Are Effective Therapists Effective with Everyone?

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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
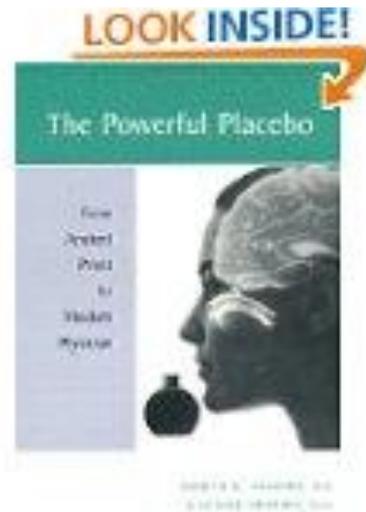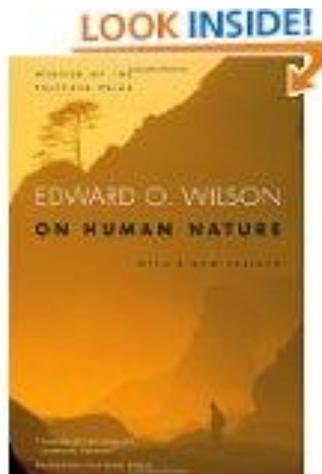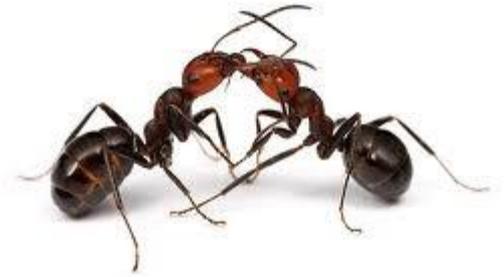
Some distinctions….Disease and Illness

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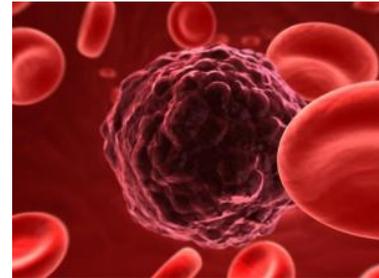
- Illness
  - Lived experience (phenomenology)
  - Affects the person

- Psychotherapy→ Illness

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

Psychotherapy

- Socially situated healing practice
- Depends on evolved social capacities
- Therapist is the "medicine"
- Focused on social healing of illness experience

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
- Size of effect (v no treatment):
  - d = .80, 14% of variability in outcomes
  - Treated patient > 79% of untreated patients
  - NNT = 3
  - More effective than medical interventions in many disorders.
- Therapists do not help everyone!

# Science: Common factors and specific ingredients
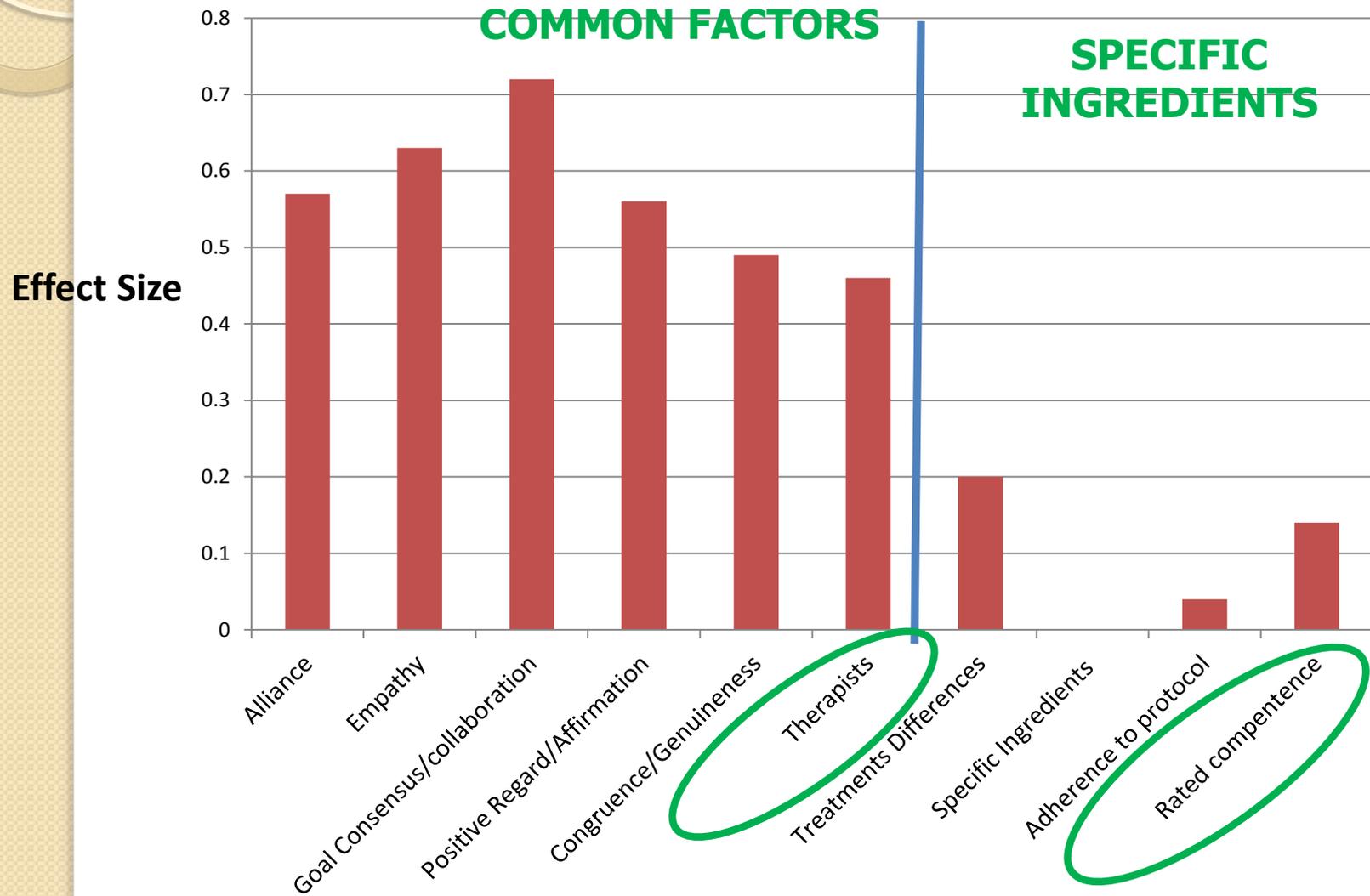
NIMH TDCRP reanalysis

- 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

Random Effects Modeling

- Therapists considered a random factor
- Therapists nested within treatments (multilevel model)
- Final observations, controlling for pretest at patient and therapist level
- Therapist slope fixed and random
  - Kim, Wampold, & Bolt, Psychotherapy Research, 2006

