Psychoanalysis in our times:
The case of the missing evidence base

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Agenda

• Evidence base for psychoanalytic therapy

• The othering of this evidence base

• Concerns and consequences of overselling evidence-based treatments

• Why all of this really matters now
Psychoanalytic treatment is highly effective

• Abundant evidence base that psychodynamic psychotherapy is highly effective

• Works for a variety of conditions and populations
  – Depression, anxiety, panic, eating disorders, substance-related disorders, personality disorders, and even, contrary to popular belief, psychosis
  – Efficacy measured in randomized control trials with thousands of patients

• Specific benefits for personality disorders, chronic depression/anxiety, comorbid and complex disorders

Source: American Psychological Association, 2012; Lazar
How are treatments measured?

• Effect sizes, which measure the difference between treatment groups, in standard deviation units
  – 0.8 large
  – 0.5 medium
  – 0.2 small

• Let’s look at the results from a few of the studies measuring long-term results of psychodynamic therapy
Improvements are substantial at end of study, and increase after treatment ends, over the next year...

**Efficacy of Psychodynamic Treatment**

Cochrane Library Meta Analysis: Effect Sizes

- General symptoms: 0.97 (End of Study), 1.15 (9 months later)
- Somatic symptoms: 0.81 (End of Study), 2.21 (9 months later)
- Depression: 0.59 (End of Study), 0.98 (9 months later)
- Anxiety: 1.08 (End of Study), 1.35 (9 months later)

Cochrane – respected, independent organization
Meta analysis of 23 randomized control trials, 1431 patients, vs WL

Source: Abbass et al, 2014; Adapted from Cornelius
... and over the next 2 – 5 years

Harvard Review Meta Analysis

<table>
<thead>
<tr>
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<th>End of Study</th>
<th>Long Term</th>
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<tbody>
<tr>
<td>Mild/moderate</td>
<td>0.78</td>
<td>0.94</td>
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<tr>
<td>symptoms (at 3.2 yrs)</td>
<td></td>
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<td>Severe personality issues (at 5.2 yrs)</td>
<td>0.94</td>
<td>1.02</td>
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JAMA: Long vs. Short Psychodynamic Therapy

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<th>End of Study</th>
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<tr>
<td>Long vs. Short</td>
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<td>1.03</td>
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<td>Long, Pre vs. Post (at 23 mo)</td>
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<td>1.25</td>
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Source: de Maat et al, 2009; Leichsenring et al, 2008; Adapted from Cornelius
Even up to 8 years, after treatment ends, results continue to improve.

MBT Study, with Long-term Follow-up

- 57% MBT group not diagnosable
- 87% 8 Years after treatment ends
- 13% 18 mo after treatment ends
- 13% Controls not diagnosable

Study of Mentalization-Based Therapy for diagnosis of Borderline Personality Disorder

Source: Bateman, Fonagy, 2009; Adapted from Cornelius
The horse race is over!

- Meta-analysis of psychodynamic therapies (PDT)
- 23 RCTs
  - 21 compared PDT to CBT, 2 compared PDT to meds
- Depression, anxiety, eating disorders, personality disorders, substance-use disorders
- Researchers included both CBT and PDT
- Results: PDT as efficacious as established treatments (equivalence!)

Source: Steinert 2017
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Given the evidence, why these objections and assertions?

• Efficacy of psychodynamic therapies is continuously questioned

• “Psychodynamic therapies are only as efficacious as placebo or waitlist;” “study quality is too low;” “further research is not encouraged”
  – Hofmann 2016, Marcus 2014

Source: Steinert, Feb 2019 presentation
Where has this evidence base gone?

• Evidence base for psychoanalytic therapy doesn’t fit in the field of psychology
• Reductionism and competition in our fields have led to narrowed understandings
  – What counts as “evidence”
  – Quest for “gold standards”
  – Research results vs. clinical realities
    – Even when there is statistical significance, and no clinical significance
    – Comorbidities ignored
Othering, within and without

• Within psychology
  – CBT has tried to win research dollars, insurance company preference and public opinion by amassing large evidence base (ABCT)
  – Psychoanalysis is taking research seriously, although evidence base is not well known or widely disseminated

• Outside of psychology
  – Psychology strives to be “evidence-based” and a ”real science”
  – Psychiatry privileges “biomedical model” (Plakun)
“Evidence-based” isn’t what you think it is.

