

# 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 over-selling 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



# How are treatments measured?

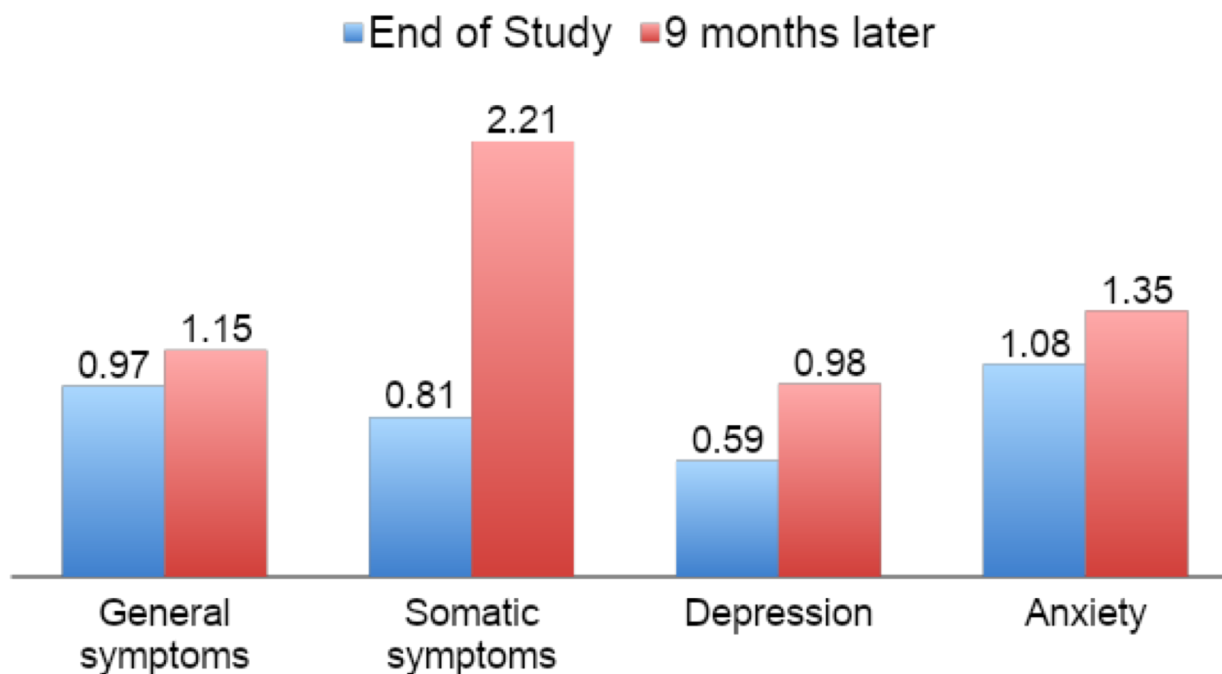
- Effect sizes, which measure the difference between treatment groups, in standard deviation units
  - 0.8 large
  - 0.5 medium
  - 0.2 small
- Let's look at the results from a few of the studies measuring long-term results of psychodynamic therapy



