

Negative/ adverse effects/ deterioration in psychotherapy and counseling

(overview of past and current studies)

and **psychotherapists' optimism**

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Centre of Research for Society and Sustainability

Unerwünschte Nebenwirkungen, Gefahren und Schäden in
Psychotherapie und psychosozialer Beratung

Firstly, do you agree?

- Irvin Yalom and others repeatedly emphasized **that instillation of hope** and therapist's **optimism** and therapist's belief that the treatment may help and may bring essential, positive changes in the client's life – **produce real progress** in the psychological treatment.
- ...and further questions...

- What maximizes therapeutic potential and positive outcome of psychotherapy?
- Does optimism sometimes lead to worsening of client's state?

Maximizing Psychotherapy Outcome beyond Evidence-Based Medicine

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Keywords

Adverse effects · Clinical outcomes · Predictors of treatment response · Psychological treatment · Prediction of treatment failure · Prevention of treatment failure · Outcome Questionnaire-45 · Monitoring treatment response · Progress feedback

when therapists are provided this information. When problem-solving methods are added to feedback, deterioration in at-risk cases is further reduced to 6% while recovery/improvement rates rise to about 50%. It is suggested that the feedback methods become a standard of practice. Such a change in patterns of care can be achieved through minimal modification to routine practice but may require discussions

M. Lambert, 2017

- Given psychotherapist **optimism about their ability to help**
- (...) it is not surprising that **therapists have been overlooking worsening** and deterioration of their clients in the course of treatment.

How often reports psychotherapists adverse events? (*Study 1, Vaughan et al., 2014*)

Frequency of reporting of adverse events in randomized controlled trials of psychotherapy vs. psychopharmacotherapy

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Abstract

Background: Psychopharmacology and psychotherapy are the two main therapies in mental health. It is common practice to consider adverse events (AEs) of medications, but it's not clear this occurs with psychotherapy.

Aim: This study investigates the frequency with which reports of AEs occur in clinical trials using either psychopharmacology alone, psychotherapy alone, or combined approaches.

Methods: Forty-five articles of randomized trials published in high-impact journals were chosen from a Medline search, and separated into three groups of 15 articles: pharmacotherapy alone (M), psychotherapy alone (T) and combined studies that looked at the effect of both a psychotherapeutic (CT) and psychopharmacologic (CM) intervention. Criteria for what defines an AE were established and the papers were rated for mentions of AEs in papers as a whole and by each section.

Results: The χ^2 -analysis of AE mentions showed significant differences between the four study conditions in terms of each paper as a whole

Barney Vaughan et al. (2014)

(Columbia Uni, NY)

- First step towards better assessment of adverse events in psychotherapy research.

According to Barney Vaughan et al. (2014)

- ...at present the monitoring of AEs in psychotherapy research **falls behind** that of psychopharmacology research. We suggest that this stems from the lack of **a consensual definition of AEs in psychotherapy**. Ultimately, a reliable and valid definition should be incorporated into routine practice and clinical training to enhance safety and efficacy in the provision of psychotherapy.
- Supported by many others (Scott & Young, 2016;

Do we agree with them? Do we have

- a consensual definition of AEs in psychotherapy?
- No, we don't have such definition. Maybe because that the field is too broad... There is no generally shared consensual taxonomy of AEs.
But...
- ...we know very well that many adverse, many unhelpful events and effects occur in the process of psychotherapy.

But our knowledge is poor. And our effort to explore this area more systematically is at the beginning.

- We all know adverse effects of fluoxetine (SSRI antidepressant) from efficacy studies (FLU/PBO; FLU/CBT)
insomnia, headaches, nausea, anorgasmia, erectile dysfunction
- but we are unsure to name adverse effects of psychotherapy.
- We probably know about severity of adverse effects of pills, but... only very little on severity of negative effects of psychotherapy.

In fact, something we know...

- Paraphrasing a title of Wampold's article...