Greater
Severity

Greater
Severity
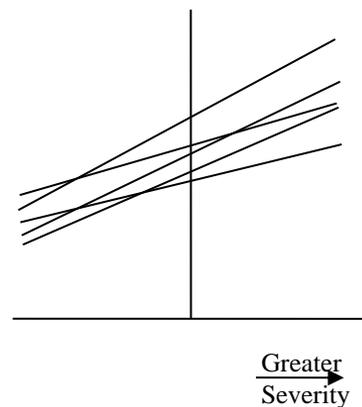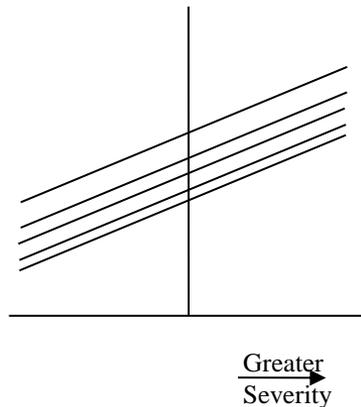
Variance due to Tx: CBT v IPT

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)

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

Global improvement

Test of trend: P<0.001; 95% CI 0.18 to 0.90 for limited v waiting list; 0.32 to 1.11 for augmented v limited

Adequate relief
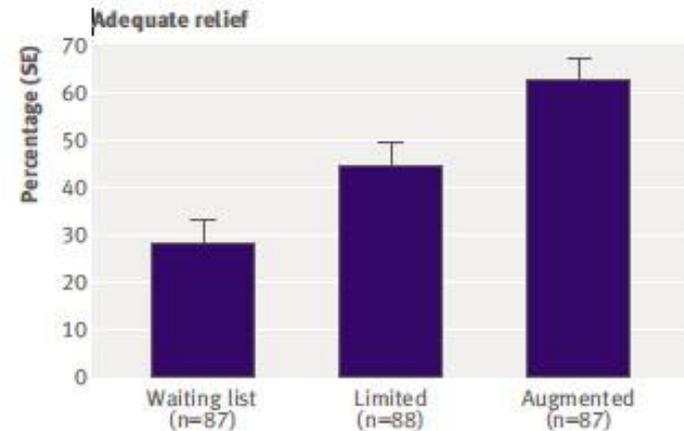
Test of trend: P<0.001; 95% CI 2.7 to 30.7 for limited v waiting list; 3.2 to 32.3 for augmented v limited

Symptom severity
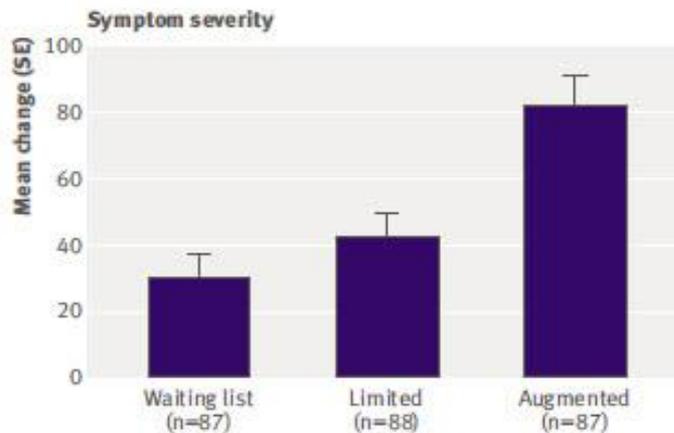
Test of trend: P<0.001; 95% CI -7.9 to 31.2 for limited v waiting list; 16.2 to 63.2 for augmented v limited

Quality of life
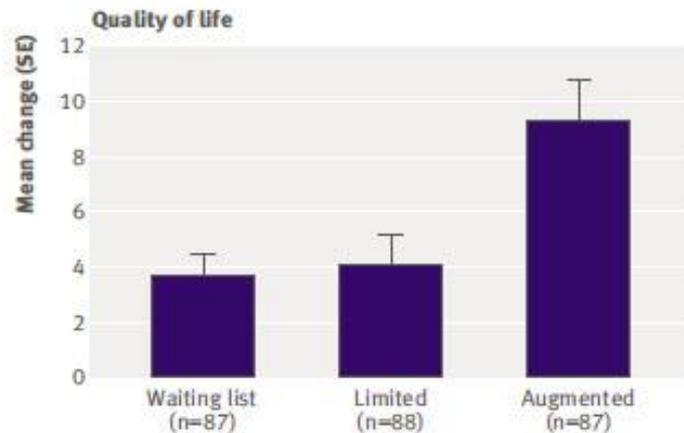
Test of trend: P<0.001; 95% CI -2.1 to 3.2 for limited v waiting list; 1.7 to 8.8 for augmented v limited

Fig 2 | Outcomes at three week end point

Relationship -- placebos

- Warmth, empathy, understanding, caring augment placebo effects
- Acupuncturist effects?
  - Does the provider of the sham acupuncture makes a difference?
- Provider effects larger than differences between conditions!
- But therapists are irrelevant in Evidenced-Based Treatments, if training is sufficient…

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)

Therapist Effects– Meta-analytic evidence (Baldwin & Imel, 2013)