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

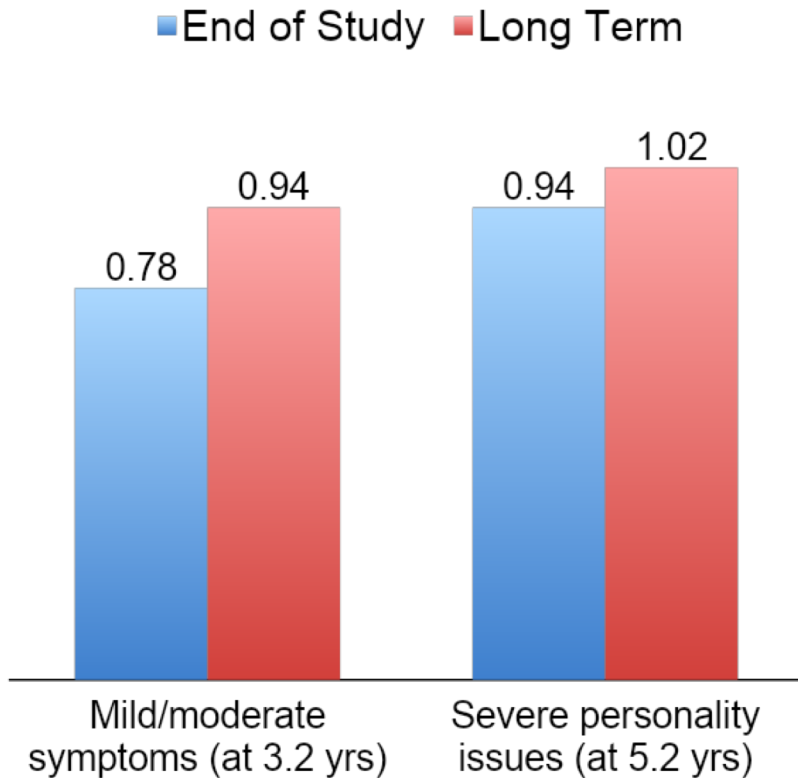


Cochrane – respected, independent organization  
Meta analysis of 23 randomized control trials, 1431 patients, vs WL

