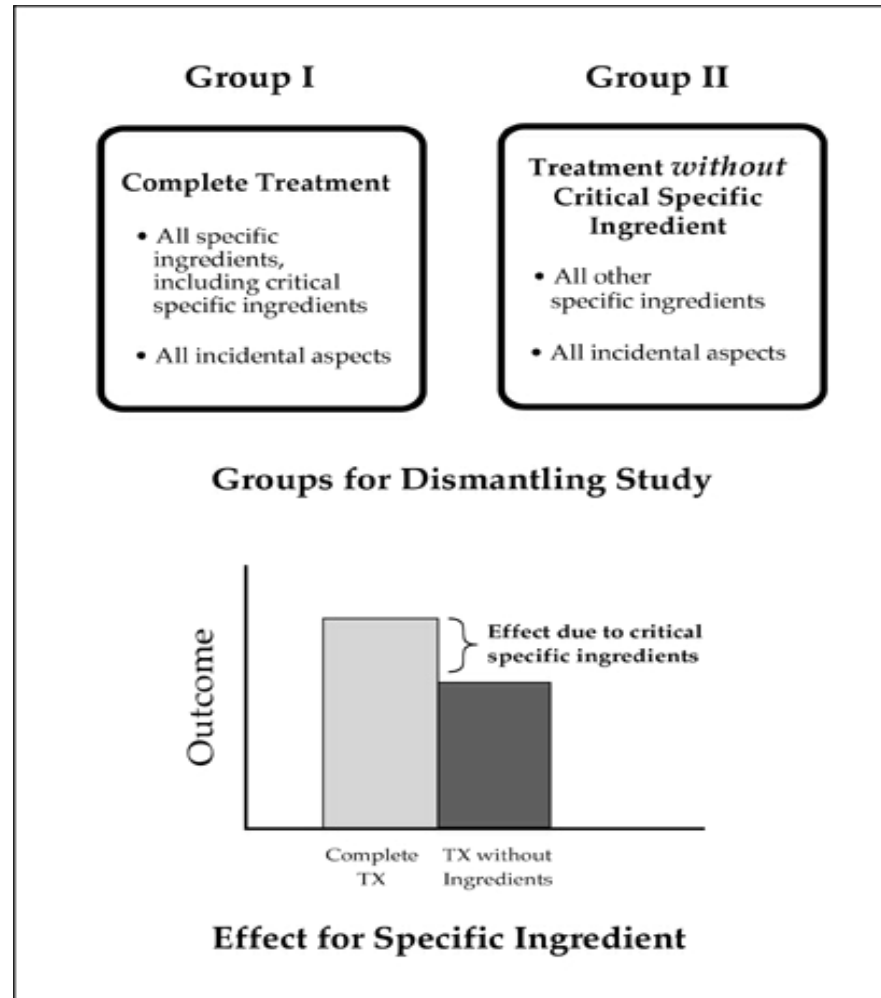
- Treatment intended to be therapeutic
 - Psychological rationale, trained therapists who have allegiance to tx, no proscription of usual therapeutic actions
- Wampold et al. (1997)
 - All direct comparisons across disorders
 - Effects homogeneously distributed about zero
 - At most tx accounts for 1% of variance
 - Particular disorders?

Specific Disorders:

NO TREATMENT DIFFERENCES

- Depression
- PTSD
- Alcohol Use Disorders
- Panic
- Anxiety disorders in general
- Personality Disorders (For the most part)
- Severe disorders (intensity important)
- Children– depression, anxiety, ADHD, conduct disorder
- But NOTE: Specific Treatments > Supportive therapies (of a certain type), or unfocused dynamic treatments

Specific Ingredients-- Dismantling



CT for Depression (Jacobson et al. 1996)