- 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

Illustration of therapist effects
(30 patients)
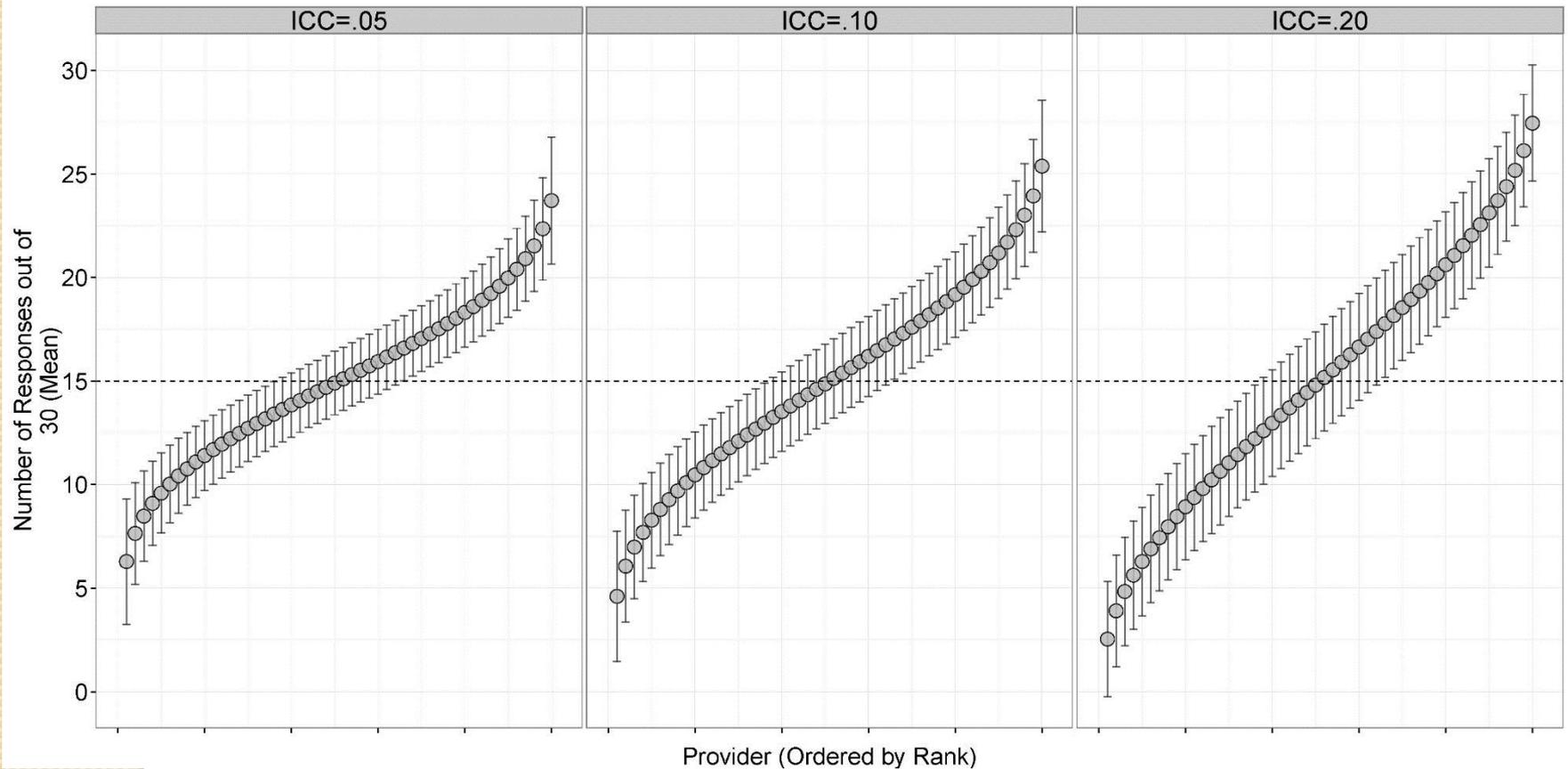
Importance of Therapist Effects

- Wampold & Brown (2005):
  - Top and bottom quartiles in year 1 compared to year 2
  - Top 25% had twice as large effects
  - Uniform: Across age, severity, & diagnosis,
  - 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 increase with severity

Therapist Effects and Response Rate

(1200 cases at year 10)
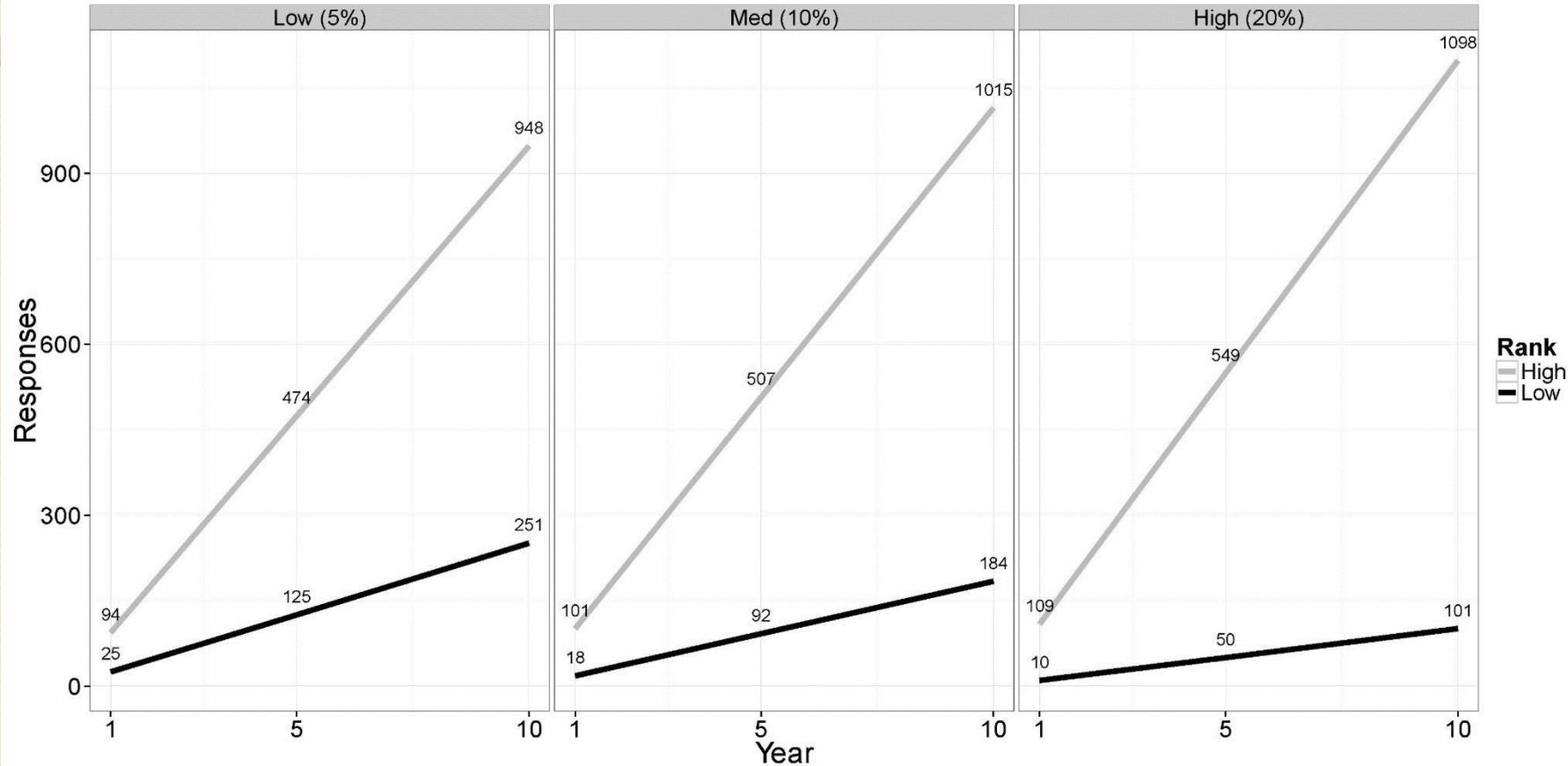
Effective therapists…