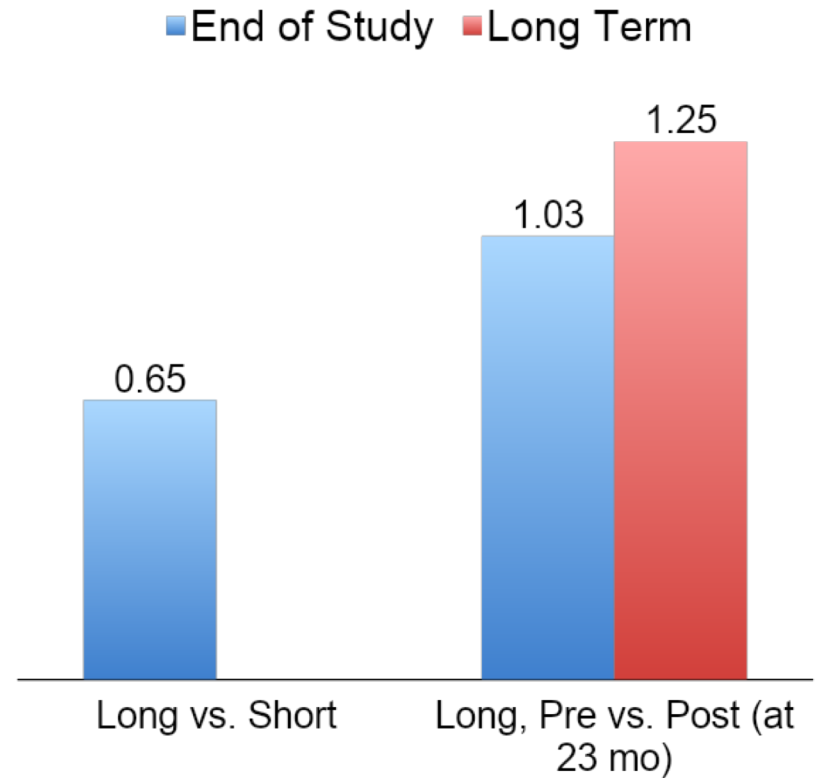


# ... and over the next 2 – 5 years

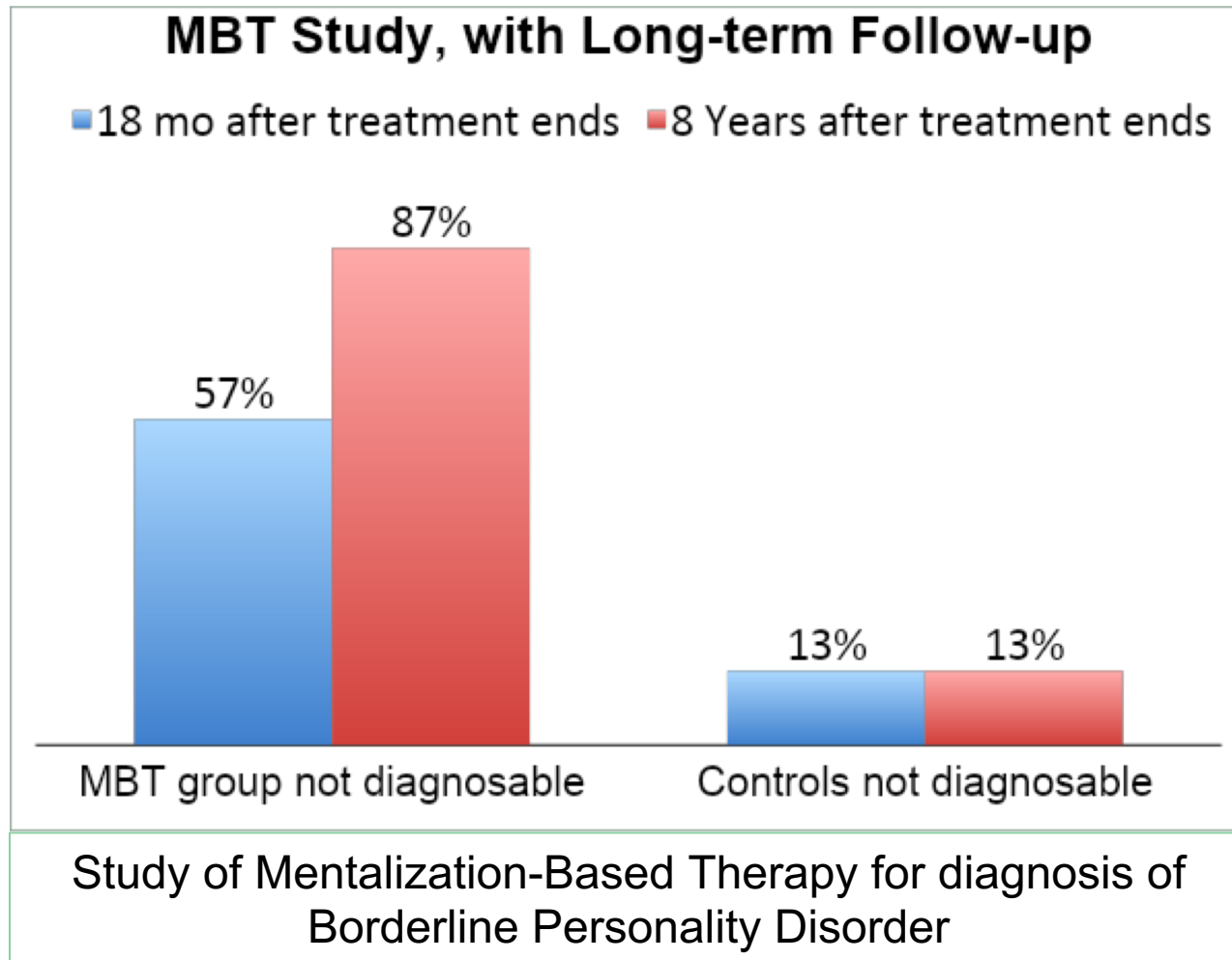
## Harvard Review Meta Analysis



## JAMA: Long vs. Short Psychodynamic Therapy



# Even up to 8 years, after treatment ends, results continue to improve



# 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!)





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# Given the evidence, why these objections and assertions?

- Efficacy of psychodynamic therapies is continuously questioned
  - Marcus etal 2014, Mayo-Wilson etal 2014, Zhou etal 2015, Hofmann 2016
- “Psychodynamic therapies are only as efficacious as placebo or waitlist;” “study quality is too low;” “further research is not encouraged”
  - Hofmann 2016, Marcus 2014