Medical Model

- Clinical Judgment
- Patients’ Values and Preferences
- Relevant scientific Research

Psychology Model

- Clinical Judgment
- Patients’ Values and Preferences
- RCTs

Evidence-based practice

Evidence-based treatments
What are evidence-based treatments?

• “short-term, technique-oriented, diagnosis-specific, symptom-reducing, protocol-following interventions”

• Based on the “gold standard” of scientific investigations – randomized controlled trials (RCTs)

Source: Gnaulati
EBTs – othering psychological research and practice

- EBT approaches rely on medical and pharma models and timeframes
  - RCTs used to assess head-to-head comparisons of drugs
  - Medicalized definition of treatment success – often a 50% reduction in symptom severity
  - Timeframe of trial/treatment (12-16 weeks) also borrowed from pharma interventions
EBT, by the numbers

- 90% of the empirically supported approaches in APA’s Division 12 Task Force on Psychological Interventions involve CBT
- > 269 meta-analyses on CBT
- > 1,165 CBT outcome studies
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Concerns and consequences of over-selling “evidence-based” treatments

1. Misleading information about efficacy and which treatments work

2. Ethical problems

3. Faulty evidence base, and issues with research studies
Conclusions from EBTs are misleading

• Many treatments that do work and have evidence are missing from list of EBTs
• Many problems require medium- or long-term treatment
  – Study of 10,000 patients
    • 50% needed 21 sessions to improve
    • 75% needed 40 sessions to improve
  – In another study, average client needs at least 50-75 sessions
  – Consumer Reports study: 2 years of weekly sessions

Source: Lambert, Hansen & Finch; Morrison, Bradley & Westen; Seligman
Brief, manualized treatments are ineffective for most depressed patients most of the time.

Randomized control trials for CBT consistently show disappointing results:

- 75% of patients did not get well.
- “A substantial proportion of patients…require more than time-limited therapy to achieve remission.”

Results are consistent from 1970s…

- NIMH Treatment of Depression Collaborative Research Program – first large, multi-site, RCT, mid-1970s
- … until today
- Most recent RCT, 2013

Source: Shedler 2015, NIMH, Driessen et al., 2013, American Journal of Psychiatry
Evaporating evidence for CBT

- Treatment benefits are short-lived
  - Efficacy is measured when research study ends, and goes down from there
  - Majority of pts who receive CBT seek treatment again, within 6-12 months, for the same condition
- CBT shown to be 50% less effective than initially believed
  - “Effects of CBT have declined linearly and steadily since its introduction, as measured by patients’ self-reports, clinicians’ ratings and rates of remission.”

Source: Westen et al., 2004, Johnson & Friborg, 2015
“Treating” trauma with CPT

- Cognitive Processing Therapy (CPT)
  - Significant problems engaging, retaining and treating traumatized veterans
  - Minimal focus on alliance
  - High drop-out rates
    - 2/3 drop out before session 4
    - overall dropout rates of 30-50%
  - After CPT, almost 2/3 still have PTSD
When CBT has been shown to be effective, maybe it’s not really CBT

• CBT includes unacknowledged psychodynamic elements
• “When you look past therapy ‘brand names’ and look at what the effective therapists are actually doing, it turns out they are doing what psychodynamic therapists have always done—facilitating self-exploration, examining emotional blind spots, understanding relationship patterns.”
• The more the therapists acted like psychodynamic therapists, the better the outcome
  • This was true regardless of the kind of therapy the therapists believed they were providing

Source: Shedler, 2010
Ethical problems of EBT: Where did all the people go?