- We know them when we see them
- We can adequately rate the competence of therapists by viewing their work
- Right?
- What would we rate?
- RCTs rate competence….What is relationship with outcome?

Competence Ratings and Outcome

Webb, DeRubeis, & Barber 2010

| Study name	Correlation	Lower limit	Upper limit	Z-Value	p-Value
Feeley et al. (1999)/Castonguay et al. (1996)	-0.03	-0.40	0.35	-0.15	0.88
DeRubeis & Feeley (1990)	0.24	-0.17	0.58	1.15	0.25
Webb et al. (2009)/Strunk et al. (2009)	0.34	0.12	0.53	3.01	0.00
Minnone (2008) - CB	-0.07	-0.34	0.20	-0.52	0.60
Huppert et al. (2006)	-0.24	-0.48	0.03	-1.75	0.08
Hogue et al. (2008)	0.21	-0.04	0.44	1.68	0.09
Loeb et al. (2005) - CB	-0.19	-0.49	0.15	-1.09	0.28
Carroll et al. (1997)	0.00	-0.27	0.27	0.00	1.00
Minnone (2008) - IP	0.11	-0.16	0.36	0.79	0.43
Loeb et al. (2005) - IP	0.05	-0.27	0.36	0.30	0.77
Barber et al. (1996)	0.10	-0.28	0.45	0.49	0.63
Barber et al. (2008)	-0.21	-0.40	0.00	-1.94	0.05
Luborsky et al. (1985)	0.47	0.19	0.68	3.14	0.00
Patton et al. (2009)	0.10	-0.36	0.52	0.41	0.68
Barber et al. (2006)	-0.09	-0.30	0.13	-0.77	0.44
Marziali (1984)	0.31	-0.10	0.63	1.50	0.13
Piper et al. (1986)/Gaston et al. (1994) -STD	-0.08	-0.52	0.39	-0.32	0.75
Gaston et al. (1994) -LTD	0.20	-0.35	0.65	0.70	0.48
Piper et al. (1991)	-0.34	-0.54	-0.10	-2.77	0.01
Gaston et al. (1998)/Gaston and Ring (1992)	-0.09	-0.59	0.46	-0.30	0.76
Horowitz et al. (1984)	0.00	-0.27	0.27	0.00	1.00
Paivio et al. (2004)	0.09	-0.24	0.40	0.53	0.60
Hall (2007) - IC	-0.28	-0.64	0.19	-1.19	0.24
Hall (2007) - EE	-0.40	-0.68	-0.01	-2.03	0.04
Ogrodniczuc (1997) - STI	0.01	-0.22	0.25	0.11	0.91
Ogrodniczuk (1997) - SUP	0.05	-0.18	0.28	0.44	0.66
Spektor (2008) - CB	0.06	-0.49	0.57	0.18	0.86
Spektor (2008) - BR	0.32	-0.25	0.73	1.11	0.27
	0.02	-0.07	0.10	0.36	0.72

Correlation and 95% CI

-1.00   -0.50   0.00   0.50   1.00

So, what are actions of effective therapists?

- Not rated treatment specific competence
- Distinguish: Competence vs. Effectiveness
- Not adherence to the model
- Alliance? Therapist is able to form a working alliance across a range of patients.
- Warmth, acceptance, empathy?
- Etc….