# 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



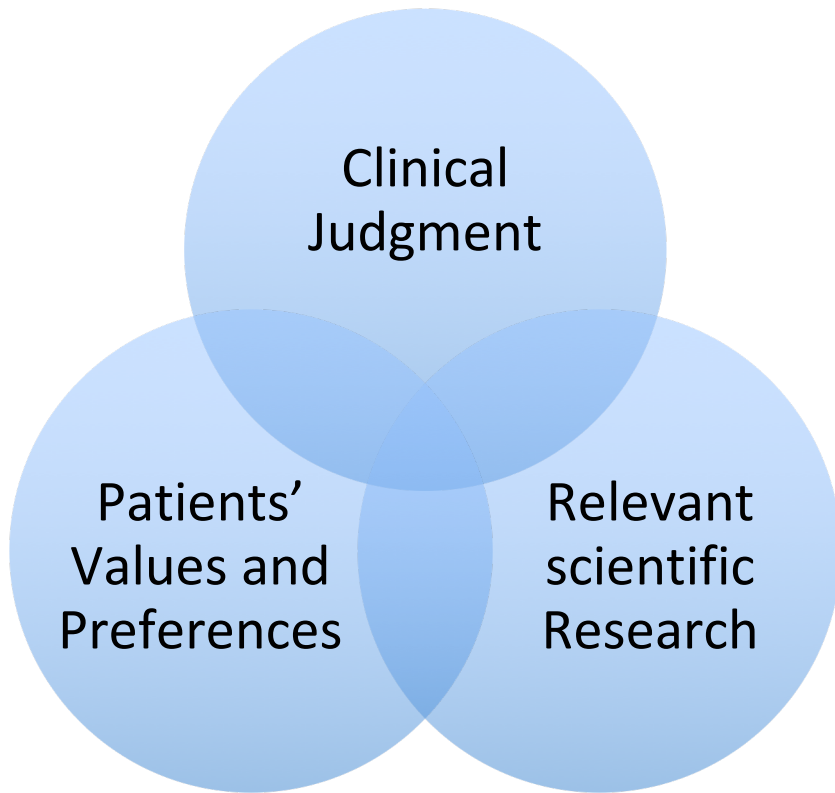
# Othering, within and without

- 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)



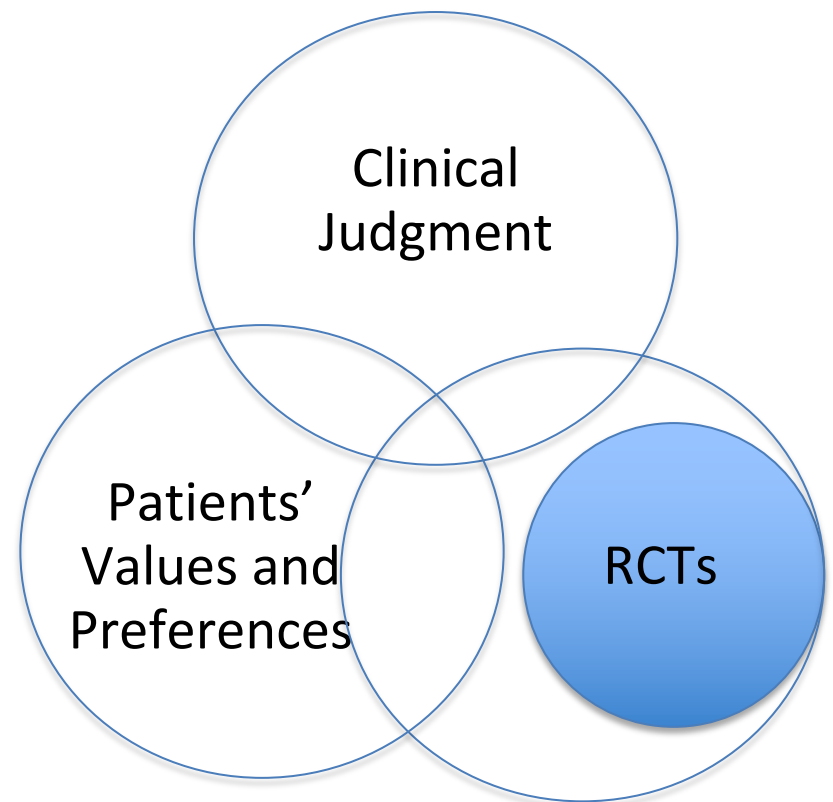
# “Evidence-based” isn’t what you think it is

## Medical Model



Evidence-based practice

## Psychology Model



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)



# 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



# 1 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



# (In)Efficacy of “Evidence Based” CBT

- 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



# 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.”



# “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



## 2

# 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





# 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



# Faulty evidence base: Research problems mean low-quality evidence

- Size doesn't matter
  - More studies  $\neq$  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”



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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



# ... 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



# 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





# 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”



# 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



# 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





**PsiAN**

Psychotherapy Action Network

Thank you

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