- The purpose of this study was to “provide an experimental test of the theory of change put forth by A. T. Beck, A. J. Rush, B. F. Shaw, and G. Emery (1979) to explain the efficacy of cognitive-behavioral therapy (CT) for depression” (p. 295).
- Complete Cognitive Therapy (CT)
 - Behavioral activation (monitoring, activity assignment, social skills training)
 - Dysfunctional thoughts (Monitoring, assessment, reality testing, alternative cognitions, examination of attributional biases, homework)
 - Core Schema (Identify core beliefs and alternatives, advantages and disadvantages, modification of core beliefs)
- Activation + modification of dysfunctional thoughts (AT)
- Behavioral Activation (BA)
- CT v. AT v. BA

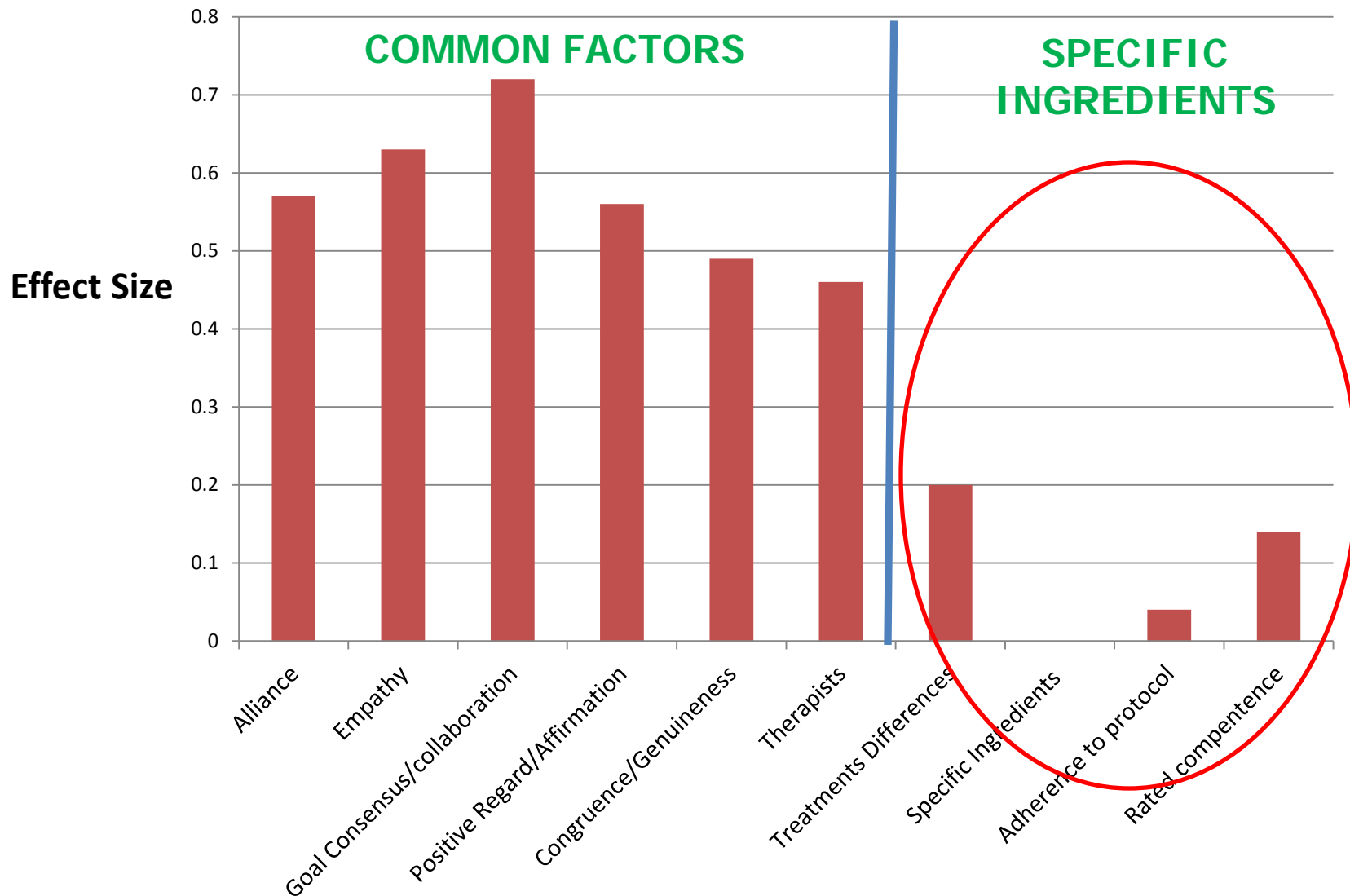
Jacobson results