Alliance and outcome correlation

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

Science: Alliance/Goal Collaboration
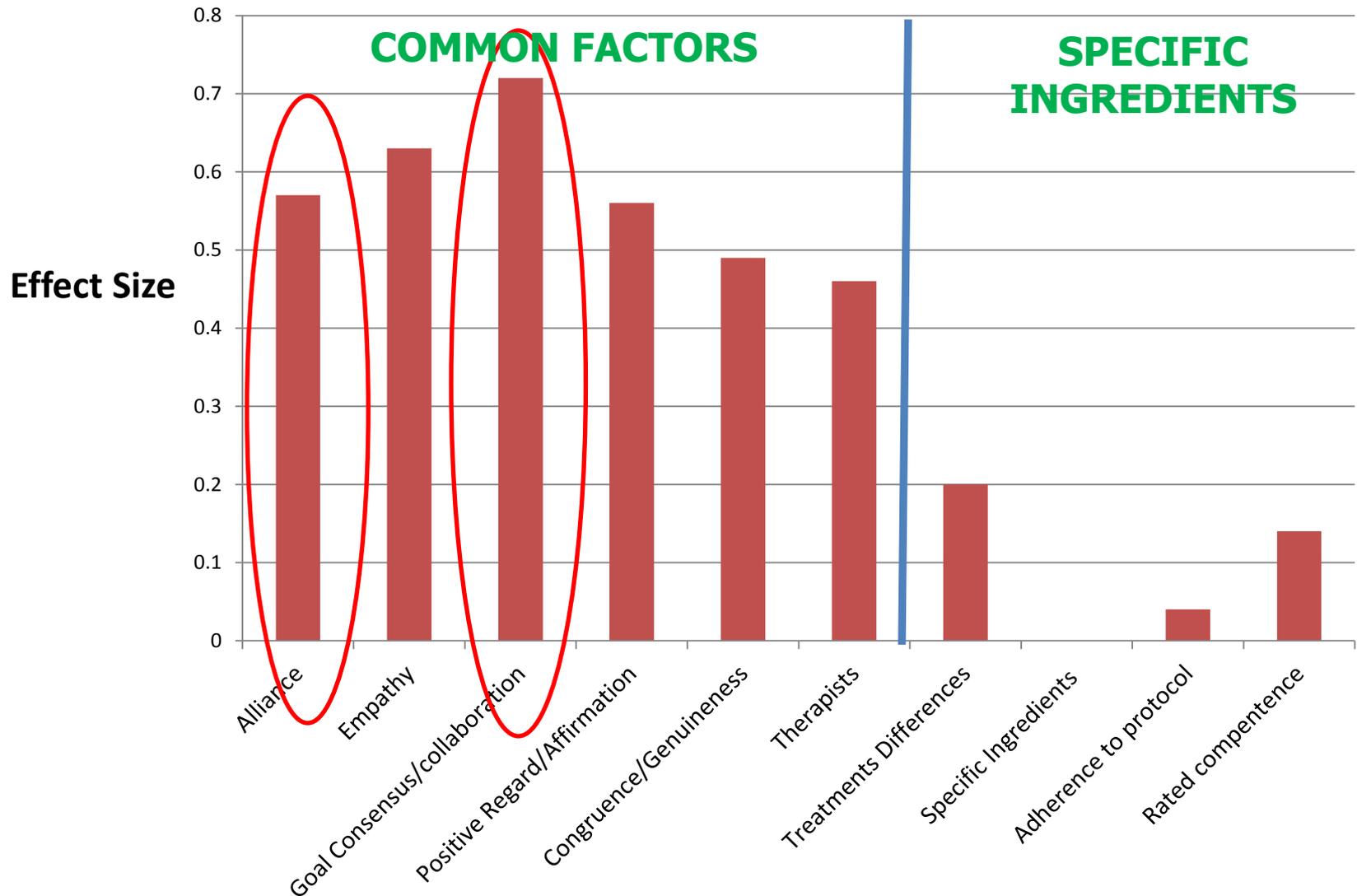
Alliance: Patient v. Therapist Contribution to Alliance

- Counseling center consortium data
- OQ pre and post, Alliance 4th session
- 331 patients, 80 therapists
- Alliance/outcome correlation .24
- 3% of variance due to therapists
- What is correlation of alliance with outcome
    - Within therapists?
    - Between therapists?
- And the results….

Within or between?
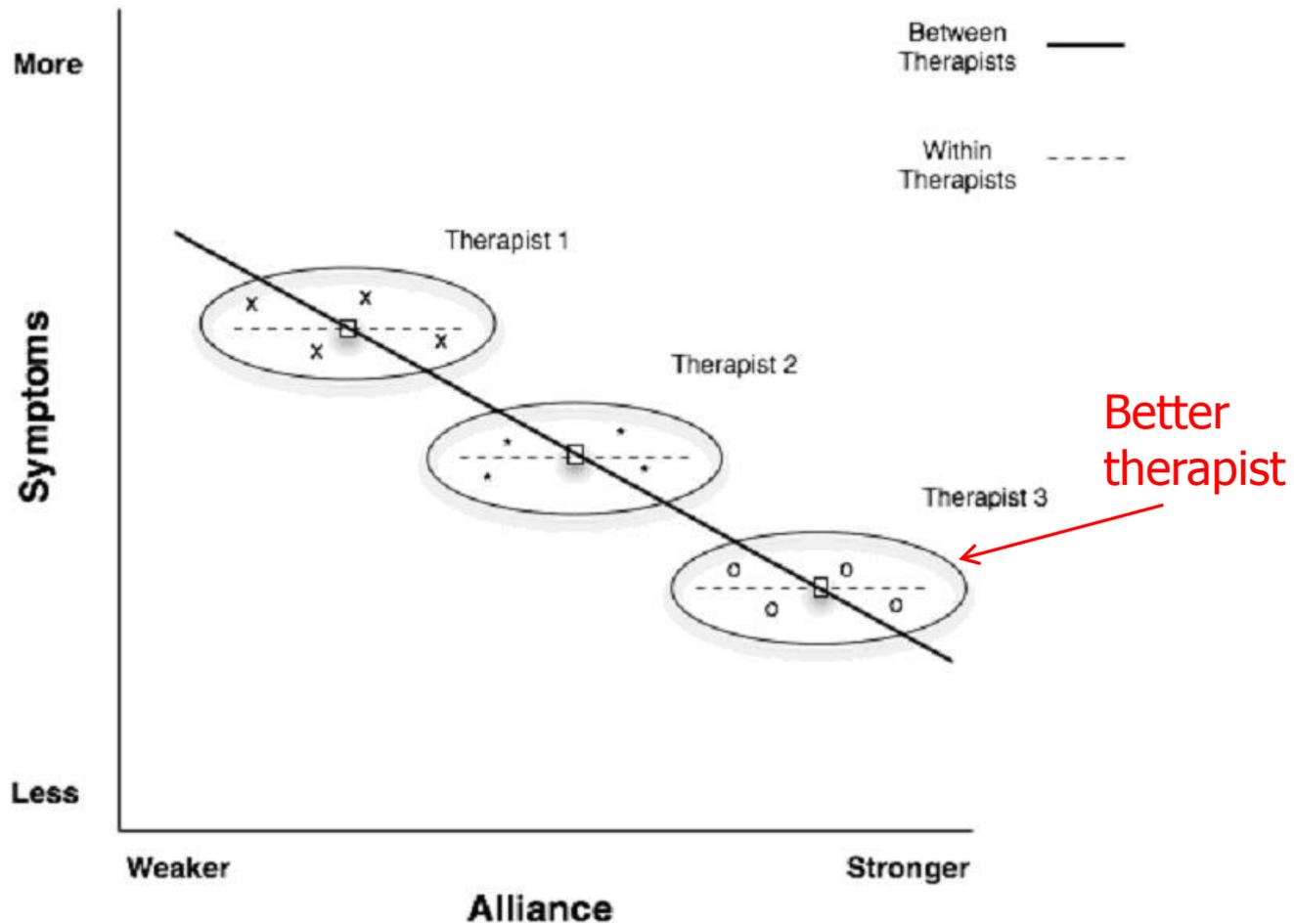
Therapist contribution to alliance is critical