The Good, the Bad, and the Ugly: A 50-Year Perspective on the Outcome Problem

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In the middle of the 20th century, Hans Eysenck reviewed studies of psychotherapy, which consisted primarily of psychoanalytic, psychodynamic, and eclectic treatments, and concluded that psychotherapy (as opposed to behavior therapy) was not effective and was possibly harmful. In the inaugural article in *Psychotherapy*, Hans Strupp challenged Eysenck's conclusions and discussed how psychotherapy research should progress. Eysenck criticized Strupp's conjectures and Strupp responded. In this article, I discuss progress in psychotherapy research by examining "the good, the bad, and the ugly" aspects of the Eysenck and Strupp interchange. Essentially, Eysenck and Strupp motivated researchers to pursue, with increased sophistication, process and outcome research, but each was defending a theoretical position (behavior therapy and psychodynamic therapy, respectively). Despite the progress, the conjecture at issue continues to be debated today.

Keywords: outcome, effectiveness, relative effectiveness, process

In the 1950s and 1960s, Hans Eysenck, one of psychology's most famous personages and preeminent scholar, claimed that the research evidence was insufficient to claim that psychotherapy was effective. He reviewed the extant literature on psychodynamic therapy and eclectic therapy, which involved uncontrolled studies, and reported the proportion of patients who were (a) cured or much improved, (b) improved, (c) slightly improved, or (d) "not improved, died, or left treatment" (Eysenck, 1952, p. 321). In general, based on 19 studies, according to Eysenck, 44% and 64% of patients receiving psychoanalytic treatment and eclectic treatment,

brief review of Eysenck's (1952) widely quoted survey, which capitalized upon and added considerably to the existing confusion may be instructive" (p. 2). And Strupp was instructive, making several claims about Eysenck's studies, psychotherapy, and research in psychotherapy more generally. Eysenck, never one to ignore a challenge, responded, not meekly: "In reply, I would like to suggest that Strupp's review is, in a lawyer's phrase, irrelevant, incompetent and immaterial" (Eysenck, 1964, p. 97). Strupp, of course, offered a rejoinder, in which he concluded, "The controversy about the value of psychotherapy has been with us for some

...we know *the good, the bad and the ugly*

...from 50-year ***perspective on the negative effects***

We have been using the terms

- Deterioration /since 60's /Bergin
- Negative effect /since 70's /Strupp

I suppose we agree e.g. that

- ...some therapists produce negative change in clients (Bergin, 1963)
- ...several patients characteristics have been identified that may be linked to deterioration (Bergin, Lambert, Strupp...); so, we can *rely* on the fact that several people will get worse in the course of psychological treatment
- ...several therapists characteristics and (un)ethical behavior have been identified as deteriorated factors on the therapist's side

Enumerations of AEs in PST we are probably familiar with

- Lack of improvement
- Worsening (exacerbation) of existing symptoms and emergence of new ones
- Emergence of suicidal ideation
- Panic symptoms as a paradoxical reaction of relaxation
- Deterioration during grief counseling in normal bereavement and other hyper sensitizations of psychic state of clients
- Increased drug consumption
- Addiction on therapy and/or therapist
- Feeling of unproductive, “poor”, or hostile therapy
- Experience of inefficacy and/or dissatisfaction...
- Worsening of mood and well-being feelings
- Worsening of self-esteem *etc.*

And of course, our today's attitude goes hand in hand with historical critique

- For majority of us is really fully unacceptable e.g. “direct psychoanalysis” developed, described and practiced by John Rosen

Psychotherapy Guidebook

DIRECT PSYCHOANALYSIS

John N. Rosen

Direct Analysis Selected Papers

John N. Rosen

Psychotherapie der Psychosen

Direct Psychodynamische Psychiatrie

John N. Rosen

Hippokrates-Verlag

Rosen, 1953

“My problem was to convince the patient that he was a man, that is, that he had penis. When the patient stood up, I told him to put his hand on his penis and assisted him in this maneuver.”