- “According to the cognitive theory of depression, CT should work significantly better than AT, which in turn, should work significantly better than BA.”
- $BA = AT = CT$
- “These findings run contrary to hypotheses generated by the cognitive model of depression put forth by Beck and his associates (1979), who proposed that direct efforts aimed at modifying negative schema are necessary to maximize treatment outcome and prevent relapse.”
- Response of field:
 - Elevate BA to an evidence-based treatment
 - Depression placebo responsive... “real disorders”

Specific Ingredients

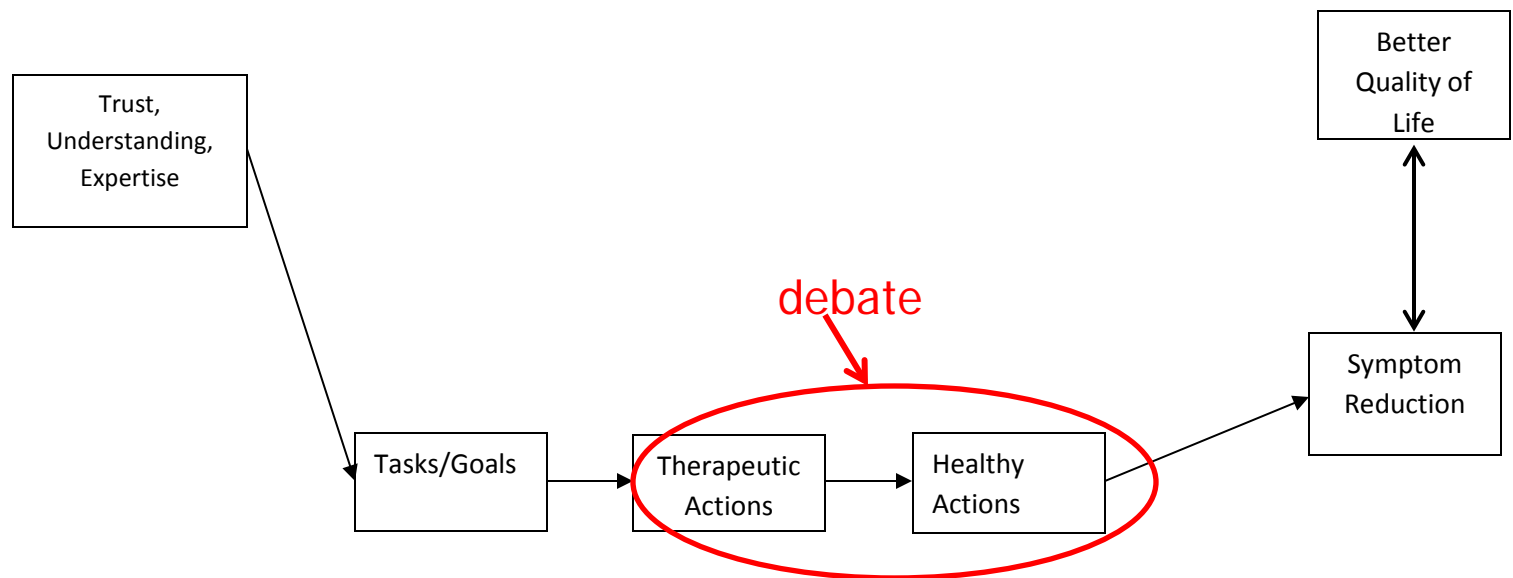
- Jacobson et al. cognitive components not needed
- Meta-analysis
 - Full package v. dismantled
 - Ahn & Wampold, 2001 $d = -.20$
 - Bell et al. (2013) $d = .01$ to $.12$, not significant
- **Adherence**: Not related to outcome
- **Rated Competence**: Not related to outcome
- Webb et al. 2010