- Patient contribution to alliance not predictive of outcome
- Therapist contribution is predictive of outcome
- Interaction not significant
- Alliance is not a result of outcome
- Effective therapists are able to form an alliance with a range of patients

Difficult patients make therapist look relatively incompetent

- RCT of CBT for Panic (Boswell et al., 2013)
- Competence/outcome r = .15 (p < .05)
- Within therapist
  - Patient interpersonal aggression→ competence
  - Competence decreased over therapy
  - Competence → outcome (ß = 0.76)
- Between therapist
  - Competence (inv)→ outcome (ß = -0.17)
- Adherence not related to outcome at either level

Remove patient influence from assessment of therapist

- Standard stimulus (i.e., standard patient)
- Actor or video
- Anderson et al. (2009)
  - Videos of difficult client in therapy
  - Therapist responded to client
  - Responses coded for "facilitative interpersonal skills"
  - Social skills inventory
  - Examined outcome of therapy with many patients per therapist

Anderson results

- Self report social skills did NOT predict outcome
- Facilitative Interpersonal Skills →outcome
  - Verbal fluency
  - Interpersonal perception
  - Affective modulation and expressiveness
  - Warmth and acceptance
  - Focus on other
- Anderson et al. 2009
- Professional Self Doubt (Nissen-Lie et al., 2013)
- Deliberate Practice (Chow & M

Science: Empathy, Genuineness
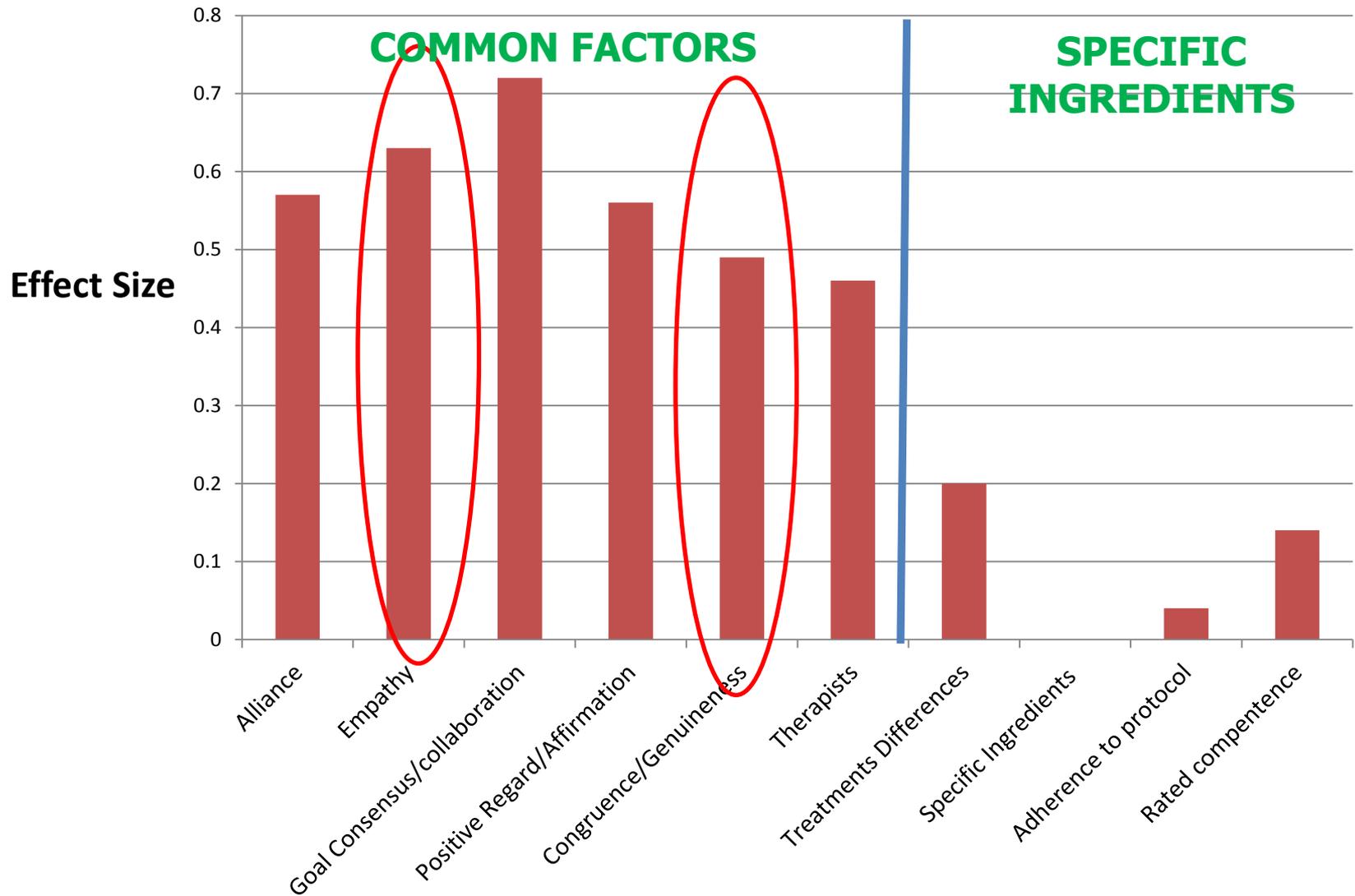
But, are effective therapists uniformly effective?