Cited from J. Rosen *Direct Analysis: Selected Papers* (1953); [cit. in Masson: *Against therapy*]

Direct psychoanalysis in 1950's with patients with psychosis

- “If you ever lay a hand on your mother, father, husband, wife, child, sibling, I will give you worse by far than you ever thought of doing to them.”
- “I walked into his room with a big knife, saying, *‘All right, if you’re so anxious to be cut up, I’ll cut you up.’*
- “Sometimes, when I have the patient pinned to the floor, I say, *‘I can castrate you. I can kill you. I can eat you. I can do whatever I want to you, but I am not going to do it.’*
- Cited from J. Rosen *Direct Analysis: Selected Papers* (1953); cit. in Masson: A.t.

How often reports patients adverse events?
(*Study 2*, Crawford et al., 2016)

The National Audit of Psychological Therapies in England and Wales (second round in 2012-2013)

- Data from almost 15 000 people aged 18 years or older receiving psychological treatment for anxiety and depression. = Study based on large sample recruited from a broad geographical terrain (184 services collected data for the patient survey);
- In anonymous questionnaire 5,23 % strongly or slightly agreed that psychological treatment had resulted in **lasting bad effects**, and an additional 7,7% stated that they were unsure whether therapy had resulted in lasting bad effects (Crawford et al., 2016).

In the past,

- Bergin in 1960's has estimated 10% rate of deterioration.
- His critics (e.g. May & Franks, 1980) has estimated 1 – 3%.

Today's research aiming on client's experiences:

- What our clients perceive, feel and experience in the course of psychotherapy?
- What they do with the bad experiences and with their bad feelings?

ASSIMILATION OF PROBLEMATIC EXPERIENCES BY CLIENTS IN PSYCHOTHERAPY

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Miami University

ROBERT ELLIOTT
University of Toledo

SUSAN P. LLEWELYN
Branksome Clinic, Poole

JENNY A. FIRTH-COZENS
University of Leeds

FRANK R. MARGISON
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*MRC/ESRC Social and Applied Psychology Unit
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In successful psychotherapy, problematic experiences (threatening or painful thoughts, feelings, memories, etc.) are gradually assimilated into schemata that are introduced by the therapist or developed in the therapist—

in processing their problematic or painful experiences as these are assimilated into schemata developed in the therapeutic interaction.

The assimilation of problematic experiences is a common change mechanism, a component of many or all psychotherapies. It encompasses a wide range of phenomena including cognitive

Further qualitative studies examining patient experiences of NE are needed

- As Scott & Young, 2016 stated: “[it] is not an attempt to undermine therapies, but is likely to be beneficial (...) it is likely to lead to improvements in practice (...) every branch of medicine learns from its mistake”

Need to differentiate...

- short-lived unsettling or upsetting experiences occurring in the course of therapy (Crawford et al., 2016)
- lasting bad effects after psychological treatment

Part two:

Questions and questioning

Introduction to discussion

Questions

- Therapist's **optimism**: what mirrors and what distorts? *Optimism as an useful tool and/or risky behavior leading to overlooking, or underestimating of worsening.*
- Why **dependence** creates a dependency problem? *Always? Or not always?*
- Does mean the **controlling** the part of patient's life a bad thing *per se*?

On **optimism** track...

Therapist's **optimism** : what mirrors and what distorts?

- Mirroring expert's self-confidence.
- Mirrors attitudes like **I know it better!** I am experienced with those patients. **I am experienced** with those illness. His/her apparent deterioration represents hysterical (or other) traits and tendencies. I am right. Deteriorations are unavailable due to this disorder.
- **Deterioration** is unavailable in the course of psychotherapy because it **is a natural part of the treatment.**

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- Mirroring expert's self-confidence
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- **Deteriorations are unavailable in the course of psychotherapy because there are the natural part of the treatment.**

Do we agree?