- Patient preferences, culture, context not sufficiently respected
- Neglect of therapist-patient relationship
  - Alliance, empathy, tear and repair
  - The stronger the relationship, the better the outcome – regardless of theory or technique
- Neglect of therapist
  - Clinical wisdom, self-understanding, interpersonal skills

Source: Gnaulati
Focus on symptom reduction misses the mark

- Symptoms can fluctuate over time, and any short-term measurement can be non-representative
  - Symptoms, and diagnoses, also have different meanings and functions in psychoanalytic view
- Difficult personality issues, insecure attachment, and problematic social/emotional styles not addressed – yet necessary for optimal psychological health
Ethical concerns about training programs

- Students need to learn relational and interpersonal skills
  - Therapist empathy
    - 9x more effective than any specific technique
  - Alliance-building skills, genuineness, positive regard also more effective
  - Therapist self-understanding is critical
- Training students in EBT techniques leads to under-prepared clinicians and under-served clients

Source: Laska, Gurman & Wampold
Faulty evidence base:
Research problems mean low-quality evidence

- Size doesn’t matter
  - More studies ≠ higher quality data or more efficacious treatments
- Replication problems
- Low study quality
  - Weak comparators
  - Insufficient power
  - Researcher allegiance bias
- Therefore, results from these studies are highly uncertain
CBT, a “fools’-gold” standard

• Researcher allegiance and flaws in studies contributed to results that over-stated CBT’s efficacy
  – “No clear evidence of superior efficacy”
  – “Effects of CBT are uncertain and should be considered with caution… CBT is only probably effective.”
  – “CBT should not be considered the gold standard of psychotherapy”

Source: JAMA, Leichsenring
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Suffering is high, and on the rise…

• 1 in 5 adults experiences mental illness each year
  – 44 million – more than double # people with diabetes
  – 1 in 5 youths aged 13-18 experiences a severe mental disorder in their lifetime

• Suicides increasing
  – 33% increase from 1999–2017

• White, middle aged Americans are more more likely to die today, than in 1999
  – Due to rising opioid and alcohol abuse, and suicide

Source: NAMI, APA Monitor
... and the most common treatments aren’t helping

• Huge increase in cognitive/behavioral therapists (50% today, from 0% in 1960, 1970)

• More people are on meds than ever before
  – 13% of US population took an antidepressant last month
  – 65% increase in people using antidepressants from 1999-2014

Source: Wampold & Imel
APA Treatment Guidelines unlikely to help

• PTSD guideline
  – Endorses CBT treatments “because these have the highest number of RCT trials”
  – Ignores “long history of psychotherapy outcome research”
  – Ignores therapist and therapy relationship, and adaptation of therapy to the individual (2/3 of evidence-based practice definition)
  – Roundly criticized by therapists and the public
    • > 57,000 signed petition

Source: Courtois & Brown; Norcross & Wampold
Experiments in broad-based CBT are failing

• Sweden
  – 8-year “gigantic effort of evidence-based methods, pills and CBT” that cost 6.7 billion and “in no way had the intended effect”
  – Mental illness increased during this program

• Scotland
  – Evaluated 10 previously positive studies of CBT
  – “The cost-effectiveness analysis showed no advantages of CBT over non-CBT”

Source: Svenska Dagbladet newspaper, 11/7/15; Cornelius
England’s experiment in “industrialized therapy”

- Improving Access to Psychological Therapies (IAPT) initiative
  - Goal = to expand CBT to as many people as possible
  - Government paid to train 10,000 therapists
  - 12 session treatment
- Results? An expensive failure
  - Mental health care budget more than doubled—from nearly 80 MM to 170 MM pounds
  - 63% dropout rate
  - Therapists paid only if they meet strict recovery-rate standards
  - Gatekeepers = call-center workers with little professional experience and only 1 yr of CBT training

Source: Dalal
What we have to do now

- Start calling psychoanalytic therapy what it is – an evidence-based practice
- Return to the original and complete definition of evidence-based practice
- Use the evidence we have responsibly
- Disseminate widely, to the public, legislators, policy makers and providers, the evidence base for psychodynamic psychotherapy, and the growing critiques of the evidence base for CBT
- Increase funding for psychoanalytic research
- Enforce parity laws that can assure coverage for psychodynamic psychotherapy
- Ensure all treatments are consistent with generally accepted standards of care, as psychoanalytic therapy is (Wit v. UBH)
Support mental health treatment that really works

• Support psychodynamic psychotherapy
  – In-depth treatment that provides significant results, in both short-term and long-term
  – Effects do not decay in 3-4 months, as do the effects of short-term CBT therapy and medication
  – Cost effective
  – Humane and respectful of the values of thought, creativity, culture and empathy
  – Addresses the real sources of mental illness
  – When practiced well, no harmful side effects
Thank you


• Durham, Chamber et al., 2005