Science: Specific Ingredients



Specific Actions

- Actions Important
- Induces salubrious behavior
- Critical for attributions about effort
- Unstructured treatments less effective
 - Supportive counseling; unfocused dynamic therapy



Therapist Effects—The Evidence

- Clinical Trials
 - Selected, trained, supervised and monitored
 - 3% of variability due to therapists (Baldwin & Imel, 2013)
 - Tx differences: At most 1 percent
- Naturalistic settings
 - 3% to 10%, average 7% due to therapists (Baldwin & Imel, 2013)

NIMH TDCRP reanalysis

- Nested Design (CBT and IPT)
- Well trained therapists, adherence monitored, supervision
- Elkin:
 - The treatment conditions being compared in this study are, in actuality, “packages” of particular therapeutic approaches and the therapists who choose to and are chosen to administer them.... The central question... is whether the outcome findings for each of the treatments, and especially for differences between them, might be attributable to the particular therapists participating in the study.
- \$6,000,000
- Results....

Variance due to Tx: CBT v IPT

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

Variance due to Tx and Therapists

Variable	Treatment	Therapist
BDI	0%	5% - 12%
HRSD	0%	7% - 12%
HSCL-90	0%	4% - 10%
GAS	0%	8% - 10%

Note: Elkin et al. (2006) found negligible therapist effects in the same data

Psychiatrist Effects— Psychopharmacology

- Antidepressants: Imipramine v. Placebo
- 30 minutes, biweekly
- 3% due to treatment
- 9% due to psychiatrist administering the pill
- Best psychiatrists got better outcome with placebo than worst psychiatrists with imipramine (McKay, Imel & Wamold, 2006)
- Interpersonal healing of illness