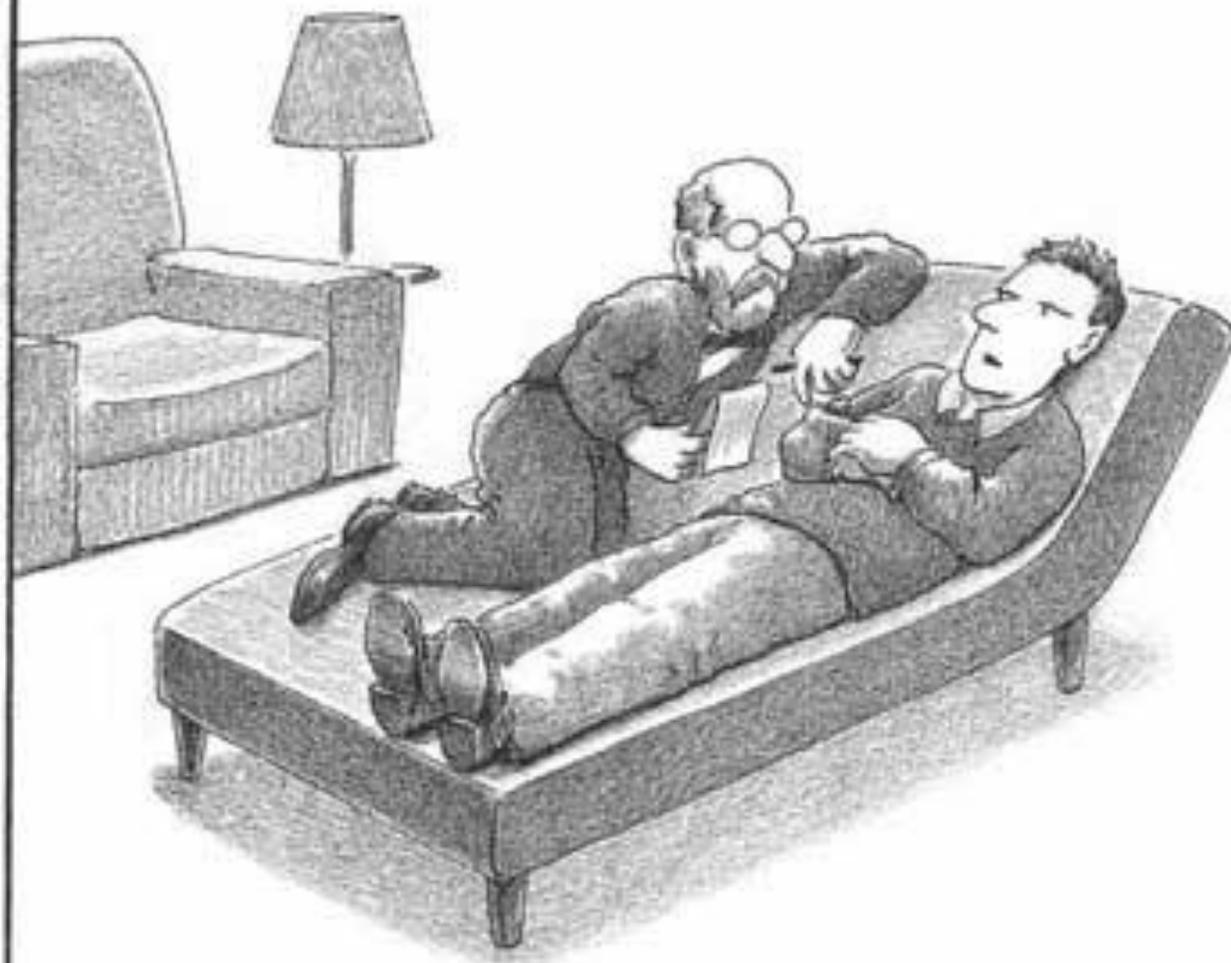
Therapist's **optimism** : what may distort? Could be bad be convinced strongly about psychotherapy power?