- Types of disorders
  - Mood disorder v personality disorder?
- Types of problems
  - Depression, anxiety, sexual dysfunction
- Demographics
  - Age, gender, income
- Cultural and context (health disparities)
  - Racial and ethnic groups, culture, perceived social status

# Illustration: disparities and MC compentence
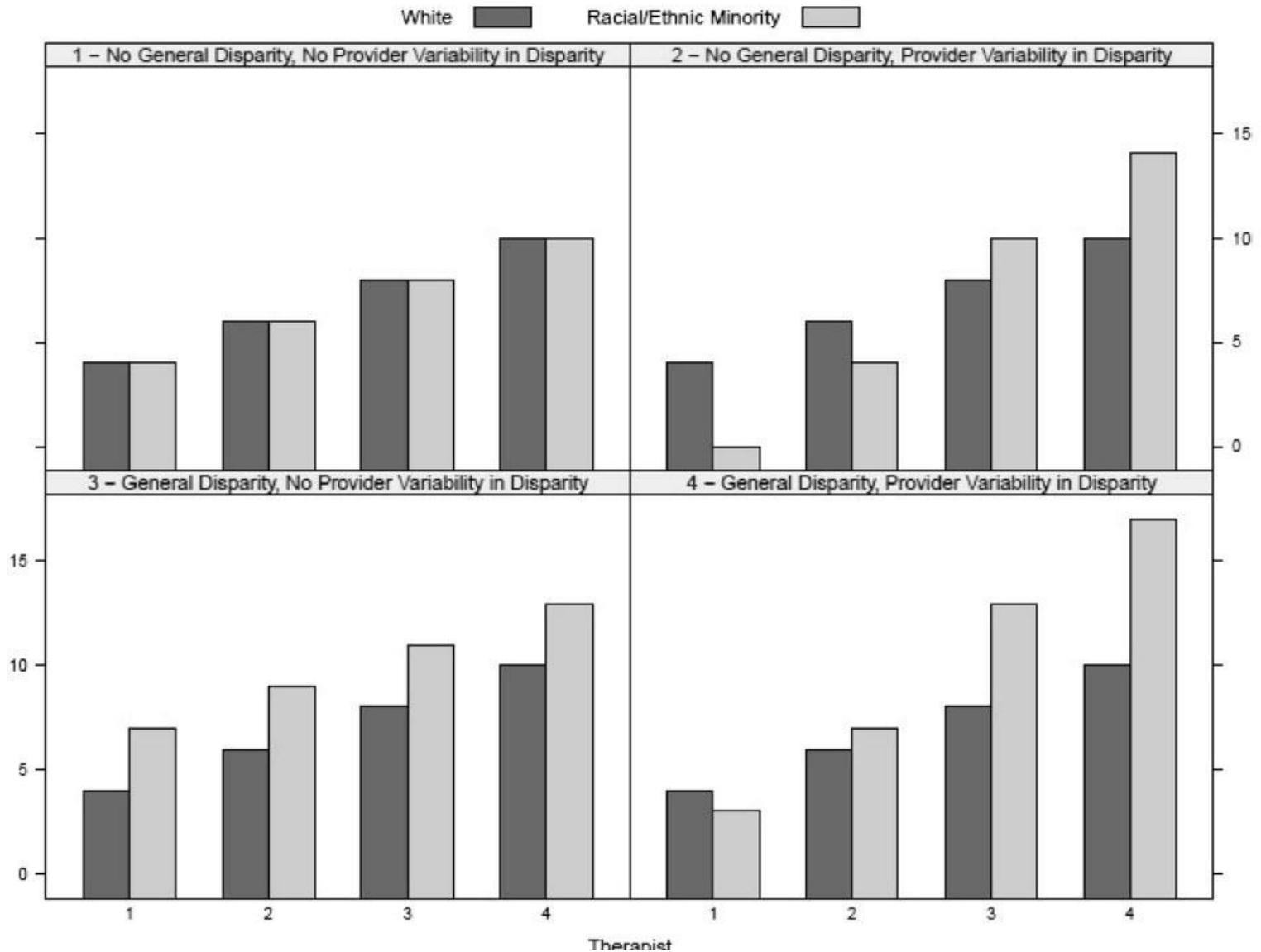
Results with REM patients

- Three studies: Imel et al. 2011, Hayes et al. in press, accepted for publication.
- No racial disparities
- Evidence for multicultural competence distinct from general competence
- But MC competence is small relative to general competence
- What about outcome domains?

Treatment Outcome Package (TOP) Domains (Kraus et al. 2011)

- Domains:
  - Depression, Quality of Life, Psychosis, Substance Abuse, Social Conflict, Sexual functioning, Suicide, Violence, Work Functioning

- Rank ordered therapist in each domain

- Correlated ranks→ generally low

- Concluded: Therapist competencies may be domain or disorder specific, rather than reflecting a core attribute or underlying therapeutic skill construct.

Problems with Kraus

- Ranks of therapists are unreliable

- Kendall's tau-b?

- Domains not relevant (psychosis for depressed patient)

- What is expected?