Therapist Effects: Evidence-based Treatments

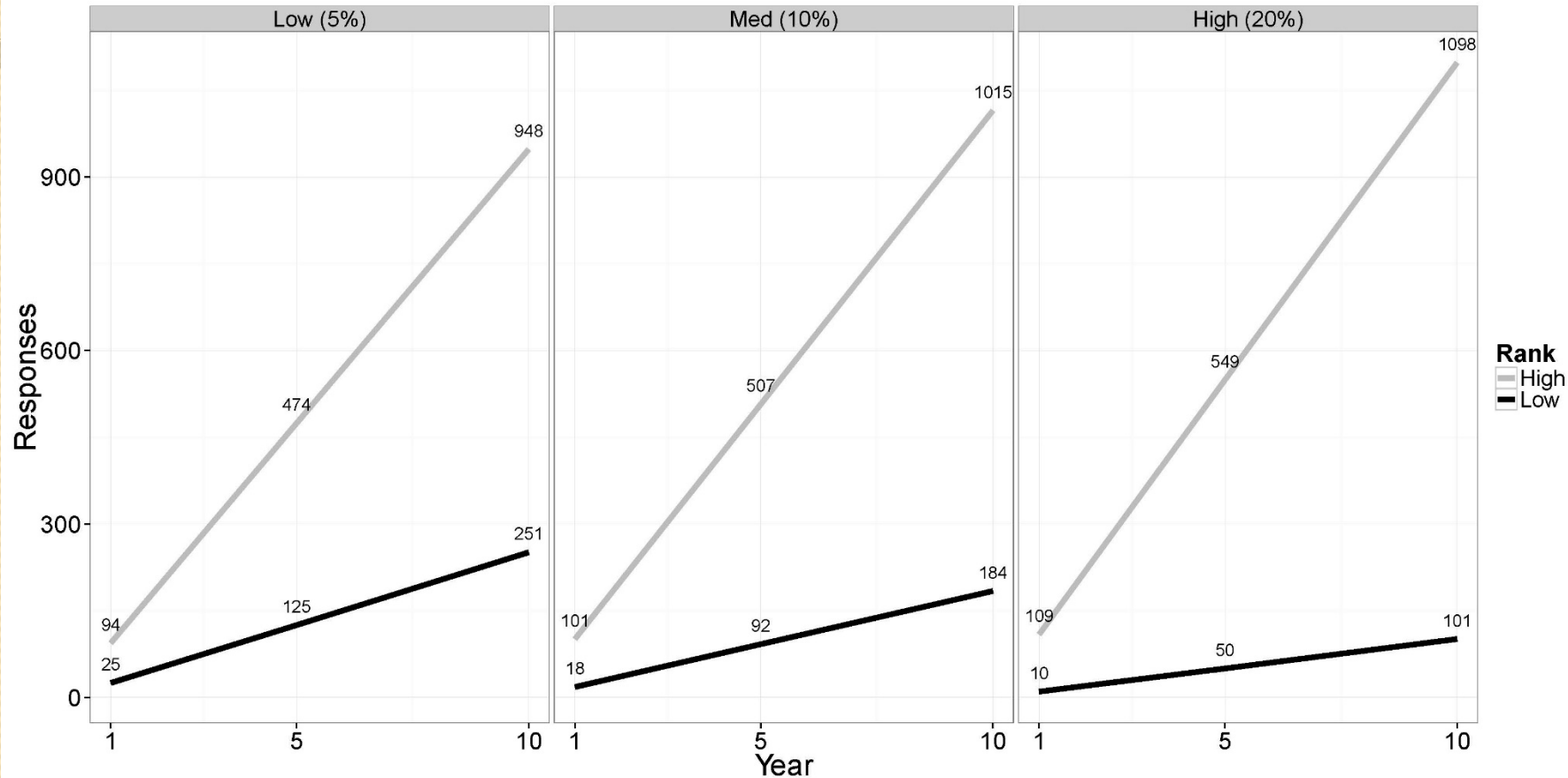
- CPT for PTSD in VA
- \$20,000,000
- 2 National Trainers (one was supervisor)
- Optimal training and supervision
- 192 patients, 25 therapists
- Outcome = PTSD Checklist
- **Therapist effects: 12%**
- Supervisor could identify more effective therapists
- Laska et al. (2013)