It can lead to:

- Undermining of harms, worsening, or drop-out risks.
- Underestimating of failures, faults...
- Being convinced about efficacy, or effectiveness
- Undifferentiating between temporally and long lasting worsening
- Being convinced that e.g. increase in anxiety often accompany many (or majority) therapeutic interventions

There are **many other therapist's** traits, **deficits** and *factors* (leading to incompetence in many facets)

- *...from serious*
 - Lacking of self reflection and supervision
 - Lacking of empathic responsiveness
 - Lacking of be truthful, open minded, prejudices-free
 - Being stubborn and persisting on interpretations (theory, pure school guidelines)
 - ... *etc.*
- *... till very serious*
 - **Misusing of power and (*eo ipso*) an unethical malpractice in the course (or after) psychotherapy (manipulation)**
 - **Sexual misuse and other behavior that are strictly forbidden**



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“Well, right now I’m feeling
a little uncomfortable ...”

What should we do?

- “The best hope for **preventing the failures** is to **train** psychotherapists adequately and encourage them to gain insight into themselves.”
(Chessick: 97)

Anything else?

Recommended reading...

Learning
from
the
Patient



Patrick J. Casement

Foreword by
Robert S. Wallerstein

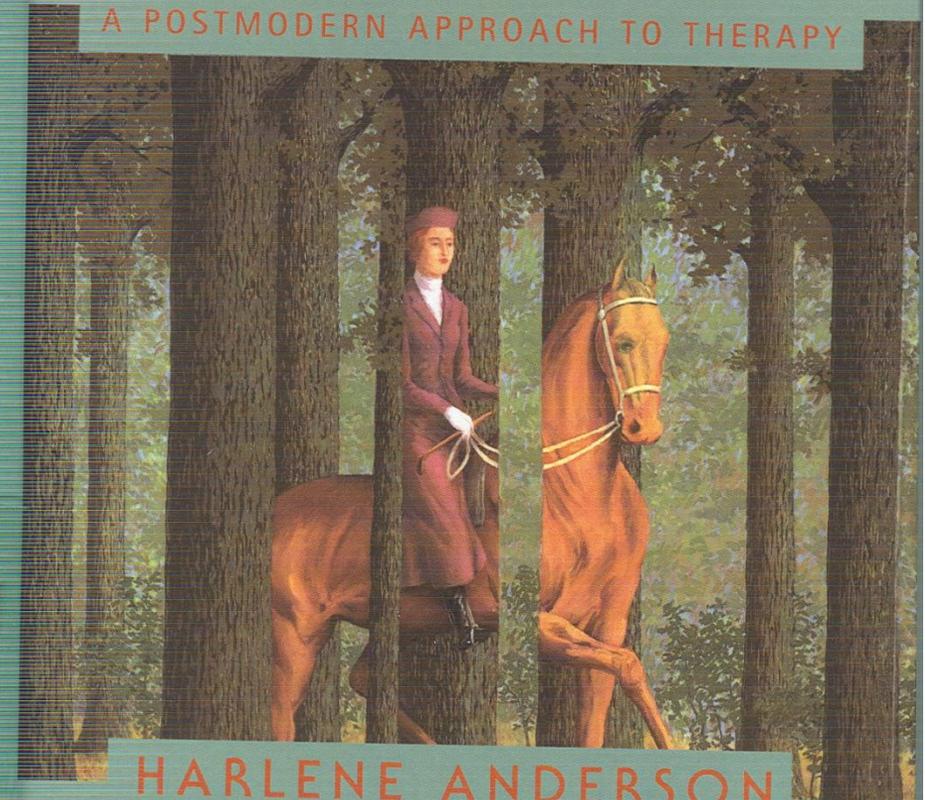
Learning
from Our
Mistakes

*Beyond Dogma in
Psychoanalysis and
Psychotherapy*

PATRICK J. CASEMENT

CONVERSATION,
LANGUAGE, AND
POSSIBILITIES

A POSTMODERN APPROACH TO THERAPY



HARLENE ANDERSON

O mnie

Psychoterapia bez
makijażu

Zakazana psychologia

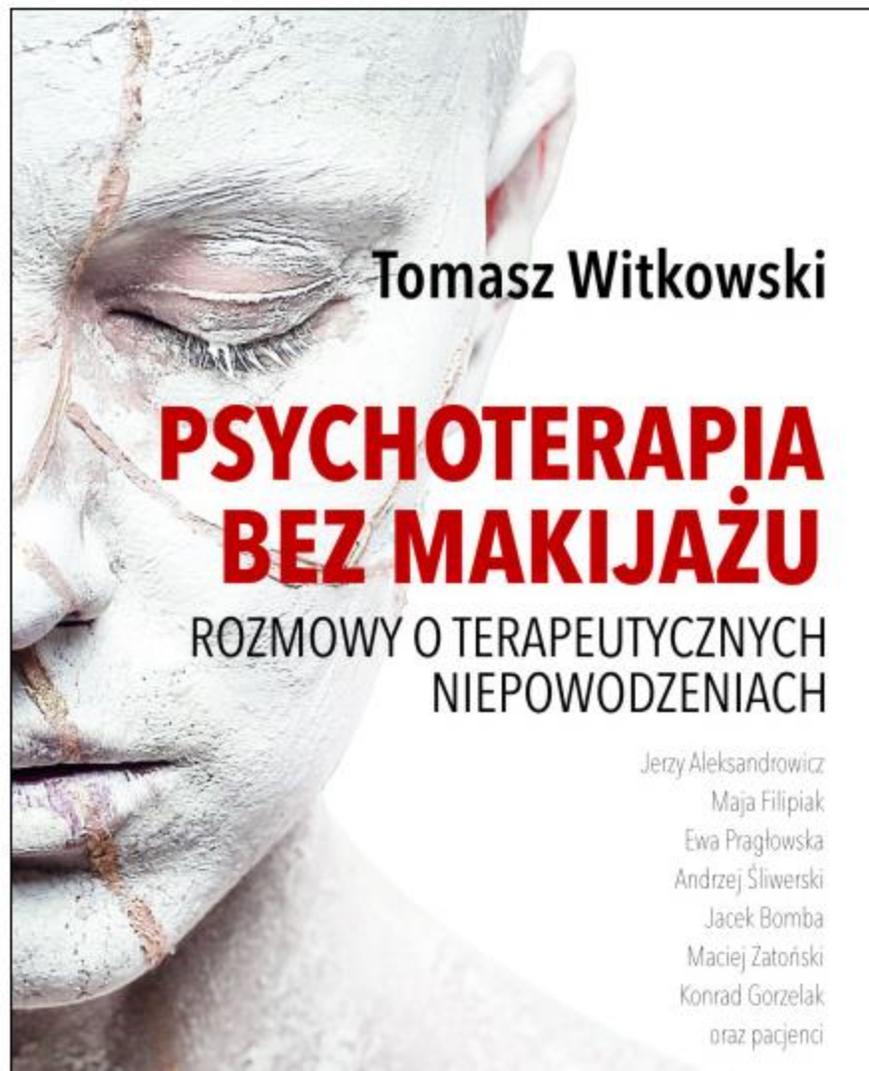
Historia pewnej
prowokacji

Stary blog

English version

Tomasz Witkowski udowadnia po raz kolejny, że zdrowy rozsądek jest największym skarbem człowieka, a wiedza wciąż stanowi pewną lokatę.

Bartosz Panek, Polskie Radio 2, Laureat Prix Italia w 2014 r.



Najnowsze wpisy

Psychoterapia bez
makijażu – Psychoterapia
jest leczeniem
Fizyka miasta
Zapraszam na spotkanie
we Wrocławiu
NEWSWEEK o
„Psychoterapii
bez makijażu”
Jak krytykować
„Psychoterapię bez
makijażu”? – zwięzły
poradnik dla hejterów

Najnowsze komentarze



Tomasz
Witkowski o Jak
krytykować
„Psychoterapię...



Kasia o Jak
krytykować
„Psychoterapię...



kb o Jak
krytykować
„Psychoterapię...



Tomasz
Witkowski o Jak
krytykować
„Psychoterapię...



kb o Jak
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