- Depession and QoL = .33 (Spearman .55)

ICC=.05
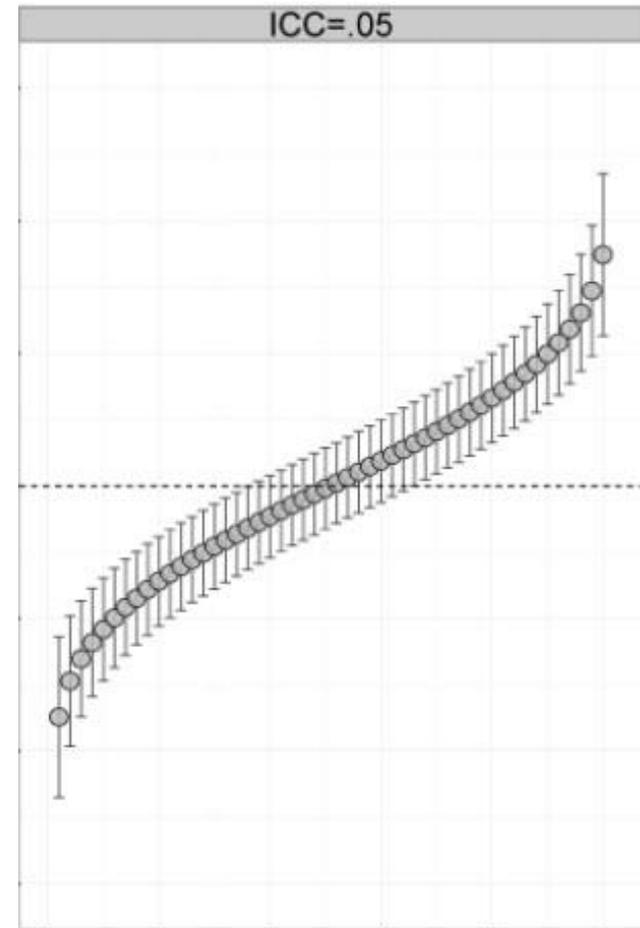
Nissen-Lie et al. replication

- OQ domains:
    - SD symptom distress
    - IR interpersonal relations
    - SR social Role
- 160 therapists and 38 patients per therapist
- Used multilevel confirmatory factor analysis (Mplus) at the therapist level

Results (Preliminary)

Correlations of scales at beginning of therapy

	SD	IR	SR
SD			
IR	.27		
SR	.44	.17	

Correlations of effects at therapist level

	SD	IR	SR
SD			
IR	.96		
SR	.70	.50	

Confirmatory FA of Effects at Therapist Level
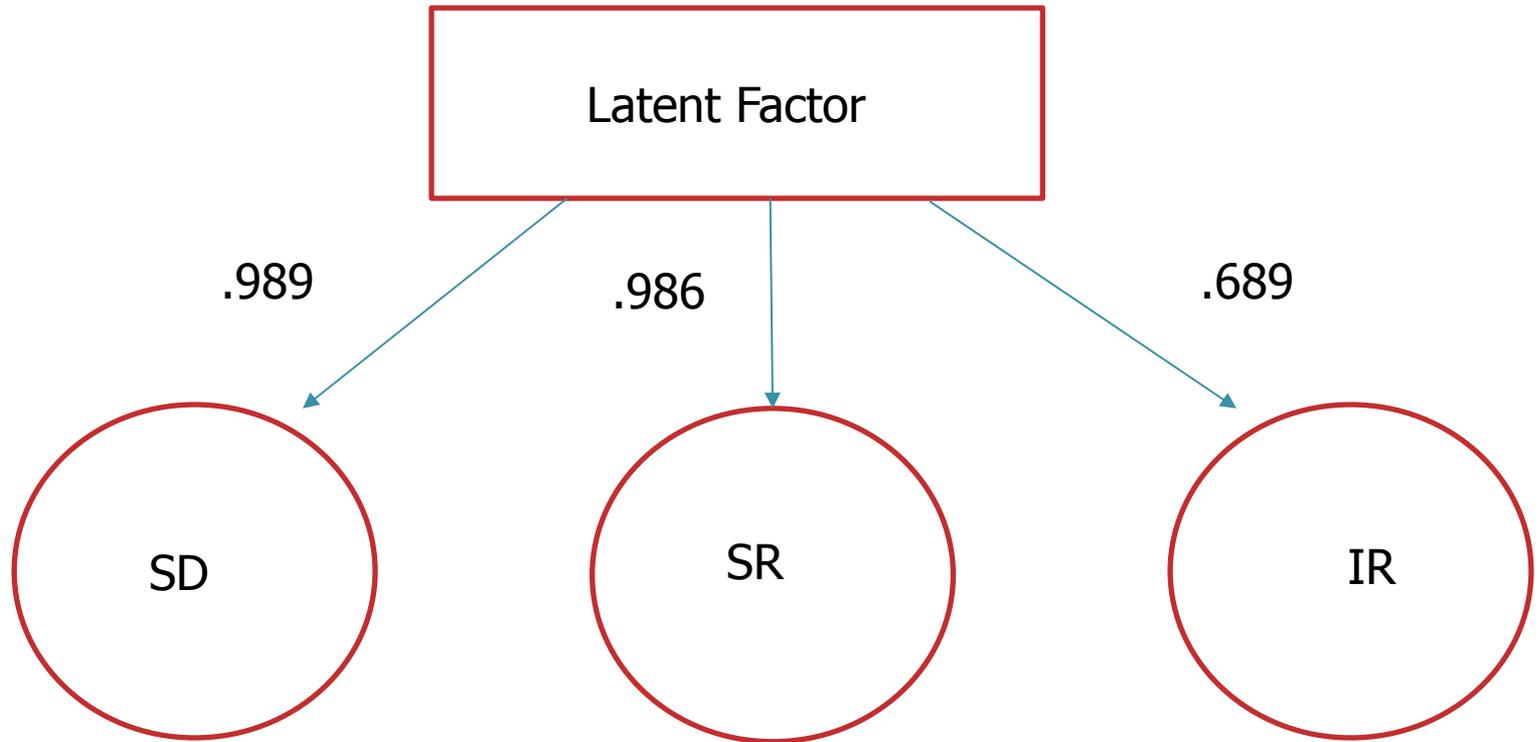
CFI = .999, RMSEA = 0.022,

Conclusion

- Therapist effectiveness varies
- Therapist effects > treatment effects
- Actions of effective therapists related to social processes
  - Empathy, ability to form an alliance, affect encoding and decoding, etc.
- Actions of effective therapists unrelated to specific ingredients
  - Treatment competence and adherence
- Therapist effects not uniform but there is a large g factor.

Thank You

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