Importance of Therapist Effects

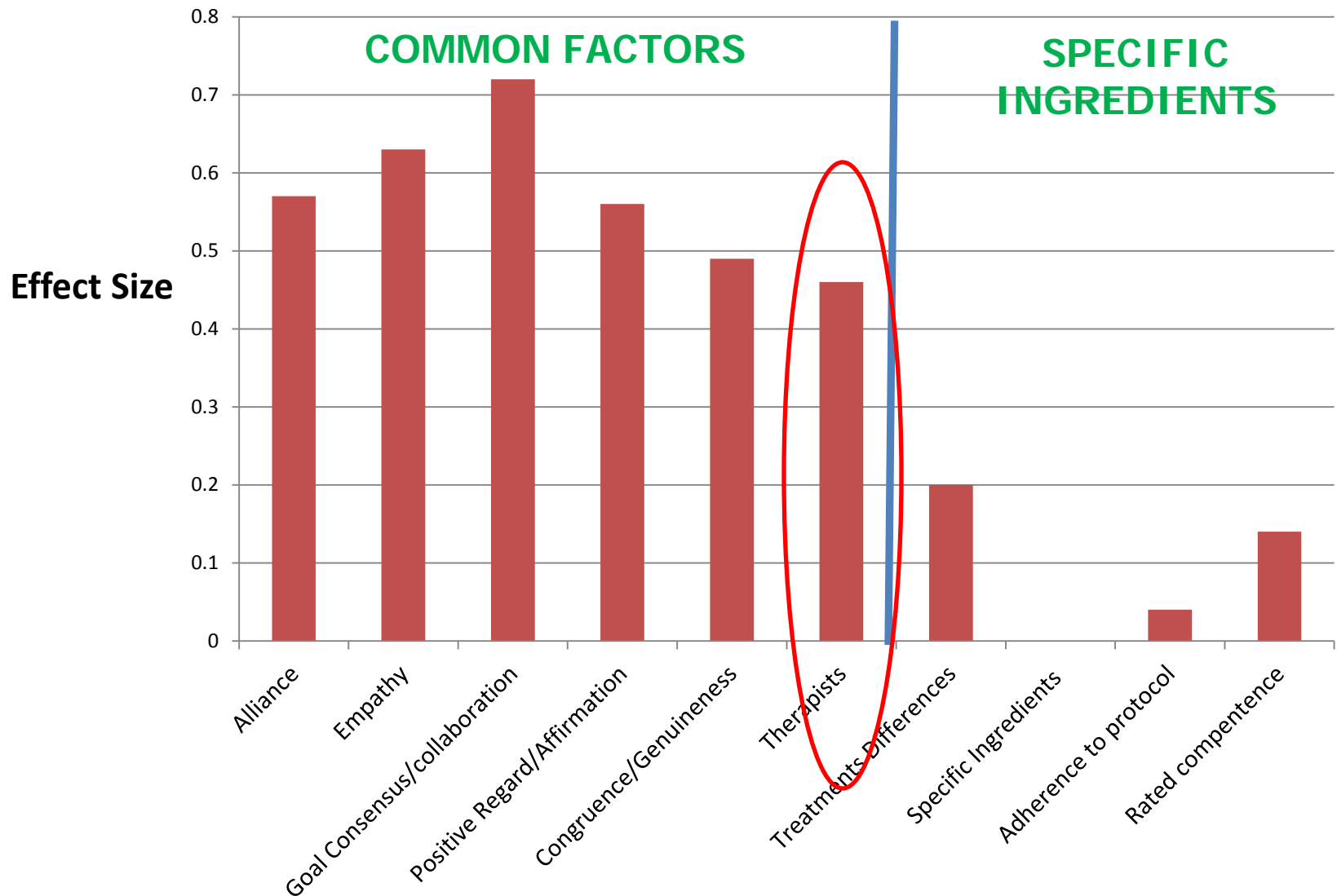
- Wampold & Brown (2005):
 - 25 top and bottom quartiles in year 1 compared to year 2
 - Top had twice as large effects
 - Across age, severity, & diagnosis, but not racial and ethnic groups
 - Some therapists never helped a patient
- Saxon & Barkham (2012)
 - 19 of 119 therapist “below average”
 - Reassign their 1947 patients to average therapists
 - Additional 265 patients would have recovered

Therapist Effects and Response Rate

(1200 cases at year 10)



Science: Therapists



What makes an effective therapist?

- Verbal fluency
- Interpersonal perception
- Affective modulation and expressiveness
- Warmth and acceptance
- Focus on other
- Anderson et al. 2009
- Ability to form alliances with a variety of patients (Baldwin, Imel, & Wampold 2006)
- Professional Self-Doubt (Nissen-Lie et al. 2013)
- Deliberate Practice (Chow & Miller, in press)

Conclusion

- Psychotherapy is a humanistic treatment
- Uses evolved characteristics of humans to heal in a social context
- Therapist is critical
- Quality Improvement
 - Focus on therapist
 - Cogent treatment
 - Facilitative interpersonal skills
 - Continual improvement & deliberate practice

Thank You

Bruce E. Wampold, Ph.D., ABPP
Patricia L. Wolleat Professor of Counseling Psychology
Clinical Professor, Psychiatry
University of Wisconsin--Madison

Director, Research Institute
Modum Bad Psychiatric Center
Vikersund, Norway

bwampold@wisc.edu



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